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MANCHESTER CITY COUNCIL

Health Scrutiny Committee

Date: Tuesday, 23 June 2020
Time: 2.00 pm
Venue: Virtual meeting - Webcast at https://manchester.public-i.tv/core/portal/webcast_interactive/485356

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Advice to the Public

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Nasrin Ali, Clay, Curley, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Supplementary Agenda

5. COVID-19 update 5 - 22

Report of Deputy Chief Executive and City Treasurer

In light of the current national and international public health emergency situation, Manchester and Greater Manchester (GM) declared a major incident on Friday 20 March 2020. This activated the multi agency response arrangements in line with the GM generic response plan and the pandemic flu plan. The Prime Minister's unprecedented announcement at 8.30pm on Monday 23 March set out the seriousness of the situation and the expectations of all residents, businesses and public services. Reports to the Executive on 6 May and 3 June 2020 set out in detail the Council's response to this crisis. Over recent days and weeks, the lockdown guidance has eased and a number of further specific guidance notes have been received which are informing our actions and response.

This note is intended to provide Scrutiny with a brief summary of the current situation in the city in relation to COVID-19 and an update on the work progressing in Manchester in relation to areas within the remit of this committee. Further detail on specific issues will be available as required.

6. COVID-19 Care Homes Update 23 - 36

Report of Director and Deputy Director Adult Social Services

This note is intended to provide Scrutiny with a brief summary of the current situation in the city in relation to COVID-19 and an update on the work progressing in Manchester in relation to areas within the remit of this committee. Further detail on specific issues will be available as required.

7. Manchester Test and Trace 37 - 49

Report of the Director of Public Health

This report provides more detailed information on the national, Greater Manchester and Manchester approach to Test and Trace and the development of the Manchester COVID-19 Management Plan, referred to in the overarching COVID-19 Update Report. The Manchester Test and Trace Team went "live" on Monday 8th June and the Director of Public Health is the Senior Responsible Officer (SRO) for the development of the COVID-19 Management Plan.

8. NHS Overview 50 - 56

Report of Manchester Health and Care Commissioning

This report provides an overview of how the NHS has responded

to, and is recovering from, the impact of Covid19.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Friday, 19 June 2020** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee - 23 June 2020

Subject: COVID-19 update

Report of: Deputy Chief Executive and City Treasurer

Summary

In light of the current national and international public health emergency situation, Manchester and Greater Manchester (GM) declared a major incident on Friday 20 March 2020. This activated the multi agency response arrangements in line with the GM generic response plan and the pandemic flu plan. The Prime Minister's unprecedented announcement at 8.30pm on Monday 23 March set out the seriousness of the situation and the expectations of all residents, businesses and public services. Reports to the Executive on 6 May and 3 June 2020 set out in detail the Council's response to this crisis. Over recent days and weeks, the lockdown guidance has eased and a number of further specific guidance notes have been received which are informing our actions and response.

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Recommendation

The Committee is asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The 'Our Manchester' approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

None

1. Purpose

1.1 In light of the current national and international public health emergency situation, Manchester and Greater Manchester (GM) declared a major incident on Friday 20 March 2020. This activated the multi agency response arrangements in line with the GM generic response plan and the pandemic flu plan. The Prime Minister's unprecedented announcement at 8.30pm on Monday 23 March 2020 set out the seriousness of the situation and the expectations of all residents, businesses and public services. Over the last days and weeks, the lockdown guidance has eased and a number of further specific guidance notes have been received which are informing our actions and response.

1.2 This note is intended to provide scrutiny with a brief summary of the current situation in the city in relation to COVID-19 and an update on the work progressing in Manchester in relation to areas covered within the remit of this committee. Further detail on specific issues will be available as required.

2. Public Health

2.1 As of 14 June 2020, there were 1,671 confirmed cases of COVID-19 in Manchester, a rate of 305.1 per 100,000 population. There were 362 registered deaths involving COVID-19 up to 29 May 2020 amongst Manchester residents, and of these 73, or 20.2%, had occurred in care homes The infection rate and the number of deaths involving COVID-19 in Manchester is continuing to fall. This is evidenced by the fact that there is now 48.1% capacity in Manchester hospital mortuaries and the planned additional mortuary capacity has been stood down.

2.2 The national contact tracing service (NHS Test and Trace) was launched on 28 May and people who test positive for COVID-19 are now automatically referred into the service. Local Authorities (LAs) have started to receive daily data reports on the number of residents who have been contacted. A national £300 million ring fenced fund has also been made available to LAs to support the development of local COVID-19 Management plans. The confirmation of the Manchester allocation has now been received, however, further discussions are taking place with Greater Manchester (GM) colleagues to consider the resources needed at a GM and locality level.

2.3 Greater Manchester (GM) has been selected as one of 11 national Beacons (pilots) for Test and Trace, and Tameside will be the host authority. This is in recognition of the work that has been undertaken to develop a GM model that is aligned to the national service.

2.4 The Director of Public Health (DPH) at the City Council will lead the development of the Manchester COVID-19 Management Plan with local partners. The plan will cover the management of outbreaks in all settings including care homes, schools and the workplace. In Manchester there will also be a focus on groups that may be at particular risk, such as the homeless

population. The Plan will be signed off by the Leader of the Council and Chief Executive on 30 June 2020.

2.5 The National Health Service will undertake contact tracing by phone and work closely with local teams in Manchester and Greater Manchester (Public Health England) to respond to outbreaks in various settings and deal with more complex cases.

2.6 The success of the service will be dependent on an effective testing strategy and Manchester has made excellent progress on this to date. Manchester, along with Trafford, implemented a local policy to test all hospital patients prior to discharge to care homes, well in advance of the national directive.

2.7 Manchester key workers also have very good access to the regional testing centres at the Etihad and Airport and the Army Mobile Testing Units (MTUs). However, it will be important for data from these centres and MTUs to be made available to the GM and Manchester teams. This is so that appropriate trace and isolate actions can be taken and outbreak plans implemented. It is expected that data will be made available to LAs before the end of June.

2.8 Similarly, the new national model for Care Home testing will give more control to LAs through the DPH and Director of Adult Social Services. This will ensure that extra care, mental health and learning disability facilities will have better access to testing.

2.9 The governance of the Manchester Plan will be through the Health and Wellbeing Board, chaired by the Leader of the Council and will be part of the portfolio of the Executive Member for Adult Health and Wellbeing.

2.10 The Public Health England report: COVID-19: review of disparities in risks and outcomes was published on 2 June 2020. The report confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them particularly in relation to Black and Minority Ethnic communities. The recommendations relating to the report are expected to be published in mid-June and will be considered by the Manchester 'Addressing Inequalities' workstream of the Manchester COVID-19 Response Group. This Group, chaired by the Director of Public Health, will collate local data and intelligence and ensure that local action is taken across all partner agencies.

3. MCC Financial Impacts

3.1 To date, £33.756m of emergency grant funding has been received from the Government for Council related costs and income losses arising from COVID-19, of this £389k was applied to costs in 2019/20 leaving £33.367m for 2020/21.

3.2 From April 2020, every Local Authority has been required to submit monthly returns to MHCLG setting out the forecast financial implications of COVID-19. The second return for the Council was submitted on 15 May, and for 2020/21 includes an estimated £40.3m of additional costs of which £7.8m is expected

to be funded by the CCG or GMCA and £2m relates to the HRA, leaving £30.5m against the Council's mainstream budget.

3.3 Alongside this there is a forecast loss of income totalling £139.5m of which £3.5m will fall to other preceptors in relation to the loss of Business Rates and Council Tax, with the remaining £136m relating to the Council. The overall net impact on the Council is £166.5m (including £0.4m from 2019/20). The impact on the budget will fall in both 2020/21 and 2021/22 due to the way the Collection Fund operates for Business Rates and Council Tax whereby in year losses (or surpluses) are not applied until the following year, the Airport dividend is applied a year in arrears and Bus lane and parking lane enforcement income shortfall impact the level of reserves rather than the current year budget.

3.4 Taking into account the grant and the adjustment between financial years, together with expected continuing pressures which will arise it is currently forecast that there will be a budget gap of c£33m in 2020/21, rising to £157m in 2021/22. This report goes onto set out the details behind these figures. A further breakdown of the additional costs and impact is set out for this Committee below.

Additional Costs

3.5 The additional costs/income shortfalls reported for 2020/21 against the grant to the Council of £33.756m are as shown in the table below. Whilst the total reported pressures are £180.3m this includes costs which are being funded by other sources including the ring-fenced HRA, CCG funded support for discharge/admission prevention via specific COVID-19 grant to CCGs and funding from the GMCA for some homelessness costs. In addition £3.484m of the income loss against business rates and council tax relates to precepts due to GMCA. The net effect on the Council's general fund is £166.931m.

3.6 This represents a **shortfall of £133.2m** for the Council against the General Fund (£135.2m including the HRA) after the MHCLG grant of £33.7m has been applied.

	MCC General Fund Only	**HRA**	**Other (CCG/ GMCA)**	**MHCLG Return***
	£m	**£m**	**£m**	**£m**
2019/20 cost pressures	0.389			0.389
2020/21 forecast cost pressures*	30.499	1.965	7.847	40.311
Total forecast cost pressures	**30.888**	**1.965**	**7.847**	**40.700**
Forecast Income Shortfalls	136.043	0.040	3.484	139.567
Total	**166.931**	**2.005**	**11.331**	**180.267**

3.7 The table below shows the breakdown of the £40.3m additional costs Including those funded by others) reported for 2020/21.

Section B1			
Breakdown for MHCLG Return (inc CCG and GMCA funded):	**April 2020 £'m**	**May 2020 £'m**	**Forecast Cost £m**
1a - Adult Social Care - additional demand	0.561	0.652	9.624
1b - Adult Social Care - supporting the market	0.351	0.784	2.467
1c - Adult Social Care - workforce pressures	0.030	0.137	0.479
1d - Adult Social Care - other (including PPE)	0.289	0.356	4.722
Adult social care total	***1.231***	***1.929***	***17.292***
2a - Children's Social Care - workforce pressures	0.019	0.019	0.23
2b - Children's Social Care - residential care	0.240	0.440	1.494
2c - Children's Social Care - care leavers	0.017	0.017	0.208
2d - Children Social Care - other	0.504	0.704	3.504
Children's services - total	***0.780***	***1.180***	***5.436***
3a - Education - SEND			
3b - Education - Home to school transport	0.072	0.072	1.465
3c - Education - Other	0.044	0.029	0.145
Education - total	***0.116***	***0.101***	***1.610***
4 - Highways and Transport	0.193	0.175	0.573
5 - Public Health		0.191	0.596
6a - Housing - homelessness services			
6b- Housing - rough sleeping - accommodating and supporting	1.099	1.099	6.786

those brought into alternative accommodation			
6c - Housing - other excluding HRA			
Housing total excluding HRA	***1.099***	***1.099***	***6.786***
7a - Cultural & related - Sports, leisure and community facilities	0	0.654	0.872
7b - Cultural & related - other			
Cultural & related total	***0***	***0.654***	***0.872***
8a - Environmental and regulatory services (including excess death management)	0.028	0.281	0.519
8b - Environment & regulatory - waste management			0.618
8c - Environment & regulatory - other			
Environment & regulatory - total	***0.028***	***0.281***	***1.137***
9 - Planning and Development			
10 - Police, Fire and rescue			
11a - Finance & corporate - ICT, remote working	0.216	0.111	1.145
11b - Finance & corporate - Revenue & benefits expansion	0.005	0	0.042
11c - Finance & corporate - other	0.165	0.099	0.58
Finance & corporate - total	***0.386***	***0.210***	***1.767***
12a - Other - Shielding	0.000	0.157	1.028
12b - Other - PPE (non-Adult Social Care, HRA)			
12c - Other - costs associated with unachieved savings/delayed projects	0.083	0.083	1.25
12d - Other - excluding service areas above			
Other total (includes Shielding)	***0.083***	***0.240***	***2.278***
TOTAL SPENDING PRESSURE (General fund)	**3.916**	**6.060**	**38.347**
13a - Housing Revenue Account (HRA) - workforce pressures			

13b - HRA - supplies and materials including PPE			
13c - HRA other	0.291	0.291	1.965
HRA total spending pressure	**0.291**	**0.291**	**1.965**
Total General Fund (inc CCG/GMCA funded costs) + HRA	4.207	6.351	40.312

Impact on Income

3.8 The total income loss is now **£139.528m** (with a further £0.040m against the HRA in respect of voids and the increased turnaround time). This includes sums due to other preceptors from Business Rates and Council Tax. The net impact on income (allowing for reliefs announced as part of the budget and to support businesses through COVID-19) is as follows:

Main Income Category	**Loss £m**
Business Rates*	23.870
Council Tax*	18.705
Sales, Fees and Charges	19.688
Commercial	77.265
Total	**139.528**
HRA (void turnaround times)	0.040

**note this is the 100% collection figure for Business Rates and Council Tax and includes income due to other preceptors such as GM Mayor (inc Fire) and Police*

3.9 The impact on the Council's General Fund revenue budget will largely fall in 2021/22 because business rates and council tax reductions go through the Collection Fund and impact on the revenue budget in the following financial year, rather than the year in which the income is (or is not) collected. Likewise the Council has an airport dividend reserve which means that a significant proportion of the income (£56m) is used a year in arrears. Finally the figures have now been adjusted for bus lane and parking lane enforcement income which impacts on the level of the reserve to fund future commitments.

Impact on MCC Budget

3.10 The impact on the budget for 2020/21 and 2021/22 is set out in the table below, again based on the position from the May returns.

	2019/20 £m	**2020/21 £m**	**2021/22 £m**
COVID-19 Emergency Funding	***0.389***	***33.367***	***0***

Additional Costs (MCC Element only)	0.389	30.499	20.858
Income			
Loss of Income (MCC Element only)*		136.043	106.054
Adjustment for element of airport dividend (£70.7m) not budgeted to use in year		*(55.809)*	*(8.729)*
2020/21 Council Tax and Business Rates shortfalls impact a year in arrears		*(39.091)*	*39.091*
Bus Lane and Parking Income - impact on reserves capacity		*(5.358)*	*0.000*
Budget impact of lost income	**0.000**	**35.785**	**136.416**
Total Costs and Net income losses	0.389	66.284	157.274
COVID 19 Emergency Funding	**(0.389)**	**(33.367)**	**0**
Budget shortfall after application of grant	**0.000**	**32.917**	**157.274**

**Loss of income netted down for sums that would fall on other preceptors (not MCC) of Council Tax and Business Rates which totals £3.484m*

3.11 As part of the work to reduce costs in this financial year whilst work is carried out to address the options for the longer term financial impact on the council a series of savings proposals are going to the July Executive. These include sensible and practical measures such as to review staff vacancies and uncommitted budgets. These have been developed following a line by line budget review with Heads of Service.

3.12 In total the additional net savings and further income identified for 2020/21 is £21.1m. Of this £8.9m relates to Directorate related savings with the balance coming from a net £1m improvement in grant funding, £8m income from interest on commercial loans, £2.8m reduced revenue contribution to capital and other smaller net favourable movements of £0.4m relating to savings on utilities costs and improved pension savings offset by small increases in Levies. The Directorate savings relevant to this committee are set out in the table below. The position, alongside the use of reserves, will be reviewed as the financial impact becomes clearer.

Initial Savings/Efficiencies Identified

Description of Efficiency/Increased Income	2020/21 £000	2021/22 £000	FTE
Staffing Savings			
ASC Management	87	0	3.0
Day Services	165	0	7.5

Manchester Services for Independent Living (MSIL)	128	0	6.5
Learning Disability	101	0	6.0
Population Health & Wellbeing	14	0	1.0
Strategic Commissioning	25	0	2.0
Other workforce budget adjustments	78	0	0.0
Reablement Services	603	0	46.0
	1,200	**0**	**72.0**
Non Staffing Savings			
The balance of unallocated funding from the National Living Wage budget and 20% of uncommitted price inflation	550	0	0
Funding for the social worker career pathway scheme which will now be implemented 1st April 2021	325	0	0
Slippage on new Extracare schemes at Oaklands House Fallowfield and Dahlia House South Burnage Lane resulting reduction in care costs	325	0	0
Budget slippage in Public Health	100	0	0
Budget slippage in Carers budgets	100	0	0
	1,400	**0**	**0**
Total	**2,600**	**0**	**0**

3.13 The staff savings are based on realistic assumptions on the estimated time required to recruit to posts in the current situation and consequent non-recurrent budget slippage. It is expected most posts will be recruited across the summer. Generally, the impact is being managed with prioritisation of essential requirements. It is clear however where services are holding caseloads, such as Reablement and MSIL, there will be an impact on these services ability to hold maximum caseloads for a time. In addition, the impact on services such as MSIL, who are working to reduce waiting lists is clearly compounded by the Covid-19 restrictions which have been in place. Recruitment to Reablement and MSIL posts has been difficult for some time and the services continue to work with HR on alternative approaches. Urgent and emergency support is provided through a risk based approach aimed at minimising the risk of any safeguarding issues arising. A number of posts within Day Services are being held vacant pending a review of the service delivery model and offer.

3.14 The non-staffing savings reflect a realistic assessment of likely spending in the areas identified in the table. The savings are non-recurrent for 2020/21. The core 2020/21 uplifts in relation to national living wage have been completed within budget however there remains some final inflationary uplifts in relation to spot providers which require a prudent approach to the remaining price inflation allocation. The revised implementation date for the social work career pathway scheme will afford time to re-visit the proposals to ensure they align with the new structures and any revisions emerging from work on the Improvement Programme, including any reflective learning from the Covid-19 Crisis about new ways of working. Slippage on extracare schemes at Fallowfield and Burnage Lane reflect a six month delay due to a change in the building contractor. The Public Health and Carers budget reflects a six months delay in new investments and minor budget slippage.

3.15 The measures required to address the longer term financial position, some of which may need to be introduced in this financial year, are being developed for Executive Members to consider in the Autumn. This work will include the scrutiny process and involvement of elected members as well as other key stakeholders.

3.16 It has been reported that the government will deliver a 'mini budget' in July which is likely to include measures to boost the economy and may include further support for local government. The Council will continue to work with Core Cities and GM Authorities to make representations to the Government to seek solutions to address the funding shortfall.

COVID-19 Related Government Funding

3.17 As well as the direct support of £33.7m from MHCLG towards the Council's COVID-19 directly related costs the following additional government support has been received. A significant proportion of which is providing direct support to businesses. A separate report was taken to the June Executive setting on the position on the funding streams.

Funding Source	**Manchester £000**
COVID-19 Emergency Funding for Local Government - (£1.6bn nationally) - first allocation	18,589
COVID-19 Emergency Funding for Local Government - (£1.6bn nationally) - second allocation	15,167
Council Tax Hardship Fund (£500m nationally)	7,458
Emergency Support for Rough Sleepers (£3.2m nationally)	68
Care Home Infection Control Fund (£600m nationally)	3,342

Reopening High Streets Safely Fund (£50m nationally)	489
Test and Trace service (£300 nationally)	4,837
Additional Hardship Funding (£63m nationally)	tbc
Support for Businesses	
Expanded Retail Discount 2020/21 (excludes 1% for Fire Authorities)	138,477
Small Business Grant Fund and Retail, Hospitality and Leisure Grant Fund (£12.3bn nationally)	121,032
Local Authority Discretionary Grants Fund	5,432

4. Response and planning ahead for the recovery

4.1 The Covid-19 crisis has had a very significant impact across the City of Manchester. The initial focus was on the immediate coordinated response to support the city during the lockdown period. Although the response work will continue for some time, preparations are now underway to manage the phased opening up of the city, and to plan ahead for the longer term challenges that will begin to become clearer as we emerge from the lockdown period.

4.2 This forward planning work will help to plan for the city's recovery including its economy, residents and communities, as well as the impact on the Council including its services and finances. This work will be undertaken with key stakeholders in the city in order to develop the best possible joint plans.

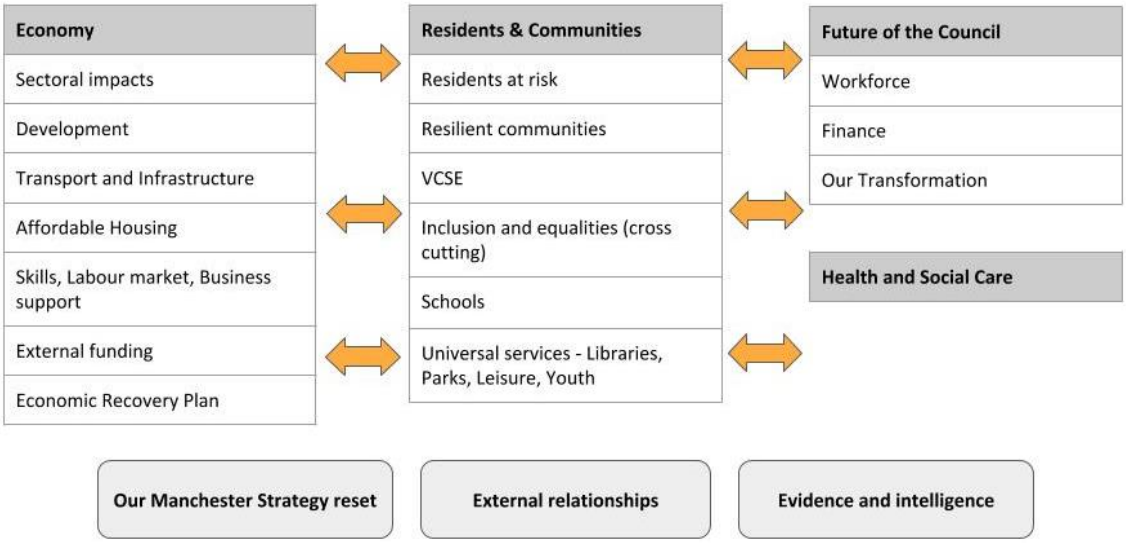
4.3 Four workstreams are being progressed in order for the City and the Council to prepare effectively for the recovery. These are highly interdependent with each other, as illustrated in the diagram below. Each workstream involves a significant portfolio of work, and each is in the process of identifying short, medium and longer term priority actions. The workstreams are:

- Economy
- Residents and Communities
- Impact on the Council / Future Council
- Health and Social Care

Underpinned by:

- Evidence base and impact for each of the above workstreams
- External relationships with a range of key partners

- Reset of the Our Manchester Strategy



5. Our Manchester Strategy reset

5.1 There is a need to review and reset the Our Manchester Strategy 2016-2025 for the City, to respond to the post-COVID-19 challenges the city now faces. The forward planning work will start this reset with a consultation that is firmly rooted in the Our Manchester approach, addressing the significant challenges but also some of the opportunities over the next five. This work will be led by the Our Manchester Forum and will conclude in February 2021.

5.2 The global, national and local context in 2020 is very different to 2015-2016 when the strategy was developed. As well as the highly uncertain impacts of the COVID-19 pandemic, the need to tackle climate change has become even more urgent and is one of the defining challenges for the city's economy, transport, energy, buildings, and green and blue infrastructure. Inclusion and equalities is also expected to be a key theme in the strategy reset, heightened by the disproportionate impact that COVID-19 has had on different groups across the city.

6. Workforce

6.1 The total workforce is c7,300 fte of whom c2,800 people working from either their usual workplace or a new workplace, a further 3,400 are working from home with around 800 people are not able to work because they are either shielded, vulnerable or the roles or a suitable alternative cannot be found. The exact numbers will continue to fluctuate in-line with staff returning from isolation, sickness absence or redeployment of staff. The overall number of staff that have been redeployed has been c 216.

6.2 The total number of COVID-19 related absences has continued to reduce week on week with the current total standing at 81 compared to 529 at the start of the lockdown period. Symptomatic staff in essential roles across

Children's and Adults are continuing to be referred for testing, in the main via the internal booking system (rather than the government website) as it means we can better track rates of COVID positive staff and support colleagues to return to work if they test negative.

6.3 A Resourcing Hub has been established to support the move of staff into roles required to support the response or recovery work. The redeployment process continues to work well and circa 147 staff have volunteered to move via targeted reach outs, broadcasts or redeploying agency staff that weren't required in their substantive area. Areas which have required additional staff include the Resilience Hub and phone line to provide support to vulnerable residents.

6.4 Following the Government's latest advice on 10 May regarding the initial relaxation of lockdown measurers. A workforce planning exercise has been undertaken to understand the number of services and staff intending to return. This work is supported by HR, Estates and Health & Safety to ensure appropriate measures are in place to ensure a safe return for staff. None of these staff will return to work until all health and safety requirements are met and the estate is fitted with additional sanitizer, self clean packs and signage which both clearly marks out safe working spaces and the responsibility of staff to minimise the risk in the workplace. Given the lead in time for this activity we are aiming for Monday 8 June for additional staff returning to the workplace (circa 124).

6.5 The 800 employees who are not working at all are a focus of attention as this situation obviously cannot continue indefinitely. A detailed plan of action is being drawn up to ensure that work can be completed by this group, many of whom work in the community on front line activities so will be able to return to work shortly, it is hoped. A small group from this 800 have been identified as being in posts which can access government money for furloughing, this does not affect the individual employee who will receive the same salary as now but does mean the City Council can access some limited government funding.

6.6 An all staff survey is underway and the final results will be shared at the committee, but early results indicate the following trends:

- Staff and managers generally feel well supported to work at home
- Equipment and particularly good chairs are an issue for significant minority
- The mental health of staff is poorer following the COVID crisis than before although most people are coping well
- Staff who are working from home feel they are mostly able to be as, if not more, productive than they were in the office
- With regard to returning to the workplace (mostly office) most staff do not want that to be full time but rather on a pattern which is mutually beneficial. One or two days a week is the most common pattern mentioned.

- Commuting and the use of public transport, and safety fears on public transport are often mentioned as reasons why working from home is preferred.
- Many staff need children to go back to school, probably in September, before they can start returning to the workplace, although over half of the respondents at the time this report was written did not have caring responsibilities.

6.7 The Human Resources and Organisation Development (HROD) teams are now moving from an incident response position to one which is more long term in outlook and are developing, with colleagues, a view on how we will be working for the foreseeable future, probably less based in the workplace and more flexible and mobile, including home working.

6.8 COVID-19 policy positions were negotiated with Trade Union colleagues covering:

- Redeployment - establishing the policy position underpinning the Resourcing Hub, and creating the ability to rapidly respond to resourcing pressures, during both the response and recovery phases.
- Pay Policy position - providing reassurance and clarity on pay arrangements for those unable to work due to the nature of their role, or because they or a family member has underlying health conditions. The policy position also established a position for regular casual workers, honouring their normal pay over the appropriate holiday pay reference period, as well as establishing that COVID-19 related sickness absence would not trigger stages under the existing Management of Attendance Policy.
- Annual Leave - in response to Coronavirus Working Time Regulations Amendment clarity was provided on carry forward of statutory annual leave untaken due to COVID-19 response, whilst reiterating the Council's policy position on the cancellation of additional leave acquired through the Annual Leave Purchase Scheme (ALPS).

7. Adult Social Care

7.1 A brief summary of the range of measures introduced to support the care home market and maintenance of care provision throughout the Covid-19 outbreak is detailed in a separate report elsewhere on the agenda.

7.2 Adult Social Care is a vital component of our local system to support Manchester people to live independently and with the best possible quality of life. The care and support provided allows people to continue to live in the most independent way and is based on an assessment that looks to promote the strengths of the person and connections to family, carers, friends and the community in which they have chosen to live.

7.3 COVID-19 has raised the profile and value of Adult Social Care, showing how it can support people to live in the community with support from a diverse

range of provision, which has been developed over many years with the involvement and shaping of those with the people the services support.

7.4 In response to the additional demands of COVID-19 the priorities of Adult Social Care were to:

- **Maintain capacity of care services** - supporting care providers to continue to be able to meet the care needs of the people already receiving services, many of whom have higher risk characteristics relating to COVID-19 (older age groups and multiple long term conditions).

- **Support care providers to support service delivery** - making daily contact with providers to understand their needs and to respond appropriately.

- **Generate additional capacity of care services** - based on the needs for Manchester and moving with the latest understanding of the need for care and support and the need to expand services where necessary.

7.5 A COVID-19 response plan within Adult Social Care has ensured a structured response across services including temporary closure of some services, management of new approach to hospital discharge and stand up of the integrated control room, management of safe and well calls with c.1,500 on the shielded list, preparation for any potential introduction of Care Act Easements (not yet required), adjustments to normal practice given changed circumstances and work to ensure staff and citizens have access to testing.

7.6 An outline of the core components of COVID-19 cost detailed in the table at 3.7 for Adult Social Care is set out below. Many areas are based on working assumptions that continue to be refined as we respond to the dynamic impacts on need, capacity, quality and sustainability of the care market and pressures related to assessment and delivery of internal care and support services.

(i) Additional Demand - £9.6m and includes the following elements:

- The cost impact of block booking capacity in the care market to ensure people can be supported in the right place and at the right time to meet their assessed needs;
- The estimated costs of the rapid hospital discharge programme to support the NHS to have sufficient capacity to care for those most severely affected by the COVID virus;
- Cost of discharges for people with complex needs; and
- Modelling of additional homecare and residential care placements.

(ii) Supporting the Market - £2.5m, primarily reflects care market support for the period to July 2020 and includes:

- One off payments to residential and nursing care homes to support their additional costs such as PPE and agency staff;

- Paying home care providers on commissioned hours rather than actual hours to provide stability until the end of July; and
- One off payments to support provider costs for agency staff and PPE to specialist homes for people with Learning Disability and Mental Health needs, for Home Care Providers and Shared Lives.

(iii) Workforce Pressures - £0.5m includes:

- Setting up of a 'Bank' of staff to maintain capacity and allow for flexibility across services. Includes social workers, unqualified social workers and support staff for provider services;
- Additional staffing costs (including overtime) for setting up the Control Room and to support Hospital Discharges over the Easter Bank Holiday and weekend period; and
- Overtime payments for targeted Safe and Well Checks to potentially vulnerable people.

(iv) Adult Social Care PPE - £4.3m includes:

- Manchester and Trafford PPE Mutual Aid Hub established to enable a coordinated response to the pandemic; and
- Future assumed demands for PPE, for different masks (including FFP3), coveralls and face visitors to support health and care workers in their support to shielded and vulnerable residents and COVID-19 diagnosed patients post September.

(v) Adult Social Care Other - £0.4m includes:

- Income loss for self funding Clients already receiving a package of care and consequently has a hospital stay; and
- Increase in welfare funerals; and
- Replicating the one off payments to cover agency and PPE to Cash Personal budgets.

8. Planning ahead for the recovery

8.1 Health and Social Care partners will work together to refresh the Our Healthier Manchester Locality Plan that sets the long-term vision and priorities for the city of Manchester - improving health outcomes for citizens, tackling health inequalities, and ensuring the health and social care system is financially sustainable. The Locality Plan was recently refreshed and while the overall aims are expected to be similar, the context in terms of the impacts of COVID-19 on health and well-being is significantly changed and more challenging across the city, as well as being highly uncertain and dynamic.

8.2 The Locality Plan refresh will set the context for reviews of the more detailed priorities and plans that will be developed by Health and Social Care partners in the city. It will also be aligned with the Our Manchester Strategy reset and the review of other city-wide strategies that have an impact on health and well-being.

8.3 Although there are still significant challenges with the response to COVID-19, work is now starting on planning ahead for the recovery. A Health and Social Care workstream has been established that will work closely with the other recovery workstreams, involving key partners from across the city through the Transformation Accountability Board. The workstream will consider the following issues.

8.4 Increasing the economic impact of health and social care during the recovery. This includes the role that health and social care organisations have as important 'anchor institutions' within the city, increasing the social value of health and social care organisations, and the roles of health and social care in achieving the city's zero carbon ambitions. The health and social care sector can also be a catalyst of wider regeneration, for example through the plans to redevelop the North Manchester General Hospital site. Health innovation and life sciences as important drivers of the economy, as set out in the Manchester Inclusive Growth Strategy. Health and work are highly interdependent issues so this workstream will also look at how to support residents to be fit for work, particularly in light of the impacts of COVID-19.

8.5 Supporting our residents and communities with their health and social care needs. This includes narrowing inequalities with a focus on the differential impacts that COVID-19 has had on different communities in the city, protecting the most vulnerable, and improving the social determinants of health and reducing poverty. This work will also look at the role of the VCSE sector in relation to health and social care. The work will look at the improvements and innovations developed during COVID-19, learn lessons and mainstream improvements made.

8.6 Changes to our ways of working and organisations. This will focus on making the Hospital Cell and Community Cell arrangements work effectively to deliver the response and recovery from COVID-19, as well as helping Manchester Local Care Organisation achieve its 10-year ambitions It will include a focus on the financial sustainability of health and social care. It will look at how to support our workforce to deliver and progress, and plan organisational change effectively across partners.

8.7 Updating our strategies, evidence and intelligence. This will include updating the Locality Plan and Population Health Plan, and the importance of health and well-being within the Our Manchester Strategy reset. It will capitalise on the Michael Marmot review of health equity 2020 including focus on health outcomes and the wider determinants of health for residents. It will ensure that inclusion and equalities are front and centre to all of the above work, reflecting on the significant health impacts that COVID-19 have had on Black, Asian and Ethnic Minorities within Manchester as well as nationally. Evidence and intelligence will underpin all of the recovery work including listening to the diverse voices of Manchester's population and building our services around a better understanding of what is important to them.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee - 23 June 2020

Subject: Covid-19 Care Homes Update

Report of: Director and Deputy Director Adult Social Services

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Summary

In light of the current national and international public health emergency situation, Manchester and Greater Manchester (GM) declared a major incident on Friday 20 March 2020. This activated the multi agency response arrangements in line with the GM generic response plan and the pandemic flu plan. The Prime Minister's unprecedented announcement at 8.30pm on Monday 23 March set out the seriousness of the situation and the expectations of all residents, businesses and public services. Reports to the Executive on 6 May and 3 June 2020 set out in detail the Council's response to this crisis. Over recent days and weeks, the lockdown guidance has eased and a number of further specific guidance notes have been received which are informing our actions and response.

This note is intended to provide Scrutiny with a brief summary of the current situation in the city in relation to COVID-19 and an update on the work progressing in Manchester in relation to areas within the remit of this committee. Further detail on specific issues will be available as required.

Recommendation

The Committee is asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The 'Our Manchester' approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to
A highly skilled city: world class	

and home grown talent sustaining the city's economic success	continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

None

1.0 Introduction

1.1 Across Manchester there are 91 care homes. These homes provide a mixture of short and long term support for residents in residential, nursing, and residential / nursing specialist dementia care environments. From the commissioned care homes, the majority provide support solely for older people or citizens with physical disabilities, with the remaining homes offering mixed provision across learning disabilities, mental health and complex older people.

1.2 Early in the emergency we were concerned that care homes in the city would face unique challenges caused by the pandemic, and wanted to ensure first and foremost that Manchester residents were supported. Due to the way the care sector is structured, care provision is delivered by a range of charities, small, medium and large companies, and social enterprises. From 16th March 2020 we established at the centre of our support and response to care homes (and all other sectors of Adult Social Care services across Manchester), three core objectives:

- **Maintaining capacity** - to maintain capacity of care to meet the needs of people and as far as possible to ensure we met the needs of people in the right place, with the right care and within a timely manner
- **Supporting care homes through direct contact and responses to meet their needs** - we diverted resources in to a weekday daily contact with care homes to understand their ability to cope and provide services and to respond to concerns they reported
- **Generating sufficient capacity to meet needs** - from the intelligence gathered in direct contact the Manchester health and social care system, identified ways in which additional or dedicated capacity could meet the fast changing needs of the Manchester population and worked closely with secondary care to ensure we had sufficient capacity within acute NHS services to meet the anticipated demand for the most vulnerable people who needed hospital care services

1.3 To deliver these objectives Manchester has worked across Manchester City Council (MCC), Manchester Health and Care Commissioning (MHCC), supported by our pooled budget arrangements; our secondary care/acute colleagues at Manchester Foundation Trust (MFT) and with the MLCO.

1.4 These integrated arrangements have enabled us to effectively manage a co-ordinated system wide response to ensure that care homes in Manchester have been supported from the outset of the COVID-19 emergency. As a result we continue to have capacity in our care homes and are able to continue to respond to support needs as they arise. We have quickly built trust with our provider network and continue to work with, through and alongside them to ensure that our people whose home is a care home are supported in the best possible way through this crisis.

1.5 The foundation of our approach has been ensuring that our support is part of

our overall response across adult social care, working in partnership through Manchester Local Care Organisation (MLCO), our integrated community health and social care organisation. In particular, we have ensured that from the outset we have made personal phone contact with each and every care home since 25 March 2020 on a daily basis which has enabled us to understand in detail their situation, provide bespoke and targeted support as required and ensure that we are responding across the market to wider challenges.

1.6 Furthermore, as part of Greater Manchester we have been able to model our collaborative approach and distributed leadership model which we have developed over the past three years in relation to the transformation of adult social care. In practice, this has involved working together across the ten local authorities and the GM Health and Social Care Partnership to bring together our data and provide mutual aid in areas including personal protective equipment (PPE) to ensure that we are maximising the benefits of devolution and the close geographical proximity (and often homes that are co-commissioned). We have also benefited from the north-west call to arms for additional care workers. The work with GM has been critical and we continue to ensure that we as Manchester City Council (MCC) and the wider Manchester system are playing our part alongside our partners.

1.7 In summary, we have worked effectively together over the last three months to put strategies in place that have:

- Directly supported care homes with access to **PPE** as a safety net
- Understood **capacity within care homes** and ability to accept referrals
- Provided support to each care home as required to manage safety, containment and **reduce the risk of spread of infection**
- Supported care homes to access **testing of residents and staff**
- Reorganised and strengthened **primary care support** to care homes
- Established a combined health and social care approach to **financial support**
- Developed and implemented **bespoke operational and financial models of support**, tailored to the needs identified from the daily calls
- Provided data and intelligence on infections, outbreaks and deaths and helpful comparisons with other localities
- Continued to admit people into care homes where a clinical need was identified

1.8 To deliver these strategies, especially supporting care homes to access testing of residents there have been significant challenges, including a fragmented national testing system, frequently changing guidance and lack of specialist guidance for residents living with dementia. As statistically people aged over 80 are 70 times more likely to die from coronavirus than those aged under 40 and death rates considerably higher amongst residents living with alzheimers and dementia these external challenges have caused considerable additional anxiety and concern to residents and their families.

2.0 Support measures

2.1 As described, with the outbreak of COVID-19, the council and partners swiftly instituted a system-wide range of supportive measures to care homes which have developed and increased as the understanding and guidance on COVID-19 and its impact have evolved. These supportive measures are as follows:

2.1.1 A weekday daily ring-around to 81 of the 91 care homes (with the remaining 10 a combination of empty homes, MFT or MLCO/MCC direct provision and a children's service with CQC registration) is conducted to identify pressures and provide the support required to maintain continuity of care and, where possible, self-manage any outbreaks. This includes the reporting on available capacity and whether any service users or staff have symptoms of COVID-19 and are being isolated and/or have been tested positive for the virus

2.1.2 Bespoke arrangements and support from the Community Infection Control Team (CICT) to:

- Manage outbreaks, including arranging the testing of residents and implementing COVID-19 resource packs and national guidance
- Undertake risk assessments on a case-by-case basis to enable the safe transfer of residents from hospitals to care homes
- Ensure basic infection control measures, such as a high standard of cleaning provision and access to cleaning equipment and products suitable for cleaning and decontamination of the environment and equipment
- Provide easy access to hand wash facilities, liquid soap, paper towels, hand gel and correct waste disposal procedures

2.1.3 Establishment of a Mutual Aid Hub to oversee PPE provision with requirements identified by the aforementioned daily ring-around and next day delivery on weekdays and a collection service at weekends with over 275,000 items of PPE had been delivered to care homes. Regular communications are circulated to providers updating them on any changes to guidance and procedures, for example, the requirement for staff to have specialist PPE when undertaking Aerosol Generational Procedures (AGPs). PPE stock levels and demand intelligence are reviewed daily to assess levels of stock remaining. Stock levels are currently satisfactory in relation to priority items and in addition the hub has also taken on the role distributing other equipment, including nationally procured pulse oximeters, to help monitor rapid deterioration (silent hypoxia) in community settings

2.1.4 Adaptation of Moston Grange Care Home service offer to provide a temporary setting for the discharge of COVID-19 positive residents, where they can remain until they return a negative test and their symptoms have subsided sufficiently for them to return to their original care provision.

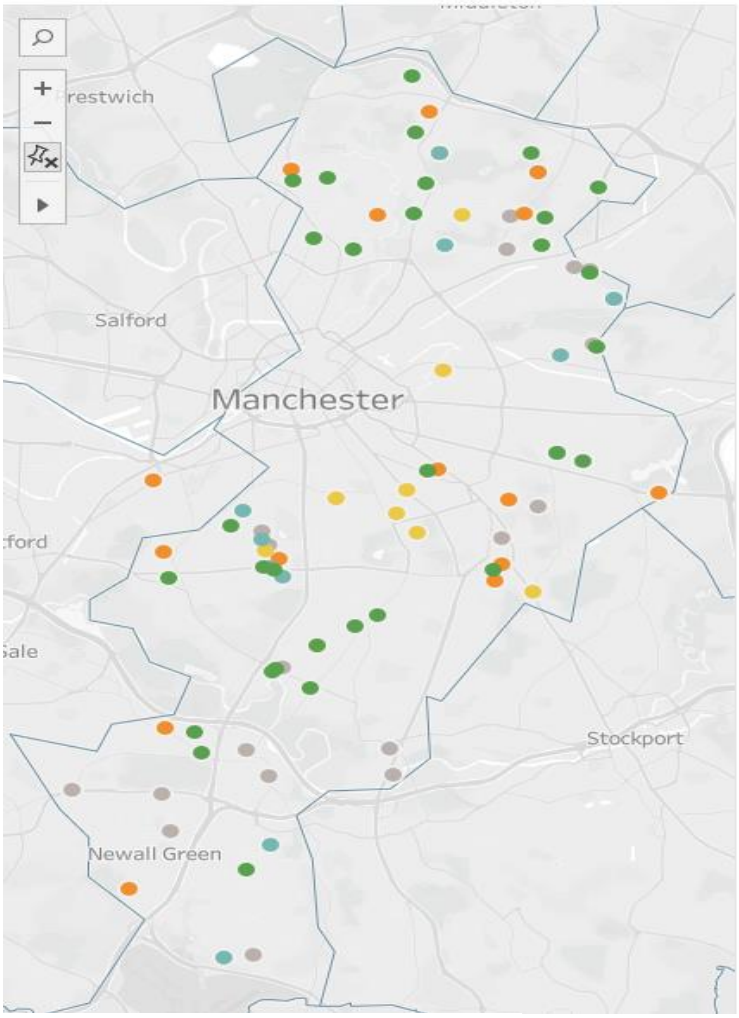
2.1.5 In enacting the National Discharge Guidance issued on 19th March 2020, MFT took the decision to test all residents prior to discharge from hospital to residential and nursing homes, well in advance of the national policy directive.

MCC & Trafford Metropolitan Borough Council (TMBC) established the Testing Coordination Hub (TCH) to coordinate testing pathways for residents and staff at care homes. We have an excellent working relationship MFT who have allocated laboratory capacity to support our work with care homes, however the availability of reagents has been a concern in recent weeks. The responsibility for care home testing is now being led by the Director of Public Health in partnership with the Executive Director of Adult Social Services.

2.1.6 All care homes can access testing by contacting the Manchester Testing Hub. Testing is delivered by one of three routes: courier of swabs from the local PHE lab for staff to swab residents themselves, co-ordinated by the Community Infection Control Team; by the local Community Swabbing Teams where staff are not confident or able to swab residents; or through the national Department of Health and Social Care (DHSC) care home testing portal, whereby swabs are delivered to the care home and staff swab the residents themselves. As of 14th June 2020:

- 55 locations have been visited at least once by the Community Swabbing Teams and 101 visits in total have been undertaken. A total of 32 care/nursing homes and 23 other care provider types or domiciliary care locations have also been visited. As at that same date, 297 swabbing team tests have been requested for care home residents, of which 278 (94%) have been completed. The care home testing teams have made 101 visits to care home or domiciliary care providers in Manchester.
- Data from DHSC shows that, as at 3rd June, 38 out of 91 care homes in the city (41%) had applied for whole care home testing via the national care home testing portal. It is important to note that prior to 7th June only care homes that were exclusively for people aged over 65 or for those with dementia could apply for whole home testing. After applying these criteria, 84% of care homes eligible for whole home testing had applied as at the 3rd June 2020.
- Just over two-fifths (41%) of care homes in Manchester report that they have received delivery of tests through the national system, used the tests and have had the tests picked up. Around 15% have confirmed that they have received the tests but have not used them yet (or have not had them picked up) and 13.8% have applied via the portal for whole home testing but have not yet received the tests. Over a fifth (22.5%) of care homes have not yet applied for testing.

The map below shows the status of DHSC whole home testing for care homes in Manchester



2.1.7 Adaptation and expansion of the function and form of the Integrated Control Room to support the care sector. A key function of the Control Room is to ensure the safe discharge of patients via pathways from hospitals to the most appropriate community setting, with pathway 3 relating to patients who need temporary admission to residential or nursing care during the COVID-19 period

2.1.8 Where workforce levels begin to make service delivery unsustainable and additional capacity is required MLCO, through the City Council, is supporting care homes to secure this. The recruitment of additional capacity is supported through either managing a recruitment process on behalf of providers, through links to the Council's agency provider, or, through directly recruiting and operating a 'bank' of support workers (where demand levels require)

2.1.9 The financial support measures to support providers are summarised as follows.

(i) Agreement of a 4-5% annual fee increase applied to all externally commissioned care providers;

(ii) A series of measures targeted to support the market through the COVID-19 emergency period:

- Temporary change to pay framework homecare providers on commissioned hours during the period to the end of July 2020
- One-off financial support for 12 weeks to residential care providers of £50 per week per package and nursing care providers £100 per week per person
- Block-book residential care providers bed capacity, up to 41 beds, until 31st July 2020
- Block-book nursing care providers bed capacity, up to 50 beds, until 31st July 2020
- 10% uplift to homecare providers effective from 1st April 2020 for a period of 8 weeks based on commissioned hours
- Additional payments for each learning disability and mental health placement for a 12 week period:
    - £50 for residential and £100 for nursing home placements
    - £50 for 24/7 supported accommodation placements
    - £100 for other health provision based on number of placements

2.1.10 On 14 May 2020, MCC was allocated £3.4m of the government's £600m infection control fund. This grant is to provide support to providers to deliver infection control to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. As stipulated by the terms of the grant, MCC are passporting 75% of the funding straight to care homes on a 'per bed' basis. A decision upon the allocation and distribution of the remaining 25% of the funding will be made in due course

2.1.11 Primary Care Support for care homes has been enhanced. There are three locality based Enhanced Health in Care Homes (EHiCH) services commissioned by repurposing or expanding existing provision. The three services offer a dedicated phone number and 1 hour virtual response for any unwell patient in an older persons residential or nursing care home

Outside of the EHiCH service hours care homes are asked to call a healthcare professional bypass number for GTD Healthcare for Primary Medical Care which avoids the care home using the NHS 111 service. All EHiCH services have access to Manchester Community Response (MCR) for patients in crisis and access to community specialist palliative care services which are just two of a wide range of community services supporting care homes

The care homes now have a named clinical lead GP and we are moving quickly towards a pro-active enhanced service with weekly multi-disciplinary teams and medicines optimisation reviews over the next few months. We are redeploying MLCO community staff to support this transition whilst we move into a phase of recruitment

In addition to additional deployed community staff we have secured dedicated care of the elderly support from MFT and used telemedicine approaches to maximise the efficiency of health care provision between primary, community and secondary care. We will look to further embed this with digital technologies both locally and in partnership with Greater Manchester colleagues. In summary we will look to provide health care support above and beyond the requirements of the EHiCH schedule

3.0 Outbreaks, infections and deaths involving COVID-19 in care homes

3.1 We have been closely monitoring the situation in care homes using a number of different sources of data, including information collected from care homes themselves via the Manchester Care Capacity Tracker and the Community Infection Control Team (CICT), alongside data from Public Health England (PHE), the Office for National Statistics (ONS) and the Care Quality Commission (CQC). We have also initiated a daily flow of information on deaths taking place in the city from the local registrar. This is used to produce a weekly report on outbreaks, infections and deaths involving COVID-19. As of 16 June 2020, there were:

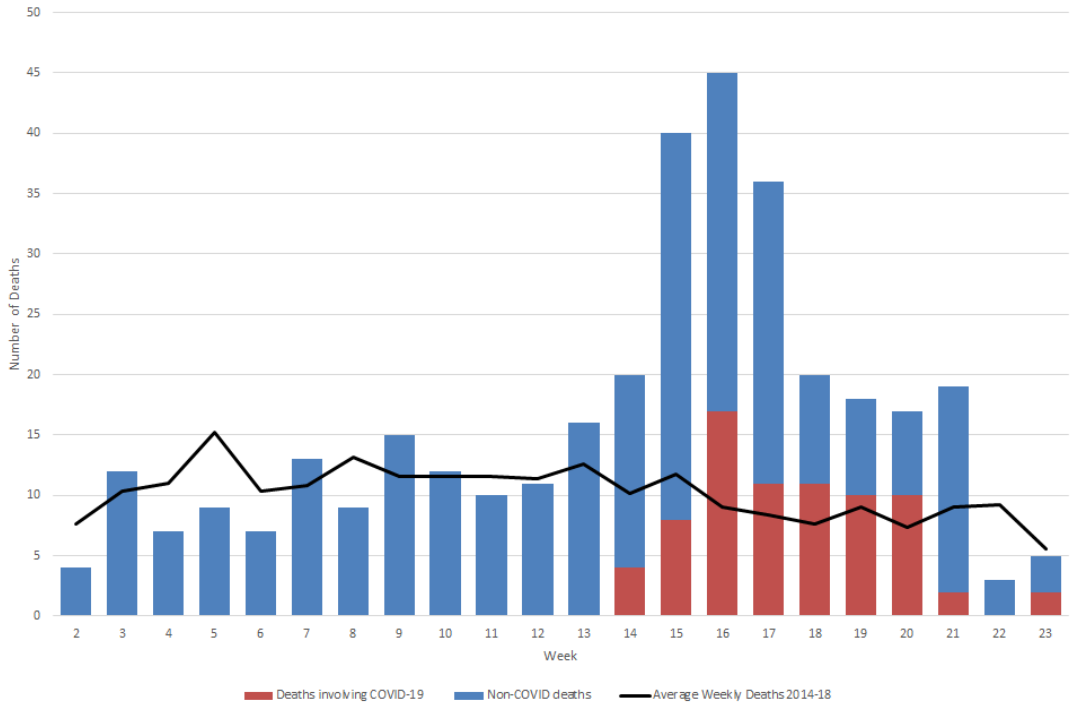
- 17 care homes with a current active situation (one confirmed case) or outbreak (more than one confirmed case) and no additional care homes with suspected cases. In total, there are currently 55 confirmed cases of COVID-19 in care homes.
- 371 registered deaths involving COVID-19 since the start of the pandemic with 75 deaths recorded as having occurred in a care home. This represents 20.2% of all deaths involving COVID-19 and is the 7th lowest percentage of the 10 local authorities in Greater Manchester

3.2 Public Health England (PHE) report that, as at 1 June 2020, 47.8% of care homes in Manchester were reporting an outbreak (2 or more cases) of COVID-19 or had done so at some point in the past. Manchester ranks 11 out of 23 upper tier local authorities in the North West and 5 out of the 10 local authorities in Greater Manchester on this measure.

Deaths and excess deaths in care homes

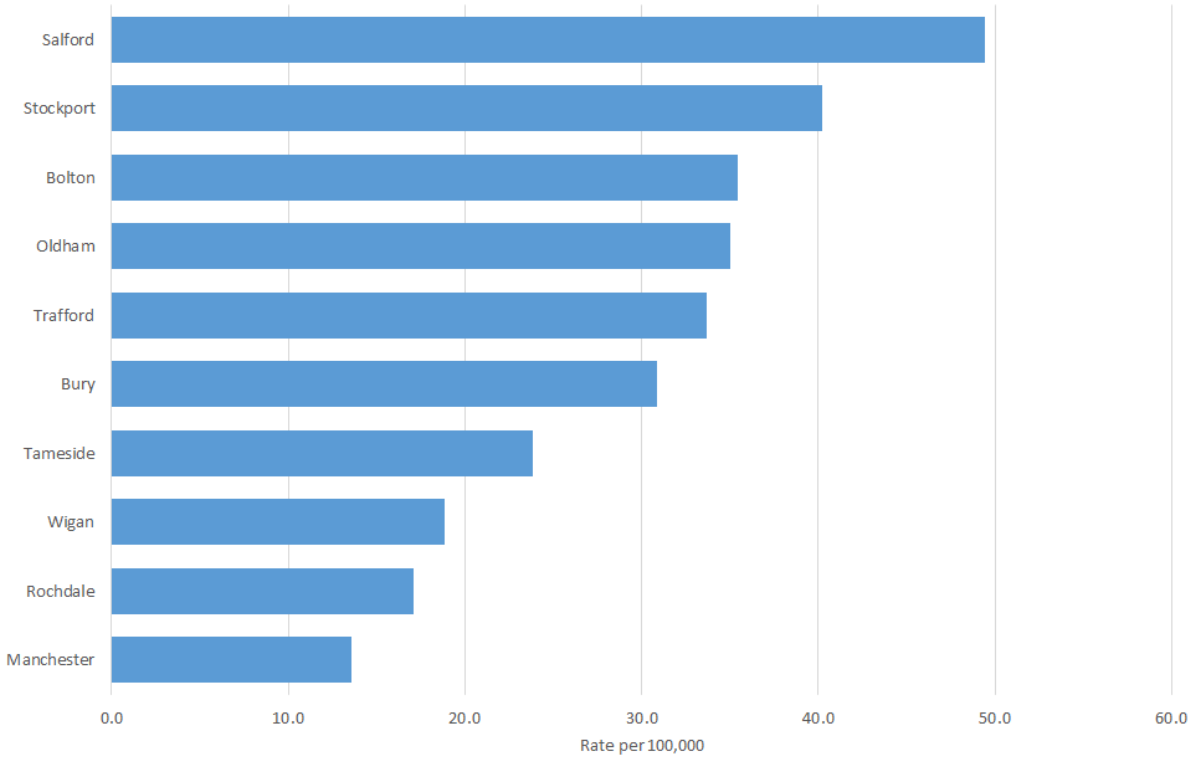
3.3 In the period up to and including the week ending 5 May 2020, there have been a total of 361 deaths occurring in care homes in Manchester - 20.3% of all deaths occurring in the city. This figure excludes deaths among care home residents where the person died in hospital or some other setting. Just over a fifth (20.7%) of these deaths involved COVID-19. In this context, a death involving COVID-19 is one where COVID-19 was mentioned anywhere on the death certificate.

3.4 The chart below shows the weekly number of COVID and non-COVID related deaths occurring in Care Homes in Manchester in 2020, alongside the average weekly number of deaths in the 5 year period 2024-2018. This provides a means of counting the additional (’excess’) number of deaths in care homes over the course of the current year.



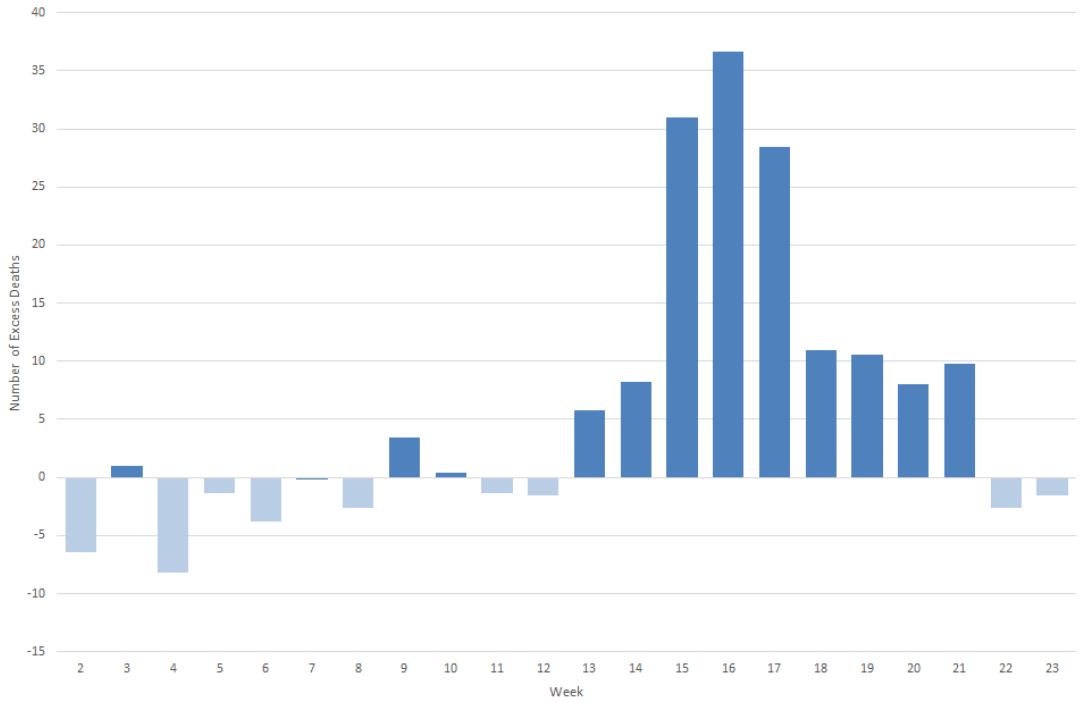
Note: Data for Week 1 (week ending 3 January 2020) is not currently being displayed. The figures for this week are currently being investigated by PHE because the average counts for this week were lower than expected. Due to the delay between the date a death occurred and the date that death was registered, the data for the most recent weeks are still subject to change.

3.5 The rate of deaths involving COVID-19 in care homes in Manchester is low compared with other parts of Greater Manchester (see chart below). Based on deaths occurring up to and including 5th June 2020, the rate of deaths involving COVID in Manchester was 13.6% per 100,000 compared with a rate of 49.5 per 1000,000 in Salford and Greater Manchester average of 28.2 per 100,000.



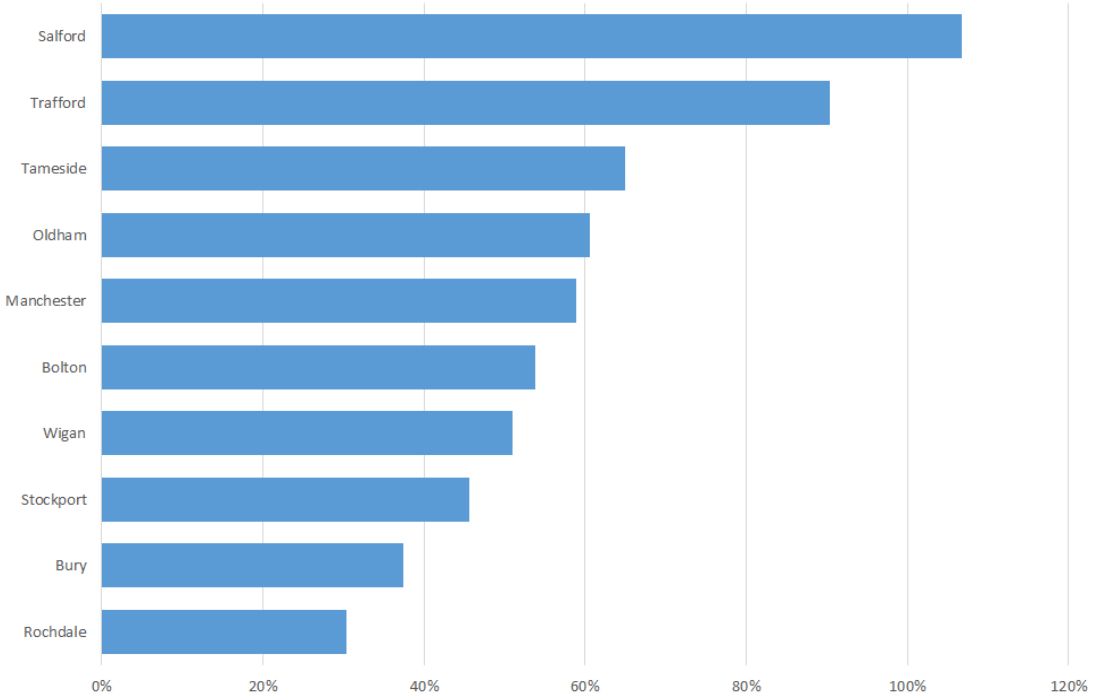
3.6 It is important to note that the increase in the number of deaths in care homes is not purely COVID related and that a substantial proportion of deaths in care homes do not involve COVID. In the year to date, just over a fifth (20.8%) of all deaths in care homes in Manchester have involved COVID-19 i.e. COVID was mentioned somewhere on the death certificate. At the peak of the pandemic (week ending 17 April), the proportion of deaths in care homes that involved COVID-19 rose to 37.7%, which is still less than half of all deaths in this setting.

3.7 The chart below shows the number of *excess* deaths in care homes in Manchester i.e. the difference between the number of deaths occurring in care homes each week during 2020 and the average number of deaths in that week in the 5 year period 2014 to 2018. In this chart, bars above the horizontal axis represent the weeks where the total number of deaths is higher (i.e. in excess of) the historic average number of deaths seen in that week in the 5 year period 2014-2018. Bars below the horizontal axis represent the weeks where the total number of deaths is lower than the 5 year average for 2014-2018.



3.8 In the year to date, there have been 130 excess deaths in care homes in Manchester compared with the 5 year average for 2014-2018. Prior to the outbreak of the COVID-19 pandemic, the numbers of deaths occurring each week in care homes in Manchester was mostly lower than the historic average. However, between Week 13 and Week 21, there was a sustained period of time during which the number of deaths in care homes was in excess of the 'norm' for that time of the year. The number of excess deaths in care homes peaked between Weeks 15 to 17 (4th April to 24th April). Over that 3 week period, there were 121 deaths in care homes - 96 more than the historic average for that period. At this point in time, the number of deaths occurring in care homes in Manchester was 3.8 times (384%) higher than the 'norm' for that point in the year.

3.9 The chart below compares the percentage of excess deaths in care homes since the beginning of 2020 for each local authority in Greater Manchester. In Manchester, the number of deaths in care homes over the course of 2020 is 59% higher than the 'norm' based on the average for 2014-2018. In comparison, the number of excess deaths in Salford over this same period was 107% higher than the 'norm' i.e. more than double.



3.10 On 5 June, ONS published some analysis looking at death registrations not involving coronavirus (COVID-19) in order to understand the apparent increase in deaths compared to the previous five-year average. The report explores a number of explanations for why there has been an increase in the number of deaths not involving COVID-19. These explanations include:

- An increase in deaths due to dementia and Alzheimer Disease
- Under-diagnosis of COVID-19 leading to an increase in non-COVID-19 deaths being recorded
- Delays in access to, or receipt of, health care
- Increased pressure on the healthcare system because of COVID-19
- Increase in stress-related diseases and/or external stress-related factors
- Changes to the death registration process

Of particular relevance to care home residents is the increase in deaths due to dementia and Alzheimer Disease noted by ONS. In someone with advanced dementia and Alzheimer Disease, the symptoms of COVID-19 can be difficult to distinguish from their underlying illness, especially with the possibility of communication difficulties, and this may have led to deaths involving COVID-19 being undercounted in this segment of the care home population.

3.11 The ONS report also notes that care home residents have experienced changes to their usual routine as a result of measures to tackle the coronavirus pandemic and that the adverse effects of such changes cannot be discounted as another possible explanation of the increase in the number of deaths in care homes compared with the historic norm. Further analysis of the ONS report to understand the impact of routine change upon care home residents will support the development of MHCC's ongoing work on excess deaths.

4.0 Our Next Steps - Planning Ahead

4.1 A system wide Manchester Care Homes Strategic Board covering health and social care has been established to provide strategic direction for support to the sector going forward and ensure that there is sufficient capacity to manage demand in the short, medium and long term including a potential second surge or the impact of any possible extended testing programme in care homes.

4.2 The board is chaired by the Executive Director of Adult Social Services and the Deputy Chair is the Chief Medical Officer of the MLCO. The Board will oversee the strategic programmes of work to deliver system priorities centred on capacity, quality, sustainability and maintenance of public health in Manchester's care homes.

4.3 The programmes of work are tracked for progress against agreed deliverables and risk, and considered mitigating actions are agreed and reported through the appropriate governance processes. The four core work streams aim to:

- Improve clinical support and practice
- Support the workforce
- Maintain capacity and improve care outcomes
- Manage and control the infection

4.4 These workstreams cover the principles of commissioning bed-based care, offering system wide support which includes Primary Care input; Medicines; Nursing; Finance and Contracting; Data and Reporting; Quality Improvement; Assessment; Infection Control practices; Strategic commissioning plans (including flows between demand and capacity), integration into locality working and Risk Management (including stratification).

4.5 Our priority always remains to support the people of Manchester. The data and information from the measures outlined above introduced to support and maintain care home provision in Manchester during the COVID-19 outbreak have provided a vast repository of knowledge. Learning outcomes extracted from the knowledge combined with the focused strategic direction of the aforementioned, newly created, Care Homes Strategic Board would support a system wide response to any potential second wave. Furthermore analysis of this data and the outcomes

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee - 23 June 2020

Subject: Manchester Test and Trace

Report of: Director of Public Health

Summary

This report provides more detailed information on the national, Greater Manchester and Manchester approach to Test and Trace and the development of the Manchester COVID-19 Management Plan, referred to in the overarching COVID-19 Update Report. The Manchester Test and Trace Team went "live" on Monday 8 June 2020 and the Director of Public Health is the Senior Responsible Officer (SRO) for the development of the COVID-19 Management Plan.

Recommendation

The Committee is asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	**Summary of how this report aligns to the OMS**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The 'Our Manchester' approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

1. Introduction

1.1 Contact tracing is a tried and trusted approach to prevent the spread of infection and to contain and prevent outbreaks. Established contact tracing practice involves identifying those who have been in close contact with an infected person, encouraging them to self-isolate for 14 days and monitoring their health.

1.2 Comprehensive contact tracing alongside mass testing are common features in countries that have so far succeeded in keeping the number of cases of COVID-19 relatively low, such as Germany and South Korea. There is now a recognition that in the absence of a vaccine or effective treatment a medium/long term approach to Test and Trace is needed (18 months - 2 years).

1.3 The UK Government launched the NHS Test and Trace service on 28th May 2020 as part of an integrated test, trace, constrain and enable (TTCE) approach to COVID-19. From Monday 8 June 2020 both the Greater Manchester and Manchester teams went "live" and the local services became operational. The Manchester team includes experienced contact tracers from the Manchester Local Care Organisation (RU Clear Chlamydia Screening Service staff), MCC Environmental Health Team and the Manchester Public Health Team. .A full description of how the new arrangements will work is provided in section 2 below.

1.4 A national £300 million ring fenced fund has also been made available to LAs to support the development of local COVID-19 Management plans and ensure there is sufficient local capacity to deliver an effective test and trace service. The Director of Public Health is working with the City Treasurer on the capacity and resource requirements relating to the Manchester allocation.

1.5 Greater Manchester (GM) as one of the 11 national Beacons (pilots) will be in a position to share best practice with other areas of the country who will face similar challenges.

2. The approach to test and trace in Greater Manchester and Manchester Test, Trace, Contain and Enable (TTCE)

2.1 The TTCE approach for Greater Manchester will put local planning and response at the forefront of identification and management of COVID-19 infections by:

- Improving the speed of the response - Put local government at the centre of the outbreak response.
- Building on local knowledge - Led by Directors of Public Health, working with Public Health England (PHE) local health protection teams and incorporating existing public health planning and statutory responsibilities.

- Improving coordination - Helping to coordinate efforts between local and national governments, the NHS, private and community sectors and the general public. Connecting local and national policy via the Joint Biosecurity Centre (JBC).

The GM TTCE approach will involve the creation of 10 bespoke Local Outbreak Control Plans, centring on seven key themes, as outlined by the Department of Health and Social Care, these are:

1) Care homes and schools
2) High risk places, locations and communities
3) Local testing capacity
4) Contact tracing in complex settings
5) Data and intelligence
6) Vulnerable people
7) Local Boards

The Manchester Public Health Team are currently collating the production of the Manchester Local Outbreak Control Plan (COVID-19 Management Plan) which will be structured around these themes. A brief progress update for each of the themes is presented below.

2.2 Priority 1a) - Care Homes

2.2.1 National Roles and Responsibilities

Under the TTCE approach, care homes will be classed as a complex setting, and all contact tracing and testing responsibilities will be passed to regional and local systems (GM and localities).

2.2.2 GM Roles and Responsibilities

The GM approach to supporting complex settings is to provide additional, co-ordinated support at a system level, to prevent and risk manage the potential for an outbreak. Care homes (for older adults and other categories of vulnerable adults) are already regarded as priority settings by the GM Directors of Public Health that require the development of robust health protection / outbreak planning.

2.2.3 Locality roles and responsibilities

The management of cases or an ‘outbreak’ in care homes is a locality role including the contact tracing in relation to the staff and residents and visitors. Any wider contract tracing – relating to the families of staff for example – would go through the national test and trace service.

2.3 Priority 1b) - Schools

2.3.1 National Roles and Responsibilities

Under the TTCE approach, schools will be classed as a complex setting, and all contact tracing and testing responsibilities will be passed to regional and GM functions.

2.3.2 GM Roles and Responsibilities

For a single case or suspected cluster/outbreak in a school, the GM Integrated Contact Tracing Hub (GMICTH) will undertake contact tracing in partnership with the Locality Team.

2.3.3 Locality roles and responsibilities

Local authorities will manage the consequences of control measures including the need to identify alternative education arrangements and community impact. In complex outbreaks, the local authority Public Health Team will play a leading role in Outbreak Control Team (OCT) meetings as is the case now.

2.4 Priority 2 - High risk places, locations and communities

The GMICTH will manage all complex contact tracing on behalf of GM, with the exception of:

- Contact tracing of cases or an 'outbreak' in care homes which is a *locality* role including the contact tracing, but only in relation to the staff and residents.
- Contact tracing of rough sleepers or homeless or other groups requiring specific community knowledge or links as this is also locality role.

A scenario planning toolkit has been produced and scenario planning is now taking place within localities and with key partners such as GMP. Pan GM guidance for localities is being produced to support work in key settings such as:

- Primary care settings
- Secondary care settings
- Social care settings
- Schools and Early Years
- Business sectors
- Community settings

2.5 Priority 3 - Testing Capacity

2.5.1 National Roles and Responsibilities

Current COVID-19 testing activity has been developed to date under a number of national 'Pillars'. The Pillars includes the same steps of: Requesting, Testing, Laboratory analysis and Reporting.

Pillar 1 Acute NHS Trust led testing – delivered locally

- Testing for virus itself indicating a current infection

- Throat and nasal swabbing
- Symptomatic or asymptomatic presentation
- Testing for Hospital patients and in some organisations -staff (NB-this is the case in Manchester hospitals)
- Requested, tested locally, analysed and reported within the Hospital cells

Pillar 2 – Nationally commissioned testing - delivered locally

- Testing for virus itself indicating a current infection
- Throat and nasal swabbing
- Symptomatic or asymptomatic presentation
- Testing for Care Homes, essential workers, and all symptomatic individuals
- Satellite sites (locally booked), Mobile Testing Units (MTUs) and postal self-administered tests (nationally booked)
- Non-hospital/PHE Laboratories such as the 'Lighthouse Labs'
- Requested via a national portal on Gov.uk, tested at any site, analysed at any lab

Pillar 3 – Serology Testing - Nationally commissioned testing - delivered locally

- Commenced in June 2020
- Antibody testing – 'serology test'. The presence of antibodies in a person's serum (taken from a blood sample) indicates past infection and does not necessarily confirm any form of immunity at the time. Results are being collected as a measure of previous infection and thus the spread of COVID-19 in the population.
- Blood sample
- Asymptomatic presentation
- All NHS staff in hospitals, NHS patients, with roll out to primary care and staff, in Care Homes (Manchester will be part of the social care pilot)
- Requested through employers' systems, tested within workplace or care setting, analysed in hospital laboratories, reporting through employers' systems.

2.5.2 GM Roles and Responsibilities

To strengthen the testing arrangements as described above, a Mass Testing Strategy for GM was agreed at the end of April 2020. The strategy set out a number of objectives to ensure GM can respond to and accommodate increased demand for testing.

Mass Testing will ensure that high priority groups of patients, residents and key workers in health and care sectors can be offered and access antigen testing through Pillar 1 or Pillar 2.

2.5.3 Locality roles and responsibilities

Each of the 10 GM Local Authorities will use the GM strategy as a framework and the Manchester COVID-19 Management Plan will provide a full description of the Manchester model for community testing currently being finalised.

2.6 Priority 4 - Contact tracing in complex settings

2.6.1 National roles and responsibilities

The NHS Test and Trace service:

- Ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus and includes targeted asymptomatic testing of setting and cohorts for whom there may be and increased risk of infection or harm.
- Traces the close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

The National Test and Trace service has 3 levels:

Level 3 (National Call Handlers contracted from external providers) who are responsible for:

- Providing advice to contacts according to Standard Operation Procedures (SOPs) and scripts. This will include the Household and Community contexts of cases escalated to Level 1.
- Escalating difficult issues to the level 2 staff.

Level 2 (Professional contact tracers recruited through NHS Providers) who are responsible for:

- Interviewing index cases (i.e those who test positive), and identifying their contacts using SOPs and scripts.
- Handling issues escalated from level 3 staff.
- Escalating complex issues and situations to Level 1.

2.6.2 GM roles and responsibilities

Level 1 (regional and local arrangements) who are responsible for:
Leading on ‘complex’ contact tracing.

- Consequence Management.
- Supporting vulnerable people and households.

Level 1 in Greater Manchester will be provided predominantly through the GM Integrated Contact Tracing Hub, delivered collaboratively on a city-region footprint and including staff from PHE. The 10 Localities including Manchester have a specified role within Level 1.

Level 1 is being delivered as a city-regional collaboration involving PHE NW, GMHSCP, GMCA, all 10 GM Local Authorities and other key sector partners such as GM Police, GM Fire and Rescue Services and Hospital Trusts. The specific sector-level roles and responsibilities of GM hospital trusts, GM Police and GM Fire & Rescue Services associated with delivering Level 1 of the national test and trace arrangements are as follows:

- Establishing and maintaining a single point of contact.
- Receiving details of escalated cases from GMICTH.
- Workplace contact tracing for staff with a confirmed diagnosis. (Contact tracing of household and community contacts will be completed through the national system).
- Organisational infection control, prevention and mitigation activity.
- Outbreak management in line with national guidance and supported by GMICTH staff.
- Identification and declaration of a major incident where the threat from the outbreak is severe, because the impacts on partners or communities are disruptive or because there is a need for formal multi-agency coordination.
- Business Continuity / Contingency Planning.
- Escalating issues to the GMICTH.

2.6.3 Locality Roles and Responsibilities

The locality roles and responsibilities associated with delivering Level 1 of the national test and trace arrangements are as follows:

- Establishment and delivery of a locality SPOC-In Manchester this is Sarah Doran, Consultant in Public Health
- Escalation of locally identified potential contact tracing requirements to GM SPOC.
- Oversight and management of contact tracing requirements in relation to care homes.
- Contact tracing for complex scenarios which fall outside the scope of the SOP, or where there is an acute level of complexity that requires a bespoke response.
- Coordination of locality consequence management in relation to complex settings.
- Safeguarding potentially vulnerable people and providing support to potential vulnerable individuals / households.
- Coordination of local communications and engagement
- Interpretation and application of national and GM policy and guidance within a local setting.
- Training and development of staff in the locality.
- Joint management of an outbreak in accordance with SOP (e.g schools).
- Continue with wider proactive and preventative work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases

2.7 Data and Intelligence

2.7.1 National roles and responsibilities

Public Health England's will continue to provide information to localities about COVID-19 from a range of sources to provide situational awareness. Current data sources include confirmed laboratory cases across England and community surveillance through PHE's network of health protection teams.

2.7.2 GM roles and responsibilities

Greater Manchester is looking to establish a robust digital architecture which allows information to flow from PHE to GM to localities and back again, alongside case management and recording. Ensuring the right data protection is in place in Greater Manchester to support the Contact Tracing work is vital to its success.

2.7.3 Locality roles and responsibilities

Currently the Manchester Public Health Team utilises the PHE Online Tracker to monitor the impact of the pandemic in the city. An example of the daily reporting schedule is provided in the table below. In addition the Government Office for Science publishes regional R values and the latest of these is also provided in the second table below. An enhanced reporting schedule specifically relating to test and trace is now under development and will include pillar 2 testing data as well as pillar 1 data. This will give a much more comprehensive picture of infection rates in the city and robust data sets of what is happening at all levels of the NHS Test and Trace Service.

COVID-19 Cases - PHE Online tracker (Thursday 18 June 2020)

Date data reported (2020)	UK Cumulative Totals		UK Daily Totals		Local Daily Totals	
	Cases	Deaths	Cases	Deaths in all settings	Manchester Cases	Manchester cases rate (per 100,000 resident population)
Tues 16th June	298,136	41,969	1,279 Pillar 1 - 329 Pillar 2 - 950	233	1,685 9 new cases	307.7 England rate 281.4
Wed 17th June	299,251	42,153	1,115 Pillar 1 - 328 Pillar 2 - 787	184	1,693 8 new cases	309.2 England rate 281.9

UK cumulative cases: includes tests carried out by commercial partners which are not included in the 4 national totals
Pillar 1: swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers
Pillar 2: swab testing for essential workers and their households, as well as other groups that meet the eligibility criteria
Reporting of deaths – This changed on 1st June to include all deaths before 24 May 2020 of people who tested positive through pillar

The R number cannot be calculated for sub regions or Upper Tier Local Authority Areas (UTLAs) so it is impossible to ascertain the different contributions of local areas to the R number for the North West. There is no R number for Manchester or for Greater Manchester and therefore we must look at other credible data sources such as hospital admission rates, death rates and infection rates.

The R estimates, published by the Government Office for Science on Friday 12 June 2020 cover each of the NHS England regions in England. The average R value for the UK, as a whole, remains at 0.7-0.9 R values are shown as the range and the most likely estimate is in the middle of this range. Therefore compared to the week ending the 5 June 2020 the R value for the North West Region has gone down slightly.

Region	R
England	0.8-1.0
East of England	0.7-0.9
London	0.8-1.0
Midlands	0.8-1.0
North East and Yorkshire	0.7-1.0
North West	0.8-1.0
South East	0.8-1.0
South West	0.8-1.1

2.8 Priority 6 - Vulnerable people (Consequence Management)

2.8.1 National roles and responsibilities

There are likely to be further changes to the guidance around shielding and vulnerable patient groups which will need to be considered by the GM and locality teams.

2.8.2 GM and 10 GM Local Authority roles and responsibilities

The 10 GM Local Authority Hubs will remain the primary route for people to access humanitarian assistance locally As the Test, Trace and Contain processes are developed and established there will be an ongoing need to ensure the impacts of outbreaks on communities is managed effectively, this will include:

- Providing direct support and advice to community settings that experience an outbreak through local Directors of Public Health and PHE.
- Ensuring common and consistent messaging to communities ensuring reassurance in the response that is being implemented.
- Working closely with communities to gather their knowledge and experience about cases in the community and creating two way dialogue to ensure we are able to manage by consent.
- Ensuring GM support to locality hubs through the GM Humanitarian Assistance Group, including the sharing of learning and development of GM strategies to support response as appropriate.

2.9 Priority 7 - Local Boards

2.9.1 In line with the national guidance the COVID-19 Response Group, chaired by the Director of Public Health, will act as the Local Health Protection Group for Test and Trace. This group already has a formal reporting link to the Health and Wellbeing Board (HWB).

2.9.2 The HWB will fulfil the functions of the Local Outbreak Management/Engagement Board and further consideration will be given to how the HWB can discharge this role effectively.

2.9.3 Finally the Council's Senior Management Team will act as "Gold" to ensure decisions on outbreaks and consequence management implications are addressed effectively and all council chief officers will have key roles to play.

3. Summary

3.1 The Director of Public Health (DPH) at the City Council will lead the development of the Manchester COVID-19 Management Plan with local partners. The plan will be signed off by the Leader and Chief Executive of Manchester City Council (MCC) on 30 June 2020.The Leader will also sign off the plan on behalf of the Health and Wellbeing Board.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 23 June 2020

Subject: NHS Overview

Report of: Manchester Health and Care Commissioning

Summary

This report provides an overview of how the NHS has responded to, and is recovering from, the impact of Covid19.

Recommendations

The Committee is asked to note this report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
The impact of the response to Covid19 on environmental matters is yet to be fully evaluated.

Manchester Strategy outcomes	**Summary of how this report aligns to the OMS**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Preventing ill health, and improving the health and wellbeing, of Manchester residents is a key element of the city's Our Manchester Strategy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

None

1.0 Background / Introduction

1.1 In January 2020 a novel coronavirus was identified following a cluster of pneumonia cases the previous month in the Chinese city of Wuhan. The illness associated with the virus is called Coronavirus Disease 2019 (COVID-19). On 12 February, the first case of COVID 19 was reported in the United Kingdom.

1.2 As a result NHS England and NHS Improvement (NHS E/I) declared a level 4 incident – meaning that the response is co-ordinated at a national level. They established an Incident Management Team (National), with an operational Incident Coordination Centre 7 days a week, working closely with the Department of Health and Social Care (DHSC), Public Health England (PHE) and other government departments. All NHS Regions were asked to establish an operational COVID19 Incident Coordination Centre to the same hours, as were local NHS organisations.

2.0 National/regional requirements

2.1 Local organisations' Incident Co-ordination Centres have received over 600 items of NHS-specific policy, guidance, information, and assurance requests for local action or noting.

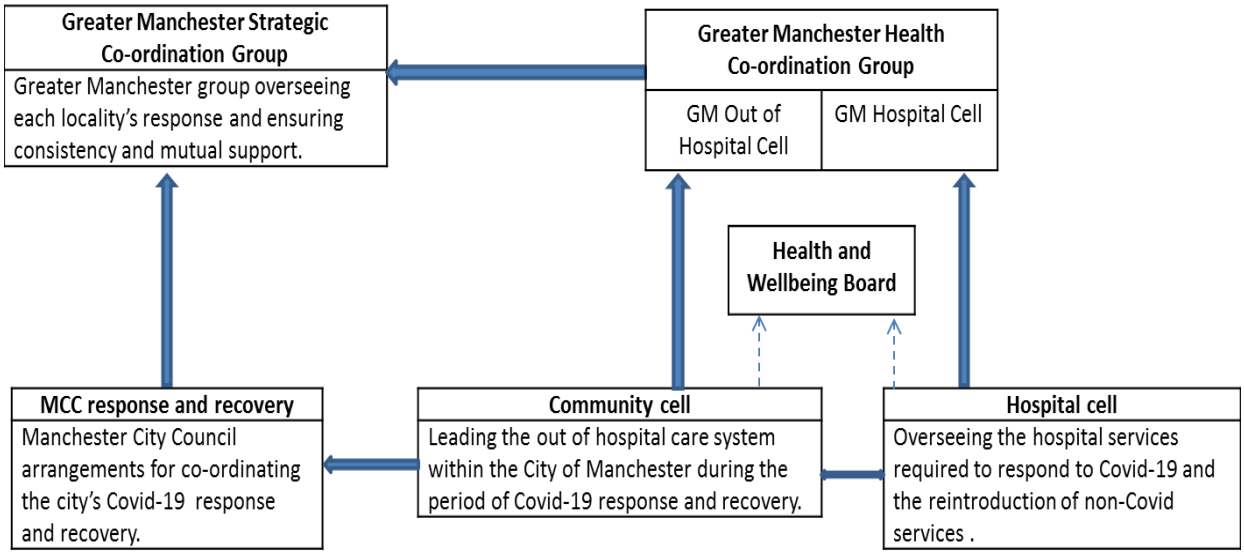
2.2 In addition, NHS organisations have received a number of letters from NHSE/I leaders which have described the required actions for the following phase of the response. These have set the context for the local planning and delivery of health services and include:

- On 2 March, a letter was received which described the organisational arrangements required for the initial response;
- On 17 March, a letter was received describing the next steps of the NHS response with specific asks to:
  - Free up the maximum possible patient and critical care capacity
  - Prepare for, and respond to, the anticipated large numbers of Covid-19 patients who will need respiratory support.
  - Support staff, and maximise their availability
  - Play a full part in the wider population measures announced by the Government
  - Remove 'burdens', so as to facilitate the above
- On 29 April, a letter was received describing the next phase of the response, including the re-establishment of urgent non-Covid19 services.

2.3 In order to respond to these requirements in a planned way across English regions, Hospital and Community cells have been established.

3.0 Local Arrangements

3.1 In Manchester, and across Greater Manchester, Community cells have been established. These work with Hospital Cells and link in with the wider response and recovery work being led by local authorities. The current governance structure is depicted below.



3.2 The Community Cell in Manchester oversees health, public health and social care and has had an initial focus on three workstreams:

- Covid-19 response – led by the Director of Population Health and co-ordinating the health and care tactical response, linking with other areas and sectors in the city.
- Care homes / homecare – led by MLCO and focusing on care homes and homecare in the city, including planning of the capacity required in the future.
- System capacity planning – led by MHCC and assessing the short and medium term capacity and resources required across the health and care system.

It has also been decided to develop some joint programmes of work with Trafford Local care Organisation, Trafford CCG and Trafford council. These are yet to be fully scoped out but cover:

- Urgent Care;
- Outpatients; and
- Care Homes.

4.0 Current financial arrangements

4.1 In common with the overall 'command and control' aspect of the NHSE/I national response, local financial restrictions have been introduced. They stated in March:

As normal financial arrangements have been suspended, no new revenue business investments should be entered into unless related to Covid-19 or unless approved by NHSE/I as consistent with a previously agreed plan. Where costs have already been committed or contractual commitments entered into, providers should agree an approach with NHSE/I as above.

4.2 In Manchester, we have integrated arrangements for managing health, public health and social care budgets in the city. During the Covid-19 response, MHCC's Chief Finance Office has been working with the City Treasurer and MLCO's Finance Director to ensure that funding flows to those parts of the system which require it, and to manage the financial implications of recent hospital discharges in the context of suspended eligibility assessment frameworks. National guidance currently dictates that investments can only be made if they are directly linked to Covid19 response / recovery, or improve the quality and safety of services.

5. Health service provision during the pandemic

5.1 As described above, there has been a national requirement to focus on providing health services which address the Covid-19 pandemic since March.

5.2 As a result of this refocusing of local services, many NHS staff have been redeployed into new roles in exiting services to support Manchester's response. In addition, a wide range of new services have been set up in the city including NHS Nightingale North West, a number of Covid19 testing services and centres, and GP services for care homes. Throughout the last few months, NHS staff have shown their dedication and flexibility, going above and beyond to make sure that health services in the city are as high quality and effective as possible.

5.3 Some key services such as core district nursing, end of life care, crisis response, home IV therapy and others have continued (although their focus may have changed during the epidemic).However, some non-critical services have been stopped so that staff can be redeployed and key services strengthened during the pandemic. Other services have been partially stopped where non critical elements of work have been stopped but other elements of the service may change to a non-patient or child contact basis (eg telephone calls rather than face to face visits). Hospital services have been similarly affected with non-urgent, and non-Covid19-related, services paused.

5.4 During May and June, a number of services have now come back on line. This is an ongoing process dictated by patient/resident need and the practicalities of re-establishing services in a safe way, meeting robust infection control requirements.

5.5 GP practices have remained open throughout this period of time but with alternative ways for local people to access care. These have included new digital methods as well as more traditional phone consultations and some face to face activity.

5.6 As the Covid-19 response continues, and the system re-establishes and refines services, there is a need for us to ensure that local people are kept aware of what services are available to them to support their health and wellbeing. To enable this, there will be a strong health and care element of the broader 'Welcome Back Manchester' campaign. This is currently being developed.

6. Monitoring the impact of Covid-19

6.1 As would be expected, all health and care organisations are monitoring the impact of Covid-19 on the local population, their staff and their services. The capacity and types of services required in the medium and long term is also being informed through data modelling and engagement with health and social care providers.

6.2 National data from sources such as the Office of National Statistics (ONS) provide a useful overview of the population impact, including the number of deaths experienced as a result of the disease. Each week the Community Cell receives a report from the Health intelligence team summarising this. The most recent available figures are below. All figures refer to deaths among people usually resident in Manchester and are based on any mention of COVID-19 on the death certificate.

- There were 70 deaths of Manchester residents registered in the week ending 5 June 2020 (Week 23). This was 11 deaths more than were registered in the previous week and is 22.8% (13 deaths) higher than the five-year average for the period 2014-208 (57 deaths). This increase is likely to be due to the Late May Bank Holiday, which occurred in Week 22.
- Of the deaths registered in Week 23, 9 mentioned "novel coronavirus (COVID-19)". This is the lowest number of deaths involving COVID-19 registered since the week ending 27 March and accounts for 12.9% of all deaths. The number of deaths involving COVID-19 in Week 23 is 4 deaths fewer than in Week 22 (13 deaths).
- In Week 23, the proportion of all deaths among Manchester residents that occurred in a care home decreased to 8.6% (from 11.9% in Week 22). In that same week, 7 out of the 9 registered deaths involving COVID-19 (77.7%) occurred in a hospital and just 2 occurred in a care home.
- There has also been a fall in the number of excess deaths occurring in Manchester, that is, the number of additional deaths that occur in an individual week over and above what might be expected based on the historic 5 year average (2014 to 2018). At its peak in Week 16 (week ending 17 April 2020), there were 90 excess deaths to Manchester residents. This means that the total number of deaths occurring (152) were 1.4 times (144%) higher than the historic 5-year average for that week (62). The latest data for Week 23 (week ending 5 June) shows that the number of deaths occurring (50) is now slightly lower than the historic 5 year average (57).

6.3 In addition to quantitative data, proactive engagement with local communities and the VCSE sector is carried out by the MHCC Engagement team and fed into planning fora. The weekly reports from this activity are available on request.

7. Understanding the impact on Black, Asian and Minority Ethnic (BAME) Communities

7.1 On 16 June, Public Health England (PHE) published a report containing a descriptive summary of stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities.

7.2 The following recommendations arise from a range of requests for action from stakeholders and point to the areas where commitment, focus, and delivery at scale could make a significant difference in improving the lives and experiences of BAME communities.

- Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.
- Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
- Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities incl. regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.
- Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.
- Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of

interventions including contact tracing, antibody testing and ultimately vaccine availability.

- Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions incl. diabetes, hypertension and asthma.
- Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

These insights will inform and underpin local, regional and national plans as health and care systems continue to respond to, and plan for recovery from, the Covid19 pandemic.