



## **Executive**

Date: Friday, 3 July 2020

Time: 2.00 pm

Venue: Virtual Meeting - Webcast at [https://manchester-public-i.tv/core/portal/webcast\\_interactive/485346](https://manchester-public-i.tv/core/portal/webcast_interactive/485346)

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

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

Under the provisions of these regulations the location where a meeting is held can include reference to more than one place including electronic, digital or virtual locations such as Internet locations, web addresses or conference call telephone numbers.

To attend this meeting it can be watched live as a webcast. The recording of the webcast will also be available for viewing after the meeting has ended.

## **Membership of the Executive**

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### **Councillors**

Leese (Chair), Akbar, Bridges, Craig, N Murphy, Ollerhead, Rahman, Stogia and Richards

## **Membership of the Consultative Panel**

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### **Councillors**

Karney, Leech, M Sharif Mahamed, Sheikh, Midgley, Ilyas, Taylor and S Judge

The Consultative Panel has a standing invitation to attend meetings of the Executive. The Members of the Panel may speak at these meetings but cannot vote on the decisions taken at the meetings.

## **Supplementary Agenda**

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**11. COVID-19 Monthly Update Report**

The report of the Chief Executive was to follow and is now enclosed.

**All Wards**

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## Information about the Executive

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The Executive is made up of nine Councillors: the Leader and Deputy Leader of the Council and seven Executive Members with responsibility for: Children Services & Schools; Finance & Human Resources; Adult Services; Skills, Culture & Leisure; Neighbourhoods; Housing & Regeneration; and Environment, Planning & Transport. The Leader of the Council chairs the meetings of the Executive.

The Executive has full authority for implementing the Council's Budgetary and Policy Framework, and this means that most of its decisions do not need approval by Council, although they may still be subject to detailed review through the Council's overview and scrutiny procedures.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. Speaking at a meeting will require a telephone or a video link to the virtual meeting.

The Council is concerned to ensure that its meetings are as open as possible and confidential business is kept to a strict minimum. When confidential items are involved these are considered at the end of the meeting and the means of external access to the virtual meeting are suspended.

Joanne Roney OBE  
Chief Executive  
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Manchester, M60 2LA

## Further Information

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For help, advice and information about this meeting please contact the Committee Officer:  
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This supplementary agenda was issued on 1 July 2020 by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

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**Manchester City Council  
Report for Resolution**

**Report to:** Executive - 3 July 2020

**Subject:** COVID-19 Update

**Report of:** The Chief Executive

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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 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.

This report builds on reports to the Executive on 6 May and 3 June 2020, which set out the Council's response to this crisis and planning ahead for the recovery. Over recent weeks, the lockdown guidance has eased and a number of further specific guidance notes have been received which are informing our actions and response.

### Recommendations

The Executive is recommended to:

1. approve an increase in the Manchester Health and Care Commissioning pooled fund of £4.837 million in respect of the track and trace system. (paragraph 4.2.17 below); and
  2. note the progress being made on the planning ahead for the recovery work and the significant challenges for the City and the Council.
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### Wards Affected: All

<p><b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>
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<p>The COVID-19 lockdown period has undoubtedly led to an unprecedented reduction in CO2 emissions and a huge improvement in air quality. The challenge for the recovery phase is how to urgently restart the city's economy to protect the income and livelihoods of people whilst striving to capitalise on some of the positive environmental benefits enjoyed during the COVID-19 lockdown period and enable positive behaviour change that endures for the long term.</p>
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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	The recovery work will be underpinned by a dynamic Manchester Economic Recovery Plan which will prioritise ensuring businesses are able to continue to operate in the short term and that investment and development can be kickstarted and supported. The longer term vision will be for creating the conditions for high quality investment and development and the development of a more inclusive and resilient economy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Re-skilling Manchester's residents to be able to compete in the changed local economy will be a fundamental element of the recovery work. This will include upscaling digital skills and tackling digital isolation, skills for a zero carbon economy and supporting cohorts most impacted by the COVID-19 lockdown such as young people.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Supporting Manchester's residents and communities at this time is one of the recovery workstreams. This work will seek to build resilience as some emergency support begins to be withdrawn and will follow the Our Manchester approach principles
A liveable and low carbon city: a destination of choice to live, visit, work	The COVID-19 lockdown has involved a significant short term reduction in CO2 emissions due to reductions in travel and energy use, but this has been at the expense of the economy. The work will take learning from this period about what elements can be sustained to support the Council's Climate Change Action Plan, through a lower carbon approach to economic growth going forward. The work will also seek to ensure that residential development schemes are restarted to continue to develop high quality residential neighbourhoods.
A connected city: world class infrastructure and connectivity to drive growth	The refresh of the City Centre Transport Strategy will be a key piece of work which will be concluded during the recovery phase. This presents a major opportunity to support continuing modal shift within the city to cycling and walking (active travel) and public transport. Investment in digital infrastructure is also an important part of developing a more economically resilient city and is a key element of the Our Manchester Industrial Strategy.

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

## 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 8.30 pm on Monday 23rd March 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 report is intended to provide the Executive with an update on the progress being made in response to the COVID-19 crisis, the work to plan ahead for the recovery, and the significant challenges for the City and the Council.

## 2. Public Health

- 2.1. As of 29 June 2020, there were 1,740 confirmed cases of COVID-19 in Manchester, a rate of 317.7 per 100,000 population. To date, there have been 383 registered deaths of Manchester residents involving COVID-19 (based on deaths occurring up to 12 June and registered up to 20 June). Of these, 76 deaths (19.8%) occurred in a care home. The infection rate and the number of deaths involving COVID-19 in Manchester is continuing to fall, from a peak of 80 deaths occurring in the week ending 17 April to just 9 deaths in the week ending 12 June. This is reflected in 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 Outbreak Management plans. The confirmation of the Manchester allocation of £4.8 million has now been received (see 4.2.17) , 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 has led the development of the Manchester COVID-19 Local Prevention and Response Plan (Outbreak Plan) with local partners. It covers the management of



outbreaks in all settings including care homes, schools and the workplace. In Manchester there is also a focus on groups that may be at particular risk, such as the homeless population. The Plan was signed off by the Leader of the Council, Executive Member for Adult Health and Wellbeing, Chief Executive and DPH and published on the Council website on 30 June 2020, in accordance with the national deadline. The link to the plan is below and it is attached for information as Appendix one. The governance of the plan is set out on pages 50-53 of that document:

<https://secure.manchester.gov.uk/info/500361/coronavirus/7928/coronavirus/26>

- 2.5. The national 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 pillar 2 testing sites including the regional testing centres at the Etihad and Airport and the Army Mobile Testing Units (MTUs) . Also 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.
- 2.8. As the lockdown is eased, there is a need to shift the focus of local COVID-19 monitoring systems towards the early identification of an emerging 'second wave' of coronavirus in Manchester. Directors of Public Health are now starting to receive data aggregate data sets for local authority areas from pillar 2 testing sites and have been promised that this data will soon be broken down by postcode, age, sex, ethnicity and occupation In addition to the number of newly confirmed cases of COVID-19, there are a number of existing indicators that would naturally lend themselves to inclusion in an 'early warning' dashboard:
  - Daily number of registered deaths involving COVID-19
  - Total deaths involving COVID-19 in Manchester hospitals
  - New diagnoses of COVID-19 amongst patients
  - Residents / customers of care providers confirmed as COVID Positive
  - Number of resident / customers of care providers with COVID-19 symptoms
  - Number of 111 telephone triages
- 2.9 Furthermore other data sets relating to footfall and transport use would also be included. These indicators would form the basis of a local COVID-19 surveillance system that would focus very clearly on identifying an upturn in the spread of COVID-19 (or the risk of transmission) in the population. It will

be important to distinguish random from genuine variations and, hence, help to ensure that any decisions taken are based on the best available evidence.

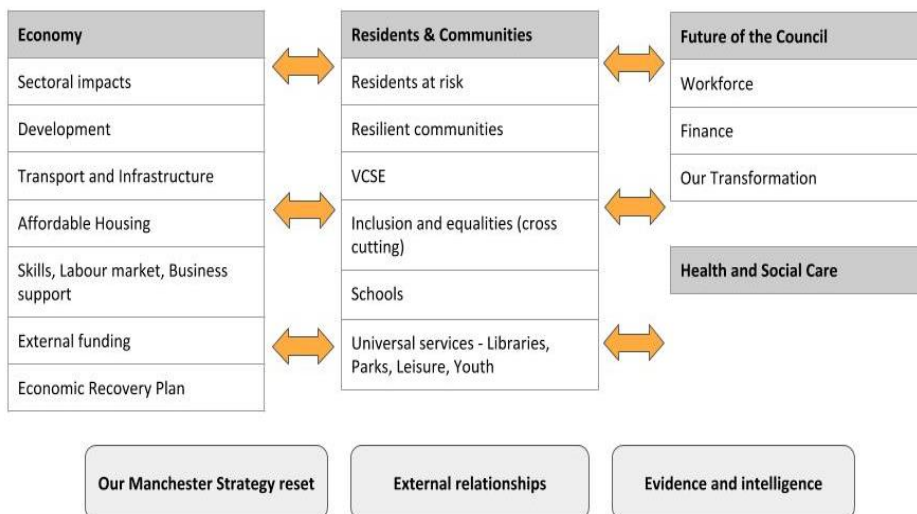
- 2.10 In developing this system, the DPH will work with colleagues and seek to repurpose elements of the existing MCC COVID-19 and Manchester Health and Care Commissioning (MHCC) dashboards in order to create a new product that better serves as an early warning system for Manchester, learning from the experience of Leicester and other areas.

### 3. Planning ahead for the recovery

- 3.1. Although the response work will continue for some time, there is now a significant focus on planning ahead for the longer term challenges as we emerge from the lockdown period.
- 3.2. 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.
- 3.3. Four workstreams are being progressed in order for the City and the Council to prepare effectively for the recovery. These are highly interdependent, 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
  - Future Council / Impact on the 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



### *Reset of the Our Manchester Strategy*

- 3.4. 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.
- 3.5. 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.

## **4. Future Council**

- 4.1. The Future Council workstream has focused on the development of the:

- Phased return plan for our workforce, including plans for safe working in offices, a refreshed health and well-being offer, a new risk assessment and guidance for staff and managers, informed by an all-staff survey
- Financial implications for the Council and budget planning, including the immediate work required in the current financial year, and the more significant challenges for 2021/22 and beyond, in light of the significant loss of income and additional costs incurred
- Residents and businesses digital experience programme, learning from the new ways of working developed during this period, and ensuring that support is available for those residents who are digitally excluded

## **4.2. Finance**

- 4.2.1. To date, £33.756 million of emergency grant funding has been received from the Government for Council related costs and income losses arising from COVID-19. Of this, just under £0.4 million was applied to costs in 2019/20 leaving £33.367 million for 2020/21.
- 4.2.2. 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 third return for the Council was submitted on 19 June, and for 2020/21 includes an estimated £58.8 million of additional costs of which £15.6 million is funded from other direct government grants, £9.9 million is expected to be funded by the CCG or GMCA and £2 million relates to the HRA, leaving

additional expenditure of £31.3 million to be set against the Council's mainstream budget. This is in addition to the £0.4m already spent in 2019/20.

- 4.2.3. Alongside this there is also a forecast loss of income totalling £138.3 million, of which £3.7 million will fall to other preceptors in relation to the loss of Business Rates and Council Tax, with the remaining £134.6 million relating to the Council. The overall net impact on the Council is £166.3 million (including the £0.4 million 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.
- 4.2.4. 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£31 million in 2020/21, rising to £162 million in 2021/22. This report goes onto set out the details behind these figures.

#### *Additional Costs*

- 4.2.5. The additional costs/income shortfalls reported for 2020/21 against the grant to the Council of £33.756 million are as shown in the table below. Whilst the total reported pressures are £180.3 million 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 £3.484 million 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 £166.931 million.
- 4.2.6. This represents a **shortfall of £132.5 million** for the Council against the General Fund related costs (£134.2 million including the HRA) after the MHCLG grant of £33.7 million has been applied.

	<b>MCC General Fund Only £m</b>	<b>HRA £m</b>	<b>Other (CCG/ GMCA) £m</b>	<b>Other Direct Govt Grants £m</b>	<b>MHCLG Return* £m</b>
2019/20 cost pressures	0.389	-	-	-	0.389
2020/21 forecast cost pressures*	31.348	1.965	9.880	15.637	58.830
<b>Total forecast cost pressures</b>	<b>31.737</b>	<b>1.965</b>	<b>9.880</b>	<b>15.637</b>	<b>59.219</b>
Forecast Income Shortfalls*	134.524	0.040	3.736	-	138.300
<b>Total</b>	<b>166.261</b>	<b>2.005</b>	<b>13.616</b>	<b>15.637</b>	<b>197.519</b>

	<b>MCC General Fund Only £m</b>	<b>HRA £m</b>	<b>Other (CCG/ GMCA) £m</b>	<b>Other Direct Govt Grants £m</b>	<b>MHCLG Return* £m</b>
Emergency Grant (tranches 1&2)	(33.756)				
<b>Remaining Shortfall after Grant</b>	<b>132.505</b>				

*\*shown gross as required by MHCLG and includes costs funded by other organisations/government grants, as well as income shortfalls falling on other preceptors such as Fire and Police*

4.2.7. The table below shows the breakdown of the £58.8 million additional costs (including those funded by others) reported for 2020/21.

<b>Breakdown for MHCLG Return (inc CCG and GMCA funded):</b>	<b>May 2020 £'m</b>	<b>June 2020 £'m</b>	<b>Forecast Cost £m</b>
1a - Adult Social Care - additional demand	0.652	0.452	9.413
1b - Adult Social Care - supporting the market	0.658	1.130	2.736
1c - Adult Social Care - workforce pressures	0.159	0.130	0.575
1d - Adult Social Care - PPE	0.298	0.004	4.290
1e - Adult Social Care - other	0.126	3.430	3.861
<b>Adult social care total</b>	<b>1.893</b>	<b>5.146</b>	<b>20.875</b>
2a - Children's Social Care - workforce pressures	0.000	0.000	0.000
2b - Children's Social Care - residential care	0.000	0.000	1.494
2c - Children's Social Care - care leavers	0.017	0.017	0.208
2d - Children Social Care - other	0.191	0.159	2.948
<b>Children's services - total</b>	<b>0.208</b>	<b>0.176</b>	<b>4.650</b>
3a - Education - SEND	0.000	0.000	0.000
3b - Education - Home to school transport	0.000	0.000	3.166
3c - Education - Other	0.029	0.000	0.145
<b>Education - total</b>	<b>0.029</b>	<b>0.000</b>	<b>3.311</b>
4 - Highways and Transport	0.000	0.500	0.522
5 - Public Health	0.191	0.000	5.437
6a - Housing - homelessness services			
6b- Housing - rough sleeping - accommodating and supporting those brought into alternative accommodation	0.865	0.865	6.493
6c - Housing - other excluding HRA			
<b>Housing total excluding HRA</b>	<b>0.865</b>	<b>0.865</b>	<b>6.493</b>

<b>Breakdown for MHCLG Return (inc CCG and GMCA funded):</b>	<b>May 2020 £'m</b>	<b>June 2020 £'m</b>	<b>Forecast Cost £m</b>
7a - Cultural & related - Sports, leisure and community facilities	0.218	0.218	0.872
7b - Cultural & related - other			
<b><i>Cultural &amp; related total</i></b>	<b>0.218</b>	<b>0.218</b>	<b>0.872</b>
8a - Environmental and regulatory services (including excess death management)	0.297	0.121	0.540
8b - Environment & regulatory - waste management			1.660
8c - Environment & regulatory - other			
<b><i>Environment &amp; regulatory - total</i></b>	<b>0.297</b>	<b>0.121</b>	<b>2.200</b>
9 - Planning and Development			
10 - Police, Fire and rescue			
11a - Finance & corporate - ICT, remote working	0.085	0.225	1.317
11b - Finance & corporate - Revenue & benefits expansion	0.042	0.018	0.072
11c - Finance & corporate - other	0.086	0.043	0.348
<b><i>Finance &amp; corporate - total</i></b>	<b>0.213</b>	<b>0.286</b>	<b>1.737</b>
12a - Other - Shielding	0.157	0.540	2.061
12b - Other - PPE (non-Adult Social Care, HRA)			
12c - Other - costs associated with unachieved savings/delayed projects	0.125	0.125	1.250
12d - Other - excluding service areas above	0.000	6.043	7.458
<b><i>Other total (includes Shielding)</i></b>	<b>0.282</b>	<b>6.708</b>	<b>10.769</b>
<b>TOTAL SPENDING PRESSURE (General fund)</b>	<b>4.196</b>	<b>14.020</b>	<b>56.866</b>
13a - Housing Revenue Account (HRA) - workforce pressures			
13b - HRA - supplies and materials including PPE			
13c - HRA other	0.291	0.000	1.965
<b><i>HRA total spending pressure</i></b>	<b>0.291</b>	<b>0.000</b>	<b>1.965</b>
Total General Fund (inc CCG/GMCA funded costs) + HRA	4.487	14.020	58.831

### *Impact on Income*

4.2.8. The total income loss is now **£138.261** million (with a further £0.04 million 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*	23.823
Council Tax*	20.162
Sales, Fees and Charges	17.855
Commercial	76.421
<b>Total</b>	<b>138.261</b>
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

4.2.9. 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 (£56 million) 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*

4.2.10. 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 June returns.

	2019/20 £m	2020/21 £m	2021/22 £m
<b>COVID-19 Emergency Funding</b>		<b>33.756</b>	<b>0</b>
Additional Costs (MCC Element only)	0.389	31.348	24.965
<b>Income</b>			
<b>Loss of Income (MCC Element only)**</b>		134.524	105.932
<i>Adjustment for element of airport dividend (£70.7m) not budgeted to use in year</i>		(55.809)	(8.729)
<i>2020/21 Council Tax and Business Rates shortfalls impact a year in arrears</i>		(40.249)	40.249
<i>Bus Lane and Parking Income - impact on reserves capacity</i>		(5.358)	0.000
<b>Budget impact of lost income</b>	<b>0.000</b>	<b>33.108</b>	<b>137.452</b>
Total Costs and Net income losses	0.389	64.456	162.417
<b>COVID 19 Emergency Funding</b>	<b>(0.389)</b>	<b>(33.367)</b>	<b>0</b>
<b>Budget shortfall after application of grant</b>	<b>0.000</b>	<b>31.089</b>	<b>162.417</b>

*\*\*Loss of income netted down for sums that would fall on other preceptors (not MCC) of Council Tax and Business Rates which totals £3.736 million*

- 4.2.11. 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 in year savings proposals are going to the end of July Executive alongside the first budget monitoring report for the year. These include sensible and practical measures such as freezing vacancies and uncommitted budgets. These have been developed following a line by line budget review with Heads of Service.
- 4.2.12. In total the additional net savings and further income identified for 2020/21 is £21.1 million, of which £8.9 million are Directorate-related savings, with the remainder including income from interest on commercial loans, additional grant funding and savings negotiated corporately, e.g. utilities - which will be offset against the associated cost reductions within services. The position, alongside the use of reserves, will be reviewed as the financial impact becomes clearer.
- 4.2.13. The staff savings identified are based on the estimated time required to externally recruit to posts in the current situation. It is assumed that most posts will not be filled externally before October 2020. The impact on services is being managed with prioritisation of essential requirements.
- 4.2.14. 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.
- 4.2.15. 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*

- 4.2.16. Since the report to the June Executive there has been further funding announced.
- 4.2.17. Nationally £300 million has been allocated to support the roll out of the track and trace service which is being led through the Public Health service. The Council's allocation is £4.837 million which will be added to the Pooled budget for Health and Social Care.
- 4.2.18. On 24 June the government announced funding of £105 million nationally to be used to support rough sleepers taken off the streets during the pandemic. This is intended to be used to support rough sleepers and those at risk of homelessness into tenancies of their own, including through help with deposits



for accommodation and securing alternative rooms for rent. This amount is made up of £85 million new funding from the Treasury and £20 million from refocusing existing homelessness and rough sleeping budgets. Individual authority allocations have not yet been announced.

- 4.2.19. £16 million is also being provided so that vulnerable people currently in emergency accommodation can access specialist help needed for substance misuse issues. This had already been announced but has now been brought forward due to the pandemic.
- 4.2.20. Details of the allocation to each Local Authority of the additional local welfare assistance fund, announced on 10 June, are awaited (£63 million nationally).

### **4.3. Workforce**

- 4.3.1. During lockdown, of our workforce of 7,300, 2,800 staff have continued to work on site delivering essential services, and 3,400 staff have worked from home. A proportion of staff at home and unable to work as their services were closed and a further 800 staff are frontline workers who fall within the Shield or Vulnerable but due to the nature of their work are unable to work from home. Over the last few weeks work has shifted to focus on safely returning staff on site where possible and the staff survey, designed to capture how staff have been feeling over the last few months and how they would like to work in the future to design our future workforce.
- 4.3.2. Of the staff that are at home and unable to work 375 have either returned to work or are due to return in the coming weeks as their service areas reopen (most notably Markets and Libraries). The remaining 425 are frontline workers who fall within the Shield or Vulnerable categories. Guided by the latest government guidance work is now underway to take each of these staff through an individual risk assessment with a view to returning the majority of staff to work (post 1st August for staff in the Shield category). There may be a small cohort of staff who due to the complexity of their medical conditions and/or their age, may not be able to return to their substantive posts and further consideration will be given to this cohort once the quantum is known.
- 4.3.3. An all staff survey has closed and about half of the workforce have completed it. Analysis is taking place but in summary the trends are broadly comparable with those reported at the last meeting:
- 95% of staff feel well supported
  - 74% of those surveyed are working from home
  - 97% of those surveyed are able to work contracted hours, mostly as normal
  - 87% report they have the tools they need and 80% say they are at least as productive as normal with 30% saying they are more productive
  - Only 2% of staff who are working from home would not want to carry on working from home at least some of the time

- In terms of returning to the workplace, 35% of staff are worried about the safety of their journey and 30% are worried about the safety of the workplace
- Many staff need children to go back to school, probably in September, before they can start returning to the workplace.

4.3.4. 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.

#### **4.4. Our Transformation**

4.4.1. Our Transformation pre-dates the Covid-19 response and so has had to be rescoped to ensure it supports delivery of our wider Future Council objectives and enables us to respond at pace to the unprecedented change in our ways of working over the last three months.

4.4.2. Key priorities for delivery within 'Our Ways of Working' (one of the programmes which constitutes Our Transformation) include the delivery of Microsoft 365 and the intranet. Resources to support build and roll-out of both programmes had been diverted to supported the covid response, but work is now underway to ensure the planned changes can still be delivered in a way which ensures a positive user experience and helps to build the foundations for wider changes to the way in which we work.

4.4.3. Detailed programme planning is underway alongside more immediate activity to support recovery, this includes:

- The new telephony contract is being rolled out, enabling remote call handling. This has now been rolled out to the ICT service desk, Covid contact centre hub, Social Care and financial assessment contact centre teams which are now operating remotely with the Contact Centre phone lines due to reopen in mid to late July with the dates to be confirmed subject to testing.
- Support to the technical roll-out of Microsoft 365 as well as the adoption and change support is underway. This includes consideration of the most appropriate timeline for migration given current technology and the need to minimise disruption/impact on productivity
- Work to build the intranet content and functionality, user acceptance testing and launch of the new intranet is due in September. Both these projects will focus on the user experience, including learning from the feedback given through the all staff survey
- The Council's information management policies and rules are being updated in the context of remote working and the introduction of Microsoft 365 - with the work progressing at pace via a dedicated working group.
- Work is underway to implement the new income management system
- Early work to consider the potential for estate consolidation, and the technology and systems required to allow users to work flexibility including the facilities required for those when they are in the office.

- Work is nearing completion on refreshing the Corporate Plan (and associated Council Business Plan) for 2020-21 for July, including an activity by activity review to understand work that has paused, continues or has accelerated. The more fundamental reset of both documents to be aligned to the MTFS and the delivery of the reset Our Manchester Strategy in 2021.

## 5. Economic Update

- 5.1. It is now widely recognised that the economic crisis we are facing will lead to the most severe economic disruption experienced in modern times. ONS figures released in the week beginning 15 June report a contraction of UK productivity by 20.4% in April, and a drop in payroll numbers of over 600,000 between March and May. The full impact on employment is not expected to be felt until October when the current furlough scheme ends. Officers are in regular dialogue with economists who suggest that a full resumption of economic activity is unlikely until a vaccine is available or effective treatment is in place. Forecasts are currently being made on the basis of a vaccine becoming available in July 2021, although this is by no means certain.
- 5.2. The nature and unprecedented scale of the crisis and the diversity of the City's economy is such that impacts will vary from sector to sector and over time, as the immediate crisis unfolds. How well the Council and its partners are equipped with the necessary intelligence base to inform timely decisions will be crucial: the use of in-depth analysis and structured engagements to inform our thinking will be important to define and develop the nature and scale of our interventions, which will continue to evolve over time.
- 5.3. The Council will need to be agile and flexible in responding to the requirements of different components of the city's economy, with a focus on activities that will support sustained growth over time while helping, where it can, to remobilise those sectors that are disproportionately affected.
- 5.4. The current crisis is likely to accelerate some of the impacts and behaviours on certain sectors that were evident prior to lockdown including:
  - the demand for different types of office accommodation, with a greater emphasis on workspace, as opposed to large floorplate models;
  - a move away from single purpose shopping centres to more local, independent and on-line retail and a requirement for a richness and diversity in the customer experience;
  - a renewed requirement to boost national innovation, research and manufacturing;
  - changes in travel patterns and behaviours; the imaginative re-use of public realm and spaces; the balance between meeting the needs of pedestrians (and social distancing measures) and maintaining highway network functionality; street scene and regulatory management arrangements;
  - better utilisation of digital development to support our communities; and

- how we assist young people of all incomes to be able to live and work in our neighbourhoods and the city centre.

### *Sectoral Impacts and Response*

- 5.5. Council officers have been working closely with representatives from key business sectors in the city, to understand the impact on their businesses and the support required to enable recovery and allow them to take advantage of any opportunities which are emerging.
- 5.6. A business-led and managed Sounding Board has now been established in order to support the recovery process. The intention is that this will inform the Council's strategic thinking and lobbying response over the medium to long term. Representatives on the Sounding Board cover all of the city's sectors and will contribute their insights, ideas and solutions on an informal basis.
- 5.7. Work has been commissioned to understand the way in which different sectors are being impacted and are responding to the challenge posed by the pandemic. The intention is to systematically track changes over the coming months in business attitudes, and in the responses and decisions they are making in different sectors, so that the Council is informed about the up-to-date position and is able to take what action is possible to support business during this very challenging period.
- 5.8. Some of the sectoral headlines on impact and outlook include:
  - **Culture-** Council surveys and conversations with over 100 cultural organisations based in Manchester have identified a number at serious risk of closure this financial year, many of which are Council funded. Arts and cultural venues are not likely to be fully open until late Autumn 2020 (some may be unlikely to reopen until 2021) and then only with social distancing measures in place. With the lack of any earned income or sponsorship revenues and with normal grant schemes suspended, a number of individuals and companies in Manchester have secured emergency support from Arts Council England (ACE). Many organisations will face significant financial challenges when the furlough period ends coupled with the lack of an Autumn season.

The Oxford Economics report released the week beginning 8 June, describes a 'Cultural Catastrophe' where 400,000 (1 in 5) creative jobs could be lost. The UK creative industries are projected to lose £1.4 billion a week in revenue in 2020. The 2018/19 MCC Cultural Impact Data reported a total number of 2,010 employees, across 1,128 full-time equivalent (FTE) roles and total number of 2,112 FTE freelancers. Across the wider creative industries sector, the freelance rate is even higher, with over 80% reported in the film and broadcast industries. Officers are aware that some companies have already started or are planning to begin redundancy consultation processes.

The impact on the sector of the announcement on 23 June that some cultural venues (e.g. museums, galleries and cinemas) are able to reopen on 4 July, provided they meet social distancing guidelines, now needs to be assessed.

Whilst this is earlier than previously expected, there will be questions around whether it is viable for some venues to operate at a lower capacity, and other types or establishments - e.g. theatres, music venues and outdoor festivals are likely to remain closed for some time.

- **Commercial-** Initial survey work undertaken by the Council and organisations such as MIDAS suggest that many office based organisations are not planning to return to office locations until September 2020 at the earliest, while a number are reviewing their property plans. This could have a potential impact on the office market in the city centre and other key employment locations, and also on those businesses which depend on office workers as customers. More positively, MIDAS has also reported a strong investment pipeline, particularly for local expansion, and a number of larger projects are now beginning to re-engage in positive discussions. Location consultants consider Manchester to be well placed for 'north shoring' as companies continue to consider establishing regional hubs outside London.
- **Hospitality-** Officers are in regular dialogue with businesses through the Day time and Night time economy groups. Many businesses will struggle to meet the July and September rent quarters and have raised concerns about viability once they are able to trade. The Government also confirmed this week that pubs, bars and restaurants could reopen, both indoors and outdoors on 4th July, as well as a relaxation of the 2m social distancing guideline to 1m, and issued (late) guidance for their operation. Both the lead in time for re-opening, and the viability of operating at a reduced capacity and implementing the measures included in the guidance are likely to be issues for businesses in this sector.
- **Tourism-** Since the Government's announcement on 24th March around social distancing and hotel closures, the impact on Manchester's visitor economy has been widespread and catastrophic. The effects of the lockdown are severe and far-reaching on both tourism operators, their employees and the wider supply chain. Marketing Manchester reports that Greater Manchester will suffer an estimated economic impact loss of £4.2 bn over the period March - end August. Business conference cancellations reported to MM equate to lost revenue in excess of £5.9m and lost economic impact of £14.2m+. The Manchester Hoteliers Association report that 80% of hotels will not open in July, despite the recent announcement permitting them to reopen on 4th July, with most planning to re-open in August or September. A slow second half of the year is expected, with anticipated occupancy of 30% (compared to the normal level of 80%). A number of initiatives are underway including the #ManchesterMissesYou campaign, the new Recovery campaign (Find Your Space) and the Tourism and Hospitality Talent Hub which offers support to those seeking employment.
- **Retail-** Officers are in regular contact with retailers and retail consultants to understand the latest picture, forecasts and opportunities around online retail. The latest KPMG modelling predicts that in the UK, 25 % of stores will close in the near term. Other uses such as healthcare and education will need to be considered to replace retail activity. The sector is forecast to decline by 3.7 %

this year and 2.5 % in 2021. Grocery will see an uplift by 5% over 2020-21, however clothing and footwear will decline by 3 % this year and a further 11% in 2021. Current intelligence points to the continued growth of online retail with a return in popularity to shop local. Regular monitoring of footfall has taken place in both the city centre and in district centres across the city. During the lockdown the reductions in footfall were significant across the city but were generally less pronounced in the local and district centres than in the city centre given the higher proportion of shops selling food and other essential goods. Footfall will continue to be closely monitored as the recovery gets underway. There are indications that footfall is slowly starting to increase following the opening of non-essential retail from 15 June. Footfall counters in various locations across the city centre recorded an overall 94% increase for the week 14-20 June, compared with the previous week. This represented a 66% decline on the same time the previous year (compared to a 75% decrease the week before and a 87% for the month of May).

- **Aviation** - The Council has been engaged with Manchester Airport Group (MAG) to understand the impact on the hub. Operations have almost ceased at the airport during lockdown. The latest available data (from the end of May) show passenger numbers down by 99% and cargo tonnage by 89% compared to the same time last year (although cargo has increased slightly at East Midlands and Stansted Airports, which are also part of MAG). However, some flights have now re-started, and more are planned from July. MAG is planning to reopen Terminal 3 from 1st July to accommodate planned flights. We are supporting MAG's call for the reconsideration of the quarantine requirement, given its impact, with a view to limiting the period and extent of the quarantine, and an aviation support strategy to aid recovery. It is also worth noting that the scaling back of operations at the airport will be having an impact on residents in surrounding communities, who are directly or indirectly employed at the airport.
- **Construction and Development**- The existing development pipeline will play a major part in recovery. Council officers have been working closely with developers during lockdown, and into the recovery period, both to ensure ongoing safe working, but also to ensure that developments are in a position to start or re-start as soon as possible. This has included providing guidance; ensuring that the planning service is able to continue to operate virtually; supporting developers to bring forward planning applications; and working with them to identify blockers which need to be resolved (locally or nationally) as part of recovery plans. For example, we understand that there are concerns amongst some of our developer partners that the current economic uncertainty might lead to lower valuations which could impact on the ability to raise finance. Supply chain availability is another area of concern. Examples of projects which are ready to begin development are provided at 6.9 - 6.11 below

The Council is also continuing to engage with Government directly, and via Greater Manchester and Core Cities group, to lobby for support for the city's economy including funding for 'shovel ready' projects and catalytic projects that can support the city's economic growth, creating significant levels of new

jobs and investment, while also meeting our inclusive and zero carbon ambitions as set out in the *Our Manchester Industrial Strategy and Climate Change Action Plan 2020-25*. Please also see the investment section below.

This has included responding to a call on 12 June (for return on 18 June) from the Secretary of State for Housing, Communities and Local Government (via GMCA/LEP) for exceptional, shovel-ready capital projects, which can be delivered within 18 months and can drive up economic growth and jobs. The Council and partners have submitted a number of projects, and await the outcome. An indicative figure of £20m has been suggested as being available for each LEP, but this is still to be confirmed, and may vary depending on size of the area.

### *Affordable Housing*

- 5.9. In 2015 the City Council adopted a residential growth target of a minimum of 25,000 homes between April 2015 and March 2025. The September 2019 meeting of the Executive was informed that the forecast residential growth delivery target for new homes in Manchester should be 32,000, an addition of 7,000 homes. The Executive was also informed that at least 20% or a minimum of 6,400 of the projected 32,000 homes would be affordable homes. The actions listed are part of a package of interventions that will accelerate the delivery of the 6,400 affordable homes.
- 5.10. The Council are managing the existing onsite, pipeline and planned development with Registered Providers. An active dialogue is being maintained that ensures that there is an understanding of any COVID 19 related impacts on existing programmes and future plans.

Development includes the following:

- Tenders for Silk Street have been returned, with evaluation scheduled for 19/06/2020.
- Progressing the establishment of a Local delivery vehicle. Approval was given at Executive on 3 June. A detailed work programme has been developed to accelerate progress.
- Project 500 is progressing, which will deliver 500-600 homes. Sites are being reviewed by the Registered Providers group. Standard documentation is being drafted by MCC legal and development to speed up the disposal process. A dedicated legal team has been established to process land titles as required.
- The Council is entering into a formal agreement with Homes England and signing an MOU to take a partnership approach to accelerated development. We are working towards approval at September Executive to enter into a formal agreement with Homes England.
- Pre-planning consultation on the first phases of Collyhurst redevelopment is being undertaken with local Members, which will deliver 270 homes (including 130 new Council properties). A planning application anticipated in summer, following consultation.
- Prioritisation of land assembly and due diligence to allow acceleration of the build programme.

### *Transport and Infrastructure*

- 5.11. There has also been a major focus on managing the city's emergence from lockdown including creating additional space for pedestrians in areas of high footfall such as the city centre and district centres. This work has included widening pavements on key city centre routes including Princess St, the pedestrianisation of Deansgate between Blackfriars and King Street West and the closure of Thomas Street to traffic on seven days a week. Work has also taken place in Rusholme, Cheetham Hill, Openshaw, Withington and Chorlton. There has also been work with Transport for Greater Manchester and bus operators to ensure that the city's public transport is as safe as possible for workers who are dependent on it.
- 5.12. Officers have been working closely with TfGM colleagues to plan for the phased re-opening of the city centre. A TfGM Covid-19 Recovery Survey has been undertaken to understand how travel preferences may change in the coming months. Although this is not based on a representative sample across Greater Manchester, the survey findings from over 14,700 respondents show 43% intention to shop closer to home and a 50% intention to change how people travel to and from work. Further analysis work is being conducted for a more detailed understanding.
- 5.13. Members of the public are being encouraged to find alternative means of travel rather than public transport. A range of road closure and pavement widening schemes are supporting pedestrians being able to maintain social distancing. High footfall pinch spots have been identified and are being addressed. Cycling is also encouraged and the need for additional cycle stands/storage is being considered.
- 5.14. A bid was made by the City Council for £600k worth of investment to the first phase (£3.1 million) of the Government's Emergency Active Travel Fund to support walking and cycling measures that provide attractive alternatives for users of public transport. The overall bid was coordinated by and submitted by the Combined Authority on 5th June.. On Friday 26th June Greater Manchester Combined Authority was informed that the overall bid had been successful and the full £3.1 million had been awarded to Greater Manchester. Work is now in hand to agree, across Greater Manchester, which schemes should be funded. A second round of submissions for a further £12 million allocation is expected to be invited later in the summer and the Council will put forward further proposals at that stage.

### *Growth Opportunities*

- 5.15. In addition to work on vulnerable sectors outlined above, officers are working with businesses and organisations to identify and accelerate work around growth sectors where Manchester already has expertise. These include sectors such as life sciences, health innovation, advanced manufacturing, clean growth, digital, technology and telecommunications (including cyber, artificial intelligence and medtech). The City Council plays an active role in



groups such as the GM Cyber Advisory Group and GAMMA- the Greater Manchester Graphene, Advanced Materials and Manufacturing Alliance (GAMMA), two areas which will be key to future economic activity.

### *Skills and Labour Market*

- 5.16. The figures in 6.16 below set out the impact that Covid-19 has already had on the labour market and the unprecedented rise in the number of Manchester working age residents claiming out of work benefits. The rise in claimant count has affected every area of the city but there are more significant concentrations in areas with high numbers of Black, Asian and minority ethnic residents.
- 5.17. The rise in unemployment has also affected every age group but with higher increases experienced by young people and the over 50s. Research by the Resolution Foundation, based on the evidence following the financial crash, shows that young people with lower levels of education achievement (GCSE level & below) could have employment outcomes, as low as 40% three years after leaving education. Nationally, in April there was a decline of 74% in the start of 16-18 year old apprenticeships but worth noting that April traditionally has low levels of apprenticeship starts for this age group and the August /September period is the critical time for apprenticeship starts. Of the circa 19,000 UK domiciled students who will graduate from the University of Manchester and MMU this year, based on our recent graduate retention rate of 51%, we would expect 10,000 to be seeking jobs in the City. Inevitably the lack of graduate jobs will impact on the careers & choices for graduates and lead to displacement further down the system.
- 5.18. As the Government funded furlough scheme & support for the self-employed comes to an end, which taken together currently support 30% of Manchester's working age population, there is a risk of further sharp increases in unemployment. This represents a double challenge of ensuring that there are opportunities and interventions in place to reconnect the newly unemployed back into work but also means that the residents who are furthest from the labour market e.g. long-term unemployed with health conditions, over 50, NEET young people are even less competitive in the labour market.
- 5.19. In terms of response, we have been working with post-16 education and training providers to plan and manage transition for Year 11 students and 66% of this year's cohort have a secure post-16 offer, recorded on the system but in reality the number is likely to be higher. This compares well with previous years. Of the 450 young people identified as high risk of becoming NEET, 300 have a secure offer and there is a programme of planned summer activities to keep them engaged. Post-16 providers are also working intensively with their Year 12s as the transition point to year 13 is a big driver of NEET numbers in the City. NEET figures for May are 6.9% and have not seen a significant change during the Covid period. The GM Colleges Group, which includes the Manchester College, has a guaranteed offer for all 16-18 year olds who need it.

- 5.20. More broadly we are working closely with colleagues in DWP and GMCA on the offer for those on furlough, the newly unemployed and building on the Working Well offer for those who need intensive support. This will involve aligning and flexing AEB and ESF programmes already commissioned at a GM level; ensuring that there is a very good and widely promoted online offer for those who can self-serve, with a top-up of skills and employment support for those who are lower skilled and/or need support to transition to a different sector. There is a need for more work to identify and meet the needs of furloughed workers in sectors where there is the highest risk of them becoming redundant.
- 5.21. We have commissioned THINK to update our labour market intelligence and use the evidence base to develop recommendations for priority labour market interventions where there are gaps in current provision. Some will be interventions that we can /should deliver as a City, some at a GM level and others will be common across all core cities. We are working closely with core cities to position the ask of Government that will be needed to support the interventions.

## **6. Economic Recovery Phase 2 - July 2020 to March 2021**

- 6.1. The next phase of recovery work will be guided by a number of principles and measures, which include:
- Developing measures to support growth as set out in paras 5.5 - 5.20;
  - Developing our intelligence base, to identify and respond quickly to sectoral dynamics;
  - Structured engagement through the various Task Groups to define and develop the nature and scale of our interventions, which will continue to evolve over the coming months;
  - Developing our investment capacity to respond to strategic initiatives;
  - Developing a more inclusive economy which supports good work, alleviates poverty and promotes equality and diversity;
  - Accelerating the city's zero carbon ambitions and facilitating natural recovery;
  - Creating an economy which is more resilient to climate change and future economic shocks;
  - Improving the built environment of the city including place making, retrofit and delivering affordable housing; and
  - Digitisation to stimulate economic growth, capitalise on changes in homeworking, improve infrastructure and address digital exclusion.
- 6.2. A dynamic Economic Recovery Plan is currently being developed which will set out further details on the proposed priorities and suggested interventions which align to the *Our Manchester Industrial Strategy* themes of People, Place and Prosperity. The plan is built on a number of key guiding principles for the economic recovery to be inclusive, zero carbon, innovative, smart and resilient. This includes the shorter term 'shovel ready' projects mentioned in 5.8 above alongside the medium term projects which will support the city's economic recovery including developments which will create good quality jobs

in research and innovation, the green economy and creative industries. The Plan is being informed by a number of externally commissioned pieces of work and will be submitted to Government to complement the submissions by the GMCA and UK Core Cities.

#### *Business and Sector Support*

- 6.3. Work has been commissioned from an opinion research company (Ipsos Mori), to carry out a more detailed survey of key sector impact/needs. This is expected to initially be a 3 month piece of work (with further work to be determined), with a stakeholder inception workshop planned for late June.
- 6.4. We will use the intelligence gathered from the survey, together with that from the Business Sounding Board and other networks, business groups and contacts to work with sectors who have the potential to grow and create new employment opportunities. Some larger e-tailer businesses such as Amazon and Boo Hoo have continued to expand and there are opportunities to capitalise on Manchester's strengths in health innovation, bio-science and life sciences. We will develop bespoke approaches for sectors where possible such as the Cultural Recovery plan. We will also continue to lobby the government for packages of bespoke support to enable the recovery and growth of specific sectors.
- 6.5. At the GM level, the LEP Recovery Group has started some work to identify potential short-term early commercial opportunities that contribute towards long-term aims of the GM Local Industrial Strategy. Key themes of green recovery, on-shoring production, and boosting digital infrastructure have been identified as potential thematic focus areas. This work is at a very early stage, with no detail yet available, but we will work with GMCA as the detail emerges.

#### *Investment to Incentivise Growth*

- 6.6. Investment, both nationally and locally, to promote economic growth will be crucial to driving the recovery of the city over the medium to long term. The Council are engaged with a GM/LEP Investment Task Force which has been established to look at the opportunities for enhancing local investment capacity and to request from Government significant investment stimulus as part of the July fiscal event, autumn Comprehensive Spending review and ongoing discussions on fiscal devolution and flexibilities. This will include a call for new national programmes to help transition from the impact of the crisis, and flexibilities to enhance existing investment and funding vehicles (including Housing Investment Funding, Evergreen and Low Carbon Fund, Local Growth Fund, Enterprise Zones and retained business rates).
- 6.7. The Panel has identified the following priorities which additional investment capacity should seek to meet:
  - Boosting innovation and associated development activity in and around Enterprise Zones (EZ's). Members may be aware that there are currently 2

EZ's in Manchester - one covering the area surrounding the airport, and the other focused on the Oxford Road Corridor;

- Facilitating the delivery of commercial development;
- Boosting residential development;
- A near term “recovery package” through the deliverable elements of the GM transport pipeline;
- Further development of GM's strengths in digital capability and deployment in place-based transformation of health, economic and social outcomes; and
- Investment in low carbon initiatives.

- 6.8. The Council is considering its own submission to the July fiscal event, seeking investment in our priority projects, such as Mayfield, Northern Gateway, and North Manchester General Hospital.
- 6.9. Early intelligence from property agents has indicated a continued need for more high quality office space over the medium term, suggesting strong opportunities for commercial development. A number of further phases of commercial development are close to commencing delivery, including at NOMA and First Street, and we will continue to facilitate this development, including identifying potential blockers and solutions.
- 6.10. Developers, for example, at NOMA have indicated that they are using the opportunity to accelerate a step change in environmental design and standards in their commercial developments, to attract investors and occupiers. This can also help the growth of the green technology sector and provide new jobs in this area.
- 6.11. Stimulating residential growth will also both aid economic recovery and help the city to meet our residential growth and affordable housing targets. The largest area of investment that is expected to begin in the next few years will be Northern Gateway, where the Council has recently received approval for Housing Investment Fund. Development has recently re-started on major schemes, such as Great Jackson Street.
- 6.12. In addition, we will work with Core Cities and GMCA to lobby for a domestic (and potentially commercial) retrofit programme to support new employment opportunities, address climate change, reduce fuel poverty and improve health. We will also look for opportunities to make direct representation to the Government on this activity.
- 6.13. The Covid-19 pandemic has made more apparent the need for new digital infrastructure - we will explore opportunities to attract new investment into the city's digital infrastructure including full fibre to premises and 5G.

*Labour Market, Skills and Social Value*

- 6.14. A major part of the next phase will be the response to the rise in unemployment, as referred to in section 2 above. The end of furlough period

creates a risk that this will rise further if a significant number of businesses either fail or reduce staffing.

6.15. This will include activities in the following areas:

- Labour Market Interventions building on the recommendations from the commissioned work, we will work with partners on delivering interventions to reconnect residents to new employment opportunities; upskill residents who may need to work in a different sector; and work closely with businesses which have the capacity to recruit including apprentices. Intermediate Labour Market solutions are being considered to support the city's young people and residents who need additional support;
- Social Value - scaling up the use of social value across the city to respond to the socio-economic challenges of Covid-19; and
- Re-skilling the population - to ensure that the skills system can respond with a focus on affected cohorts including young people, over 50's, women, and Black and Minority Ethnic communities.

6.16. Key statistics:

- 62,200 Manchester residents are currently furloughed and 15,900 are receiving self-employment support. Taken together with claimant count for 18-24s (see below) this represents 30% of Manchester's working age population
- There has been a 34% increase in Universal Credit claims and an 89% increase in all unemployment related benefits claims between March and May 2020. This increase affects all age groups but is particularly acute for young people and over 50s. Manchester's claimant count for 18-24s stands at 5,620, rising by 60% between March and April 2020.
- All LSOA areas in the city show an increase in unemployment related benefit but larger increases in areas with high concentrations of BAME communities including Cheetham, Moss Side, Rusholme and Longsight
- Council surveys and conversations with over 100 cultural organisations based in Manchester have identified a number at serious risk of closure this financial year, many of which are Council funded. Arts and cultural venues are not likely to be fully open until late autumn 2020 (some may be unlikely to reopen until 2021) and then only with social distancing measures in place.
- To date 7,430 grants totalling £92.915 million have been paid to businesses via Revenues and Benefits via the Small Business Rate Relief and the Retail, Leisure and Entertainment Grant, this represents 82.7% of the total expected payments. Discretionary Grant scheme was launched on 4 June 2020 receiving 1,261 grant applications by the close on 12 June and are currently being assessed.
- A TfGM Covid Recovery Survey of over 14,700 respondents show 43% intention to shop closer to home and a 50% intention to change how people travel to and from work

## **7. Business Rates Reliefs and Grants**

- 7.1. Covid Business Rates Reliefs and Grants: To date 7,818 grants totalling £97.815 million and representing 87% of expected payments. Significant time is being spent chasing up businesses that have not claimed, as well as time dealing with those businesses that do not meet the criteria and feel that they should get a grant.

	<b>Grants/relief awarded and value</b>	<b>outstanding on <u>potential</u> eligibility</b>
SBR Grant - £10k	Total: 5,922 (£59.22m)	809
Retail Leisure and Entertainment (RLE) Grant - £10k/£25k	Total: 1,848 £37.965m	372
Extended Retail relief – 100% paid to BRates account	3,918 £145.5m	Complete
Nursery relief paid to BRates account	77 - £855k	Complete

- 7.2. Covid Discretionary Grant Scheme to small businesses: The new discretionary scheme has now closed following a two week window that closed on 10th June. MCC officers proactively reached out to businesses in shared spaces, Enterprise Zones and charities and 1,259 applications were received, of which 74 were duplicates. Payments are expected to start being paid from the beginning of July and successful applicants will receive a cash grant of circa £5,000.

## **8. Residents and Communities**

- 8.1. A work stream was established at the end of April to bring together the strands of work that had been developed to meet the needs of Manchester residents who are at risk and further disadvantaged by Covid-19. Its purpose is to ensure that the offer is appropriate, joined up and sustainable, using Government and MCC data and intelligence to inform the interventions.
- 8.2. Using the intelligence available and experience of delivering the services outlined below, this work stream has also started to focus on the recovery and what the response will need to be for those residents in the City who present risk factors - health, economic or social.
- 8.3. Support to Residents who are at Risk during COVID-19**
- 8.3.1. A key strand of our work in both the response and recovery phases has been to ensure as far as possible we have been able to meet the needs of Manchester residents who are at risk and further disadvantaged by Covid-19. At the heart of this is to ensure that the offer is appropriate, joined up and sustainable, using Government and MCC data and intelligence to inform our approach and interventions.

- 8.3.2. The Manchester Community Response service is a telephone helpline supporting vulnerable residents with COVID-19 related issues.
- Helpline providing single point of entry for vulnerable groups offering provision of food, fuel assistance and support for those who are lonely,
  - A food offer working with community and voluntary organisations across the City
  - Support with other needs
- 8.3.3. The helpline has been resourced by colleagues who were not able to carry out their own roles due to lockdown and who volunteered to operate the helpline. This has been supported by the contact centre. Requests are passed through to the neighbourhood teams who make the appropriate referrals to support services and other partner organisations. Since the helpline opened on 30th March (and up until 20th June), it has received almost 17,000 calls.
- 8.3.4. The Hub has been staffed using staff from across the council. As the city and City Council moves into recovery, staff are returning to their substantive roles and longer term sustainable options for the delivery of the hub are being explored.
- 8.3.5. Intelligence gained from operating the hub has enabled a better understanding of demand across the city which will help to drive the conversations with the food banks and other VCSE and support organisations regarding their offer as we move forward.
- 8.3.6. A neighbourhood led approach has been a key part in the city's response, recognising the strength in local assets. The response has been led by a group of professionals who not only know the area but have built up strong relationships enabling them to connect residents to local assets. Working in this way has enabled a joined up approach, reduced duplication and supported the development of local solutions to local problems.

#### **8.4. Residents who are shielding**

- 8.4.1. On Monday 22 June, Government announced that the national Shielding Programme will end on 31 July. Those who have been shielding will be able to return to work, visit shops, places of worship etc, following social distancing guidance. All shielded people will receive a Government letter and phone call to inform them of the changes.
- 8.4.2. The national free food box scheme will also end on 31 July. Supermarkets will continue to offer priority slots after this date. Shielded people are being asked to contact their local authority if they need support after 31 July, and support will be available from NHS volunteers.
- 8.4.3. With the recently announced changes for people in the shielded categories it is expected that fewer people will have an ongoing need for food assistance as they will be able to leave their homes and gradually return to work where relevant. However, beyond July, this group will no longer receive Government

food parcels, so there may be some additional demand initially from the City's food response.

- 8.4.4. Those that are categorised as clinically extremely vulnerable or 'shielded' are included within the Manchester categorisation of residents at risk. Initially there were 12,425 Manchester residents on the NHS shielded list but the list was updated in May, as a result of clinical input and there are now 21,508 residents on the list.
- 8.4.5. GPs in Manchester have taken the lead in contacting shielded Manchester residents, including directing residents to the Community Response Hub if they need further support. Adult social care has followed up with safe and well calls to those who are known to social care and are shielding. GM Fire and Rescue Service have supported home visits to those people who have not been unable to be contacted by the Government (this is due to phone numbers that have been provided being unobtainable). They have made visits to 175 households to ensure those residents are safe and well. In addition, a small team is calling those residents who have not registered for support on the national website but where the correct phone details are available but contact has not been successful by the National Shielding Team (eg no answer, phone has been hung up). To date, 1200 residents have been contacted in this way.
- 8.4.6. Recovery planning for the shielded group includes:
- Providing a sustainable support offer for residents on the shielded group recognising the significant impacts shielding will have had on many people
  - Working with supermarkets and volunteers through MCRVIP to step down and mainstream the approach to contact and distribution of food and medicine
  - Effective use of data and intelligence to identify those at high risk but outside the shielded group, work jointly with partners
  - Understand how demand is changing on different services across the city as we enter the recovery phase

## 8.5. Food Response

- 8.5.1. The request for food response comes through the Community Hub and also other trusted partners and referral agencies. From Monday 30 March to 1 June, the food response team received requests to support over 13,448 residents with food provision. Of these, 79 % requested support for a prolonged period of time. Currently, 4,929 residents are in receipt of ongoing support and currently receive food delivered to their doorsteps every three days. Of the total requests, 13% are requesting pre-prepared meals, 81% groceries and the rest (6%) are happy to receive either meals or groceries.
- 8.5.2. The Council is working with a partnership of over 40 food providers, which is continuing to expand, to ensure that we work with and build on the local provision that was in place prior to the Covid-19 pandemic. Due to the nature of demand and constraints of lockdown, the model had to move quickly from collection at food banks and community organisations to very largely doorstep



delivery. As demand has grown exponentially and in order to enable an emergency food provision, a food operation was set up at New Smithfield depot from Easter weekend. On the team's busiest day the partnership delivered food to 3,271 residents in the city. In total, 65,719 deliveries have been made. Early analysis indicates that there is a strong correlation between food delivery locations and levels of deprivation, free school meal entitlement and residents aged over 70.

- 8.5.3. Generous cash donations from businesses through the Lord Mayor's Charity We Love Mcr and funds from the Hardship funding have contributed to the funding of food provision alongside donations of food, volunteers and vans. However, these funds have now been spent and there is a requirement to purchase food to ensure that our most vulnerable residents continue to receive this support over coming months.
- 8.5.4. Work is underway to carry out a series of personalised calls with all residents who have accessed food support to help them consider other available options. These include a range of community support, including volunteers to help support with shopping and accessing priority supermarket slots (400,000 nationally) for non shielded vulnerable people who need food delivered and can afford to pay for it. Whilst this approach leads to a longer term solution for some residents, it is very resource intensive and intelligence is emerging to illustrate that there will still be groups of residents for whom other solutions do not meet their needs.
- 8.5.5. A working group has been established to consider the current and anticipated need across the city, and to recommend a package of provision that could provide the appropriate solutions (deadline end of June 2020). It is envisaged that a transition from the emergency Food Response to a longer term approach will slowly start to take place from July onwards. This will be informed by the recommendations of the working group. However, this will need to be agile to respond to the changing needs of residents over future months which will be influenced by both health and economic issues.
- 8.5.6. The We Love Manchester Charity is making available £60k to support Food Providers to invest in some of their infrastructure to prepare for ongoing demand. Ways to increase social value and reduce food wastage in the Council's supply chain and that of anchor institutions are being explored - this would reduce the amount of food which is purchased and help ensure the sustainability of the provision.

## 8.6. **Hardship funds and other discretionary spend**

### *Council Tax*

- 8.6.1. Government has provided £7.4m to the Council to support Covid hardship with specific advice on how the majority of the grant should be spent, by providing all working age recipients of Council Tax Support (CTS) with a Council Tax Credit of up to £150 towards their 2020/21 Council Tax bill.

#### 8.6.2. Payments have now been made and new bills issued

- Non joint tenants : £5.4m (36,020 distinct claims)
- Joint tenants : £173.6k (1203 distinct accounts\*)
- \*JTs are posted to the Council Tax account directly, not on any *claims* (of which there could be one, or several).

This leaves **£1.2m** for other priorities.

#### 8.6.3. As previously reported, £700k of this funding has already been committed and has been used for food poverty, support to carers, school meals and welfare support for COVID. The remaining balance is earmarked for additional support as the furloughing arrangements unwind, Council Tax hardship including elderly people and people not in receipt of CTS and the digital pilot to support digital inclusion.

##### *Free School meals*

#### 8.6.4. Manchester City Council introduced a number of initiatives to support residents at risk during the Covid crisis.

#### 8.6.5. Normally entitlement to free school meals is picked up locally within schools as there is a direct correlation between free school meals and increased funding via the pupil premium. In Manchester all schools have access to a system that allows them to check entitlement almost immediately as the technology links to DWP data.

#### 8.6.6. To support many schools during this period, the Manchester Temporary COVID Free School Meal Scheme paid £10 per week for each child in the family who was eligible for free school meals. At the point that this was initially set up there was no indication that the government would provide support for the Easter, half term or Summer holidays. It was agreed that schools would pick up the funding of these grants during term time ( as they had received the funding) and the Council would fund the holiday periods via the hardship funding and welfare provision.

#### 8.6.7. The Council's temporary scheme operated from 23rd March to 17th April 2020 although applications were considered until the end of May to allow for late requests. Support is also being provided for ongoing requests where schools cannot provide support, either because the family are in need and entitlement has not yet been confirmed, or there is an immediate need for support and the family are unable to receive support from the benefits system eg a temporary emergency.

#### 8.6.8. In total the City Council received over 6,821 applications and approved 4,331 number of grants, paying out c£234k in total. All schools in Manchester transferred to the Government's voucher scheme from Monday 20th April. The government has now confirmed that the national scheme has run across the Easter and May half term holiday and will now run through the summer holiday following the Prime Minister's announcement on 16th June. As a result the

majority of the funding paid out by the Council will be recouped from schools as they have received the funding from the government.

*Support for carers and other emergency support*

- 8.6.9. A scheme for carers commenced on 12 May. The Emergency Fund for paid and unpaid carers offers support to those looking after their loved ones with illnesses or disabilities in Manchester. Grants are available for transport costs (including taxis) or fuel, furniture, emergency food deliveries etc. At 21 June 2020 97 requests have been approved to a value of £9,383. There is also a Covid-19 support that has approved 270 requests to the value of £16,728.

*Claims for housing benefit and council tax support*

- 8.6.10. The Council has also been closely monitoring the numbers claiming housing benefit and Council Tax Support during this period. Following a period of high demand, the number of new claims is falling to pre-Covid-19 levels. However, as unemployment levels rise it is likely that claims will continue to increase.

**8.7. Youth services and support for children and young people**

- 8.7.1. Following the announcement of the lockdown on 23rd March 2020, the youth and play sector immediately met as a collective to discuss the best way to continue to support children and young people across Manchester.
- 8.7.2. The youth and play sector in Manchester responded to lockdown quickly by adapting their provision, moving services to online / phone calls or posting activities to ensure contact was maintained, however, this has presented significant barriers to engagement, challenging our ability to engage with all young people.
- 8.7.3. During all engagement sessions, youth and play workers continue to have significant conversations with young people which have revealed some insights into their thoughts about Government guidance, current and future provision and issues they are facing within their lives.
- 8.7.4. The Youth Strategy Team worked alongside education, work and skills, CSP and GMP to publicise an 'Ask' across the wider sector on 7th April, which aimed to ensure that there was sufficient provision across the City to ensure children and young people remained safe, connected and engaged, fulfilling the Council's statutory obligations.
- 8.7.5. Working alongside colleagues in Education, the youth sector committed to supporting schools to ensure that we continued to provide support to our most vulnerable young people.
- 8.7.6. Working alongside the sector, we have supported Young Manchester in the research and publication of The State of the Youth and Play Sector in Manchester report.

- 8.7.7. All City Council and Young Manchester funded organisations have continued to provide provision for children and young people.
- 8.7.8. We are now working alongside the Youth and Play sector, the wider sector and children and young people to understand what provision should look like during the recovery phase.

## **8.8. Domestic Violence and Abuse**

- 8.8.1. As a city we are acutely aware that the measures put in place to control the spread of Covid-19 mean that many people will be spending more time at home with an abusive partner, and that their usual sources of support may no longer be available. Therefore all domestic abuse services are still open for information, advice and support; providing telephone, email and online chat services in the absence of face to face provision. The City Council DV team is in regular contact with all of our providers and receives weekly updates on the volume and nature of enquiries to their services.
- 8.8.2. In terms of demand for services during this period, GMP analysis shows that domestic abuse offenses have seen a relatively level trend compared with other offences. The gender relationship profile (70% female victim & male perpetrator) is the same as pre-lockdown. However, there has been a small change in the age relationship profile, with a higher proportion being committed by younger adults over the age of 18 who are between 21 and 30 years younger than their victim.
- 8.8.3. Manchester Women's Aid has not seen a significant increase in referrals for its community based outreach services and compared with last year they have reduced from most sources apart from Early Help and GMP. However, after an initial dip, calls to the Helpline are increasing. Call volumes are now relatively higher than pre-Covid 19 rates and they are starting to pick up on potential unmet need. In general, callers are requesting advice and information, help to leave abusive relationships and emotional support. It is important to note that 54% of callers reported that Covid-19 lockdown has made an abusive situation worse and that 59% of calls were for refuge space.
- 8.8.4. The number of complex cases of domestic abuse saw a significant increase over the past year, with over 1,800 cases heard at the three Manchester MARACs during 2019/20, which is an increase of 400 cases from the previous year. This pattern has continued during the Covid-19 crisis. The IDVA service provides telephone support to high risk victims referred to the MARAC process and in partnership with Manchester Women's Aid ensure that all victims are contacted within 48 hours to receive advice and appropriate safety planning. If the number continues to rise, there is a risk that the IDVA service will be unable to meet demand, increasing the risk for victims and adversely impacting the staff team.
- 8.8.5. During the lockdown period, MCC and our partners have initiated an awareness raising targeted campaign in supermarkets, local shops and businesses that have remained open in the hot-spot areas. This has been

supplemented by a regular programme of messaging through the City Council's and Community Safety Partnerships social media channels at neighbourhood and city-wide levels. The team has also negotiated with the pharmaceutical network to cascade information about local domestic abuse services to all community pharmacies in the City. MCC's website domestic abuse pages have been updated to include specific information relating to Covid-19, as have those of the Manchester Safeguarding Partnership.

- 8.8.6. The Government has made a number of announcements since lockdown about funding for domestic abuse support and services, which has been shared proactively with partners. In addition the We Love Mcr Charity has provided funding to a number of local domestic abuse services in response to Covid-19.
- 8.8.7. The Domestic Abuse Partnership is now embarking on recovery work, in anticipation of the impact of coming out of lockdown and an anticipated rise in requests for support and services. The City Council team is working closely with partners to develop appropriate responses and will be learning from and adapting the new ways of working adopted during the Covid crisis.

## **8.9. Digital Exclusion**

- 8.9.1. What has become apparent through all of the above responses, is that many of our residents who are vulnerable or at risk, are also digitally excluded. Lack of access to technology or the skills to use it have further disadvantaged these residents through the covid-19 crisis, ranging from not being able to access the protected supermarket slots for online shopping through to feeling isolated because of not being able to keep in touch with family and friends. The digital inclusion project run by the Work and Skills and Libraries teams has worked with the contact centre and provided tablets and wrap around support to provide the basic skills to use if for some residents.
- 8.9.2. There is the potential to do more but there is a lack of funding for technology and data for adults. Government schemes have been targeted at young people in schools and colleges. We are working closely with MAES and the Manchester College re support for adult learners and it is likely that there will be an allocation from the City Council's Covid hardship funding to provide technology, data and basic skills to our residents at risk who will use it to access more services independently in the future.
- 8.9.3. Throughout this period the Council have set out a clear offer of support to those in high risk groups. As we move forward into recovery there are a number of steps that will now be taken to enable a planned approach to support over the coming months. This includes :-
- Undertake a comprehensive analysis on shielded and other high risk groups at citywide and at neighbourhood level to inform response and recovery and better understand how demand for services is changing;

- Monitor the impact of contact tracing and the status of the shielded group on volumes of calls and requests for services coming through the community helpline, as well as patterns of usage;
- Continue to contact residents who receive food response on an ongoing basis offering step down options including the protected supermarket slots and using Manchester VIP volunteers to shop locally;
- Work with the food response partners to secure funding & resources to maintain food response at the level needed over the next few months, as furlough comes to an end, as well as a plan for recovery;
- Domestic Violence and Abuse Partnership continue to plan for recovery, with a view to moving to new forms of delivery, as business as usual from October;
- Further develop proposals for access to technology and skills for residents at risk who are using services & support because of lack of access to technology.

### **8.10. VCSE and Faith sector**

8.10.1. The Council continues to work closely with MHCC, Macc, Manchester Housing Providers (Partnership), Young Manchester and other key partners to provide a coordinated and practical support offer to the Voluntary, Community, Social Enterprise (VCSE) and Faith sector. The work is focused on:

- Providing information, advice, guidance and support (through our VCSE Infrastructure Service and existing funding arrangements).
- Capturing and connecting the response of the VCSE sector to Covid 19
- Reviewing the impact on the sector in order to develop short, medium and longer term plans
- Funding and wider support needs, including the development of a Manchester VCSE Funding Strategy and partnership group.
- Ongoing communication and engagement with the VCSE sector

8.10.2. The Council is using its existing relationships via the Our Manchester Voluntary and Community Sector (OMVCS), Culture and extended arrangements with Young Manchester to provide reassurance and flexibility within its existing funding and monitoring requirements. This is further supported by work with the VCSE sector in areas such as Homelessness, Carers and Neighbourhoods and directly with Macc (VCSE Infrastructure Service) which provides ongoing communication and engagement around the Covid 19 response and recovery planning.

8.10.3. Work with the We Love Manchester charity has also seen over £0.75m invested to date into the VCSE sector to provide emergency covid response activity. With a further £250k invested into the VCSE sector in Manchester via Forever Manchester for similar Emergency response activity.

8.10.4. Whilst the VCSE sector continues to make a significant contribution to the city, adapting and in some places developing new activity and services to reach local residents and communities; the communication and engagement with the

sector is telling us that this is not without its challenges, particularly the pressures around medium to longer term funding.

8.10.5. A VCSE Funding Strategy Group has been established to develop a strategy to address these issues and to mitigate the risks as much as possible. It met for the first time on the 2 June 2020 and was chaired by the Exec lead member for the VCSE sector. Membership currently includes:

- MCC
- MHCC
- The National Lottery (Community Fund)
- One Manchester (on behalf of Manchester Housing Providers)
- Greater Manchester Mental Health Trust
- Forever Manchester
- We Love Manchester

8.10.6. The group and work in this area will be progressed over the coming months, aligned to the Wider Residents and Communities workstreams and Covid 19 reporting structures. The group role will be focused on:

- Alignment: To enable collaboration between existing and new funders and to ensure that all elements of the strategy are funded.
- Additional funding: To identify sources of and raise additional funding and to act as a conduit for additional funding
- VCSE needs assessment: To carry out/bring together needs assessment to inform each element of the strategy.
- VCSE Communications: to consult with and inform the VCS sector about the work of the partnership
- Legacy: To create an ongoing mechanism for funders to develop a joint strategic approach to funding Manchester's VCSE sector beyond the aftermath of the Covid-19 crisis.

## 8.11. Homelessness

8.11.1. As of 23rd June, 178 people were accommodated within Covid-19 hotel accommodation across 7 hotel sites, open under the Government's 'Everyone In' programme. At the height of the response, the Council was accommodating 280 people across 11 hotel sites. The stable accommodation, meals and support provided at hotels have helped to increase engagement from people who sleep rough. On site, people have been able to access support services including primary health care, drug and alcohol support services, mental health and welfare benefits and advice provision. All occupants have had or are having a Homeless Assessment and Personal Housing Plan, a strength based assessment that identifies actions to support finding accommodation. The principles of the exit strategy from hotels are:

- An intention not to return people who have been accommodated to the streets
- A desire to exit from hotels as quickly as possible
- An intention for everyone accommodated in hotels to have an individual housing and support plan

- 8.11.2. Outcomes of homelessness assessments are being closely monitored and tracked at weekly coordination meetings. Anyone who is found to have no legal duty owed to them through the Homeless assessment should be eligible for 'A Bed Every Night' (ABEN) accommodation. The 3rd phase of the Greater Manchester Combined Authority ABEN scheme will start on 1st July 2020, dovetailing with the exit strategy for 'Everyone In'. This should ensure an offer of accommodation for residents who.
- 8.11.3. Reconnection remains an important part of the exit strategy. Dedicated members of staff are undertaking follow up conversations with individuals and arranging for their reconnection to places where it is safe for their return if they have no connection to Manchester. Greater Manchester Immigration Aid Unit and the Booth Centre are actively working with individuals in order to manage paperwork from Embassies and apply for plane tickets as international travel becomes available. On a national level, the outreach team are working with receiving local authorities, and GMCA are providing support engaging with neighbouring Authorities to ensure that people are reconnected within the conurbation.
- 8.11.4. For individuals who do have a legal duty owed to them, appropriate accommodation will be sought from in-house temporary accommodation, Housing Related Support schemes, Housing First, social housing and the private rented sector. Creating capacity within these options, exacerbated by the lack of movement due to C-19 measures, remains a pressing issue. Officers are continuing their engagement with MHCLG to negotiate accessing a mixture of capital and revenue support to access more private rented sector accommodation, supported accommodation and an increase in Housing First placements for Manchester.
- 8.11.5. To increase access to social housing the priority banding of people living in housing related support schemes and temporary accommodation has been increased. While this is positive, given the current demand for social housing, this is currently being modelled to deliver a potential 50 moves over the year. In addition to this, further work with MHCLG includes the potential to step-up property purchase by housing provider partners to support our successful Empty Homes work, together with colleagues in Strategic Housing. Ongoing conversations with registered providers to identify accommodation are running parallel to MHCLG conversations.
- 8.11.6. To support access into the Private Rented Sector, both housing related support schemes and temporary accommodation teams are identifying people ready to move on into the PRS, thereby releasing available bedspaces for people from the hotels to move into. The PRS accommodation is being accessed via landlord incentives and deposits.
- 8.11.7. Officers have agreed with partners to target public donations into the Big Change fund and to reinforce messages of not giving to individuals on the street as lockdown ends, but to support Big Change which can provide funds for deposits.



- 8.11.8. There remain a number of points which are at issue and which officers are focussing on. These include:
- Ongoing funding issues with government and clarity on the extent of funding for Everyone In
  - Access to private rented sector stock and supported housing across Greater Manchester to fairly spread the burden being borne by the Council
  - Continuing development of guidance on managing people who display Covid-19 symptoms and/or are tested positive
- 8.11.9. Officers are working with Public Health to agree processes for the homeless, sleeping rough and sex worker populations contact tracing programme. This has included working with the Homeless Partnership and Registered Provider hostel managers to help identify and contact individuals on a localised level.
- 8.11.10. There remains approximately 40 individuals who are continuing to sleep on the streets. Most of this group had either refused accommodation or been evicted through extreme and unmanageable behaviour. MHCLG and officers believe that the numbers on the streets will rise as lockdown eases, and these numbers are being closely monitored by the outreach team.
- 8.11.11. Statutory homeless services have been operating a phone and email based service since the end of March. As part of the Service Transformation Programme and based on emerging learning, officers are working with partners to agree the most appropriate approach to service delivery as lockdown is eased. Partners have welcomed the telephone based housing assessment service and officers are considering how to facilitate remote working and remote responses to reduce footfall pressure in the rates hall on a permanent basis. Officers and MHCLG are anticipating significantly increased numbers of people presenting as homeless as lockdown eases and the wider economic situation presents itself.

## **8.12. Equality, Diversity and Inclusion**

- 8.12.1. Inclusion and equalities will be a cross-cutting theme throughout the Our Manchester Strategy reset and recovery planning work. The city-wide work on inclusion and equalities will include bringing together a range of organisations and individuals that can help the city achieve an inclusive recovery from the COVID-19 pandemic, reset the ambitions for the city in the Our Manchester Strategy Recognise and remove structural inequalities. This will bring together intelligence and evidence about the key issues for different communities, and the impact that COVID-19 has had on those communities. Some of these issues are highlighted in the recent Public Health England national report, 'Disparities in the risk and outcomes of COVID-19'. The work will also connect policy makers with the diverse voices of Manchester's communities to support effective and inclusive planning ahead for the recovery

## **9. Health and Social Care**

## 9.1. Adult social care response

- 9.1.1. ASC continues to manage its response through the ASC COVID response plan which feeds into MCC response co-ordination as well as into MLCO command.
- 9.1.2. The plan is predicated on delivering three key objectives:
- (1) Continuity of care for vulnerable people assessed under the Care Act
  - (2) Minimising risk of harm/fatality
  - (3) Protecting credibility of health and social care and partners

### *Assessment*

- 9.1.3. Delivery of Care Act assessment and support planning remain the key priorities for the service.
- 9.1.4. A streamlined strengths based assessment form remains in place to expedite the assessment process. This has been continually reviewed since its introduction and feedback from staff continues to be positive. This work has formed part of the overall ASC response to the Care Act Easements, noting that there has not been any need to enact the Easements at stage 3 or 4.

### *In house provider services*

- 9.1.5. Our in house provider services are continuing to support citizens. Some services remain closed (with support being provided via safe and well calls) but planning is underway to look at necessary service adjustments to enable services to be fully operational.

### *Support to Care Providers in the independent sector*

- 9.1.6. A weekday daily ring-around to 218 services providing care and support continues to be conducted to identify pressures and provide the response and support required to maintain continuity of care and, where possible help providers to self-manage any outbreaks of the virus.
- 9.1.7. There are 91 care homes recorded by CQC in Manchester and contact is made through the daily ring-around to 81 (with the remaining 10 a combination of empty homes, MFT or MLCO/MCC direct provision and a children's service with CQC registration).
- 9.1.8. The engagement and daily contact with care providers, allows the Manchester health and social care system to gather intelligence about 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. Across all providers the vast majority are self reporting as green, Within the self reported position, care homes are reporting 3 amber and none are red at the time of writing.

- 9.1.9. Care Homes continue to be supported by the Community Infection Control Team including managing outbreaks, undertaking risk assessments, and ensuring basic infection control measures in place. Over 275,000 items of PPE have been delivered to Care Homes via the mutual aid hub. 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.
- 9.1.10. A number of financial support measures have been put in place for Care Homes. This has included passporting 75% of the £3.4m of the government's infection control fund, which 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. The funds have been passed onto Care Homes on a 'per bed' basis.

*Transfers of care from hospital to the health and care services within the community*

- 9.1.11. The integrated health and social care control room working with social workers, nurses, transfer teams and care providers is supporting discharge from hospitals across Manchester. This continues to operate with a total of 637 residents having been transferred through this route, with the appropriate support being put in place to support them to return home, or into a care home or intermediate care

*Support to citizens in the community*

- 9.1.12. Adult service areas have conducted safe and well checks with the cohort of vulnerable adults on the government shielded list, with the same approach to safe and well checks being taken for other individuals in receipt of packages of care and known to social work. The checks ensure referrals into the Manchester Community Response Hub and other support options as well as assessment or reassessment where required.

## **9.2. Planning ahead for the recovery**

- 9.2.1. 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.

- 9.2.2. 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.
- 9.2.3. 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.
- 9.2.4. 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.
- 9.2.5. 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.
- 9.2.6. 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.
- 9.2.7. 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.

## **10. Schools and Children's services**

10.1. Following the announcement of 'lockdown' Manchester's Children and Education Services adopted a 'Business as usual but doing it differently' approach. In order to ensure operational delivery of core functions/duties and responsibilities, a directorate wide coordination plan was established for all services/teams that fall under the leadership accountabilities and responsibilities of the Directorate. Teams/staff and management arrangements have been put in place ensuring there is visibility, easy access to partners, colleagues, children and their families and risk of cross infection from covid-19 is minimised.

## **10.2. Schools and Education**

- 10.2.1. Education services colleagues are continuing to work very closely with all of Manchester's early year providers/settings, 184 state funded schools, Manchester based independent schools, alternative provision providers and post 16 providers to ensure we respond to the changing guidance relating to the Covid 19 crisis. We have been able to safely provide places for the children of key workers and those defined as vulnerable and now increasing the number of children attending from key year groups. Throughout the lockdown period the vast majority of our schools have remained open with approximately 1000 children attending school each day.
- 10.2.2. Following the change in Government Guidance to expand the offer in primary schools from the 1st June 2020 for Nursery, Reception, Yr1 and Yr 6, 178 schools have been open and 87 primary schools have expanded their offer to include the identified year groups. All secondary schools have some face to face provision to support independent learning for year 10 pupils. A few schools have seen large numbers of additional children attending but many other schools report that initially there has been a very small take up of places. On 16th June c7001 children were attending school which equates to approximately 9% of the overall school population.
- 10.2.3. All of our special schools have remained open throughout this period including 7 which offered provision over the Easter break. All special schools have been provided regularly with PPE from the Council. Home to school transport has continued to run a service during this period s. This has resulted in significant additional costs due to social distancing requirements on vehicles and availability of passenger assistants.
- 10.2.4. All schools have been asked to individually risk assess their circumstances and develop plans for the expansion of the school offer. Subsequently Manchester Education Services have worked with school leaders, Trade Unions, Director of Public Health and MCC Health and Safety worked together to develop a rigorous H&S Risk assessment and a local test, track and trace

arrangement to support this process. Risk assessments have been received from all maintained and Voluntary Community/Voluntary Aided schools which are increasing their offer.

### **10.3. Early Years**

- 10.3.1. The Council supported early years settings to remain open offering essential childcare to around 360 key workers and vulnerable children. Since 1st June, the number of settings open has gone from 28 to 68 increasing average daily attendance to 1315. Manchester Children's Sure Start Centre/Early Year services has also continued to provide essential services such as Antenatal sessions, food clubs and family support.
- 10.3.2. Both locally and nationally there continue to be concerns about Early Years settings which appear to be faced with a range of challenges including loss of income, particularly for settings which rely upon private fee paying families. An analysis and options appraisal is currently being developed outlining some of these issues and potential solutions.

### **10.4. Post 16 provision**

- 10.4.1. The majority of post 16 providers extended their offer for their year 12 students from Monday 15th June 2020. All providers are adopting a flexible approach and depending on the uptake, management of provision and change in guidance will be looking to do more over the next few weeks if possible. They all continue to monitor and engage their vulnerable learners and there has been a steady increase in numbers attending where a face to face offer has been maintained.

### **10.5. Demand for Children's Services**

- 10.5.1. Children's Services provides a statutory service to approximately 5370 children. Since the end of March, there has been a significant reduction in the number of contacts being made with Children's Services but there is no pattern to these reductions. Children who are in need of help (assessment/children in need) and protection (741 subject to a child Protection Plan) are visited/seen regularly; with high levels of compliance with statutory timescales. The allocated social workers for our 1431 Looked After Children are having regular contact with them using a variety of methods, face to face or virtually and are recorded to be between 95% and 100% within statutory timescales.
- 10.5.2. The majority of family court hearings are now being heard remotely. Our initial strategies included deferring non-urgent hearings and hearing only urgent cases remotely. Whilst there were some coordination difficulties from our local court, a consistent process has now been adopted. During March to 15th June 2020, 42 cases (78 children) have had their proceedings concluded.
- 10.5.3. Due to current lockdown measures, it is anticipated that there is suppressed demand for services. The Directorate is anticipating new demand through

increased vulnerability in the community due to the repercussions of Covid-19 including increases in family poverty, domestic violence, substance misuse, behavioural issues, mental health issues and family breakdown. The Early Help Hubs have reported an increase in families experiencing financial/hardship and the long term impact of these challenges is not known.

## **10.6. Mental Health**

10.6.1. It is widely recognised that COVID 19 has the potential for a significant impact on the mental health and well being of young people. Throughout the period of lockdown Manchester CAMHS has retained a duty service with referrals and assessments triaged through video link ,telephone calls with visits to family only where required. In addition to providing face to face support, the CAMHS services have invested in online resources which have seen a substantial increase in demand since lockdown.

9.5.2 Post COVID, new funding from National Health Service England to develop new Mental Health Support Teams for schools in the city. This will increase direct mental health support for schools with new Education Mental Health Practitioners and dedicated CAMHS clinicians.

## **11. Conclusions**

11.1. The Executive will continue to be kept up to date with developments as this situation is expected to continue to evolve and change rapidly.

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# Manchester COVID-19

## Local Prevention and Response Plan

June 2020



# Manchester COVID-19

## Prevention and Response plan

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## Manchester COVID-19

### Prevention and Response plan

#### Foreword

This Plan is designed to ensure that Manchester City Council, working with all key partner organisations in the City can respond effectively to the gradual easing of lockdown measures over the next few months.

It has been developed collaboratively in line with the Our Manchester principles and behaviours and has a strong focus on preventing further transmission of the virus as well as setting out the actions that will be taken should local outbreaks occur.

We can be proud of the fact that back in January plans were put in place to respond to the emerging pandemic, which were helped by our previous experiences of dealing with other outbreaks such as SARS, and Swine Flu. From the outset we also worked with and provided support to Manchester's Chinese community, who were being unfairly stigmatised at the time. This focus on community - and also groups who may be more at risk of the virus - is fundamental to our approach and is a key part of this plan, where everyone in the city has a role in keeping one another safe and well.

We would like to acknowledge the excellent work undertaken over the past six months and we can now build on these strong foundations as we continue to respond to the ongoing challenges posed by COVID-19.



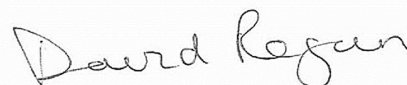
**Sir Richard Leese**  
Leader of the Council and Chair of  
the Manchester Health and Wellbeing  
Board



**Councillor Bev Craig**  
Executive Member for Adult Health  
and Wellbeing



**Joanne Roney OBE**  
Chief Executive  
Manchester City Council



**David Regan**  
Director of Public Health  
Manchester City Council

## Manchester COVID-19

### Local Prevention and Response Plan

#### Background

In January 2020 a novel coronavirus, SARS-CoV-2, was identified in samples obtained from a cluster of pneumonia cases in Wuhan City, China. The associated disease, named as COVID-19, spread rapidly across the globe, and was declared a pandemic by the World Health Organisation in March. To date, there have been over 40,000 [COVID-19 deaths](#) in the UK.

SARS-CoV-2 is primarily transmitted between people through respiratory droplets and contact routes. COVID-19 presents with a range of symptoms of varying severity. The case definition is a new persistent cough, or fever (over 37.8) or change in sense of smell or taste. It is also possible to be infected with SARS-CoV-2 and have very mild or no symptoms (asymptomatic infection). Asymptomatic infection is [common](#) and there is [evidence](#) of transmission from such cases.

The basic reproductive number ( $R_0$ ) for the SARS-CoV-2 virus was estimated to be between 2.7 and 3.0 by the Scientific Advisory Group for Emergencies (SAGE) at the start of the outbreak in March. This means that each case would infect nearly 3 people on average in a population with no immunity to the virus. The effective reproduction number ( $R_e$ ) is the number of people in a population who can be infected by an individual at any specific time.

$R_e$  is affected by the number of people with the infection, levels of immunity in the population and people's behaviour e.g. social distancing. Regional [estimates](#) of  $R_e$  are updated on a weekly basis. When  $R_e$  is above 1, the number of new infections is accelerating. The purpose of outbreak control measures is to keep  $R_e$  below 1.

The Greater Manchester (GM) COVID-19 Outbreak Management Plan explains how the city region will collectively manage the spread of the SARS-CoV-2 virus, to minimise the prevalence and impact of the subsequent COVID-19 disease. The Manchester COVID-19 Local Prevention and Response Plan outlines our approach to controlling the spread of SARS-CoV-2, managing local outbreaks, protecting vulnerable people in our communities and co-ordinating efforts across organisations. In conjunction with national measures, these actions will help to reduce  $R_e$  and allow people to return to a more normal way of life.

The Director of Public Health (DPH) in Manchester has a statutory lead role for the health protection of the population. The DPH is supported by a Consultant in Public Health lead for health protection and a local Community Infection Control Team (CICT) providing specialist infection prevention and control advice and support. Additional specialist health protection advice is provided by the North West PHE team. In order to respond to the COVID-19 pandemic, capacity to deliver our local health protection function has had to increase significantly.

## Manchester COVID-19

### Local Prevention and Response Plan

#### Purpose of the Plan

The purpose of the Manchester COVID-19 Local Prevention and Response Plan is to act as the high-level programme plan for the Manchester COVID-19 Response Group. This document will give assurance that appropriate systems are in place for outbreak management and prevention. Initial plans for the allocation of Manchester's additional COVID-19 response Test and Trace funding are also included.

The detail of how individual outbreaks in specific settings and circumstances are managed will not be described in detail in this document. This plan is not intended to give operational level detail for professionals or advice to the public. This is an iterative plan which will continue to be informed by local circumstances, emerging evidence and ongoing engagement with our communities.

The Manchester COVID-19 Local Prevention and Response Plan has been developed to respond to the specific threat caused by the SARS-CoV-2 virus and should be considered alongside these existing plans:

- Manchester Health Protection Outbreak Plan
- Greater Manchester Multi-agency Outbreak Plan
- Greater Manchester Multi-agency Generic Response Plan
- Greater Manchester COVID-19 Outbreak Management Plan

#### Guiding Principles

The Association of Directors of Public Health (ADPH) sets out four principles for the design and operation of Local Outbreak Plans.

The prevention and management of the transmission of COVID-19 should:

1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

## Manchester COVID-19

### Local Prevention and Response Plan

#### Outbreak Management

An outbreak is defined as two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days. An outbreak will be declared over when there are no confirmed cases with onset dates in the last 28 days in that setting.

The Manchester Test and Trace Coordination Hub with a single point of contact (SPOC) will respond to outbreaks in specific settings, in conjunction with external partners such as PHE where appropriate. Outbreaks will be risk assessed on an ongoing basis and decisions to manage the outbreaks will be taken at a local level in partnership with the setting affected.

High risk outbreaks, such as those with the potential to cause larger scale impacts, involving high numbers of cases or across a wider range of settings will be escalated to Manchester City Council's (MCC) Strategic Management Team (SMT) as Gold Command. This Gold Command structure will closely monitor all data sources so that any decisions taken are based on the best available evidence of what is happening in a setting, neighbourhood, or wider area.

The Local Outbreak Engagement Board will play a key role in ensuring communities are fully informed about what is happening in relation to high risk outbreaks and provide clear information about actions that can be taken. The respective roles and responsibilities of the various groups and boards are set out under [Theme 7 – Local Boards](#).

#### Compliance and Enforcement

There may be situations where potentially infectious people cannot or will not agree voluntarily to be tested or self-isolate. The Manchester approach will be to try and persuade the potentially infected person to agree to a test or to self-isolate by the 4 E's - Engage, Explain, Encourage, and last resort Enforce.

- Attempt negotiation directly,
- Advise of consequences (power to direct to attend, offence if they fail to attend, remove with reasonable force)
- Ask for assistance (Trusted person contact, case worker, family member or friend, religious leader, Environmental Health officer, local councillor, police officer to provide assistance)

Where it has not been possible to secure compliance by means of engagement, explanation and encouragement, [Schedule 21](#) of the Coronavirus Act 2020 provides for the detention, isolation and the screening of potentially infectious persons also allowing for the imposition of restrictions and requirements to such persons if they refuse to self-isolate.

Currently there are two designated Public Health Officers (PHOs) in the North West who can impose requirements and restrictions under Schedule 21. Further PHE consultants will be designated. Access to a PHO is via PHE North West.

## Manchester COVID-19

### Local Prevention and Response Plan

## Introduction

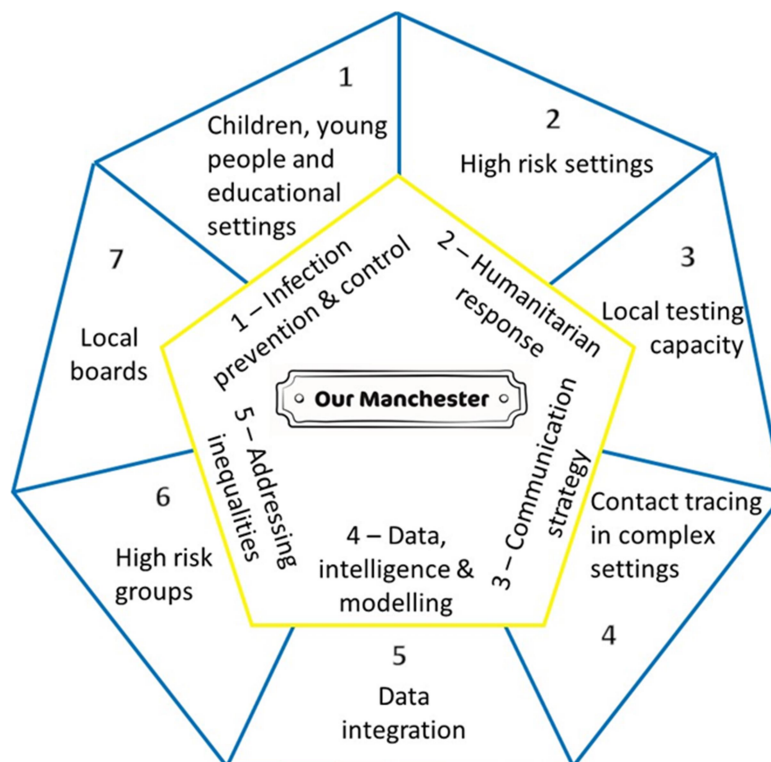
The plan commences with a COVID-19 inequality assessment to give the context for the impact of the outbreak in Manchester. The plan is described in 7 themes and 5 cross-cutting workstreams, covering what is currently in place, what is working well and our next steps. The final section summarises the resource implications and includes costs for planned work.

### Themes:

1. Children, young people and educational settings
2. High risk settings
3. Local testing capacity
4. Contact tracing in complex settings
5. Data integration
6. High risk groups in the community
7. Local Boards

### Workstreams:

1. Infection prevention and control
2. Humanitarian response
3. Communication strategy
4. Data, Intelligence and Modelling
5. Addressing inequalities





## Manchester COVID-19

### Local Prevention and Response Plan

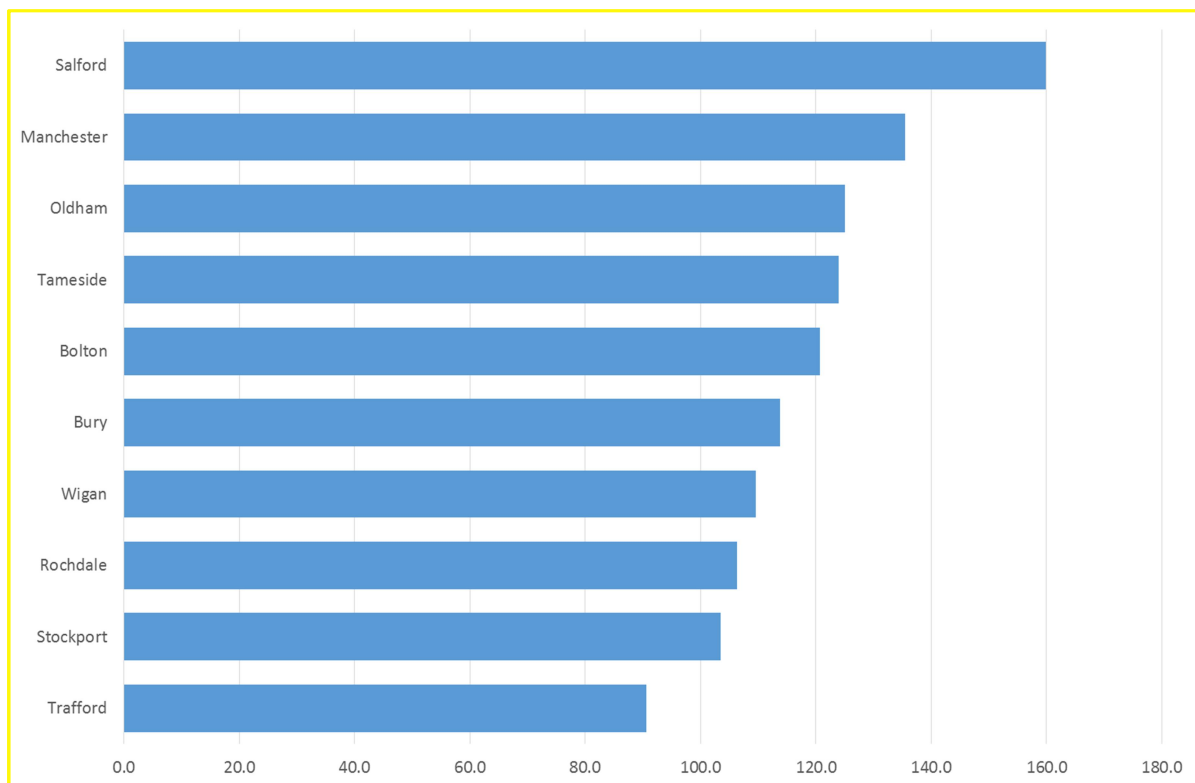
## The impact of COVID-19 on the population of Manchester

The impact of COVID-19 in [Manchester](#) has been significant. To date (25 June 2020), there have been:

- 1,720 positive cases of COVID-19 identified based on tests carried out in NHS and PHE laboratories<sup>1</sup> (a rate of 314.1 per 100,000 population)
- 383 deaths involving COVID-19 in Manchester residents. This represents just over a fifth (20.9%) of all deaths registered since the beginning of 2020.

In absolute terms, there have been more positive cases identified in Manchester than in any other part of Greater Manchester. However, the rate of positive cases in Manchester is low compared with other parts of the conurbation. The age standardised mortality rate for deaths involving COVID-19 among Manchester residents (based on deaths between March and May 2020) is among the highest in Greater Manchester.

*Figure 1 - Age-standardised rates of deaths involving COVID-19 by Local Authority*



<sup>1</sup> At the time of writing only data sets relating to Manchester residents tested through the NHS and PHE laboratories (Pillar 1) were publicly available. However, data sets relating to residents tested through regional drive through testing facilities and mobile testing units (Pillar 2) will shortly be in the public domain. This section of the plan will therefore be updated on the website to give a much more comprehensive picture of the Manchester COVID-19 situation.

## Manchester COVID-19

### Local Prevention and Response Plan

#### Inequalities in COVID-19 impact

There are a number of population groups or communities that are known to have experienced a disproportionate impact from COVID-19. These include:

- Men and older people
- People experiencing homelessness
- Black, Asian and minority ethnic groups
- Certain religious groups
- Refugees and asylum seekers
- Certain occupational groups
- People living in deprived areas
- Care home residents
- People with long term illnesses and disabilities

#### Age and sex

Age and sex are known factors associated with increased risk of death involving COVID-19. The age-standardised mortality rate deaths involving COVID-19 in Manchester in the 3-month period March to May 2020 was significantly higher in males (185.6 deaths per 100,000) than in females (98.8 deaths per 100,000). It is not yet fully clear why there are gender disparities in COVID-19 outcomes. This could be a combination of biological, behavioural and environmental factors.

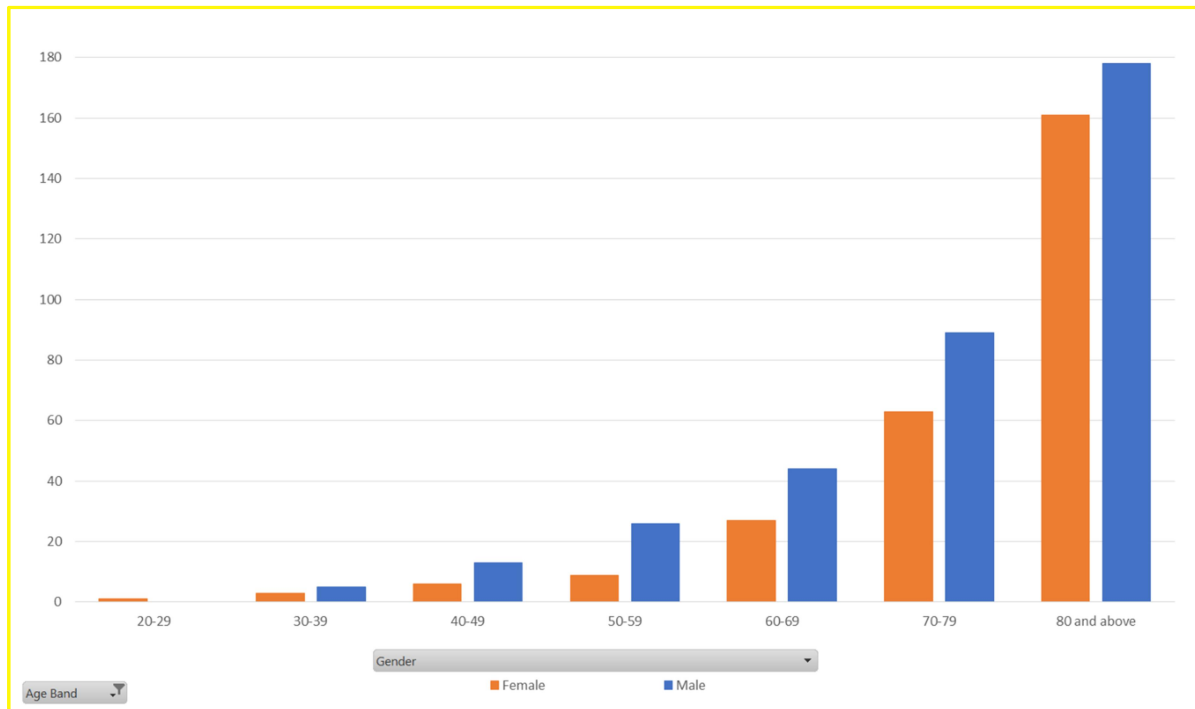
Nationally, diagnosis rates for COVID-19 increased with age for both males and females. Among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those aged under 40. The chart below shows the number of deaths involving COVID-19 registered in Manchester by age and sex. Overall, 54.2% of all deaths involving COVID-19 were in people aged over 80 and 78.5% were in people over the age 70.

Coronavirus has also had significant social impacts on older people. Data from the [Opinions and Lifestyle Survey](#) on the social impact of the COVID-19 pandemic shows that the well-being of older people has been affected by the coronavirus. 70% of older people in Great Britain reported being worried about the future and 54% admitted to feeling stressed or anxious.

## Manchester COVID-19

### Local Prevention and Response Plan

Figure 2 - Number of Deaths involving COVID-19 registered in Manchester by age and sex (based on deaths registered up to and including 17 June)



Manchester has a higher proportion of working age people (adults aged 16-64 years) in the city compared with England as a whole and a lower proportion of older people. According to the ONS population estimates for mid-2019, 9.3% of Manchester's population are aged 65+, compared to 18.4% of the population in England.

With the low population of people aged 65 and over it would seem logical to assume health and social care needs are lower than expected for a large city. However, evidence shows that the reverse is true. Many older people living in Manchester are at risk of social isolation and loneliness and the characteristics of Manchester's older residents mean that they are more likely to place high demands on hospital emergency services, mental health services and suffer from long term limiting illnesses at an earlier stage in their life.

#### People experiencing homelessness

A [rapid review](#) of the disparities in the risk and outcomes of COVID-19 undertaken by Public Health England (PHE) found that socially excluded populations, such as people experiencing homelessness, tend to have the poorest health outcomes. Figures presented within the review suggest that between 1.5% and 2.0% of the known population of men and women who experienced rough sleeping in 2019 have had COVID-19. However, there is some uncertainty around these figures and they should be considered an estimate.

The latest publicly available official estimate of people sleeping rough in Manchester indicated 85 people were sleeping rough as of September 2019. However, this is

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based on a headcount on one night and may be an underestimate of the true number.

Rough sleeping is only one form of homelessness. People experiencing homelessness may be living in a range of different types of temporary accommodation settings, including in-house temporary accommodation, homeless bed and breakfasts, and Housing Related Support commissioned schemes.

The most recent estimates suggest that approximately 1,074 individuals are residing in hostel-based accommodation settings, with 273 staff at these sites who could potentially be exposed to COVID- 19 in the event of an outbreak.

### Black Asian and Minority Ethnic Groups

Ethnic inequalities in health are well known, generally showing a poorer health profile among some ethnic minority groups compared with the overall population.

The disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities is now well documented. [ONS analysis](#) shows that the risk of death involving COVID-19 among some ethnic groups is significantly higher than that of those of White ethnicity. For all ages, the rate of deaths involving COVID-19 for Black men was 3.3 times greater than that for White men of the same age, while the rate for Black women was 2.4 times greater than for White women.

Socio-economic factors explain a substantial part of the raised rate of death experienced by ethnic groups compared with the White ethnic group. After adjusting for region, population density, socio-demographic and household characteristics, the raised risk of death involving COVID-19 for people of Black ethnic background of all ages together was 2.0 times greater for males and 1.4 times greater for females compared with those of White ethnic background. Men from Bangladeshi or Pakistani and Indian ethnic background also had a significantly higher risk of death involving COVID-19 (1.5 and 1.6 times, respectively) than White men, once these characteristics were accounted for. Women from Bangladeshi or Pakistani, Indian, Chinese and Mixed ethnic groups had a similar risk of death involving COVID-19 to White women.

Data from the 2011 Census shows that around 205,000 people in Manchester identified themselves as being from a non-White British ethnic group (including Irish and 'Other White' groups). This is equivalent to around 41% of the population of the city as a whole – twice the average for English local authorities as a whole (20%). This data is now 9 years old and we can expect data from next year's census population (in 2021) to more accurately show a higher BAME population in Manchester compared with the last census.

The reasons why the risk of death involving COVID-19 among some ethnic groups is significantly higher than that of those of White ethnicity are still being explored. However, some of the additional risk is likely to be linked to the fact that people from BAME communities are more likely to live in urban areas, in overcrowded

## Manchester COVID-19

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households and in deprived areas. BAME people are also more likely to have jobs that expose them to higher risk and to have been born abroad, meaning they may face barriers in accessing services. Some comorbidities known to increase the risk of having a poorer outcome from COVID-19 (e.g. Type II diabetes) are also more prevalent in BAME communities.

#### Religious groups

Provisional [analysis](#) by the ONS for the period 2 March to 15 May 2020 has shown variation in the rate of death involving the coronavirus (COVID-19) between self-identified religious groups, as reported in the 2011 Census, including "No religion". The highest age-standardised mortality rates (ASMRs) of deaths involving COVID-19 were in the Muslim religious group with 198.9 deaths per 100,000 males and 98.2 deaths per 100,000 females. People who identified as Jewish, Hindu or Sikh also showed higher mortality rates than other groups.

However, once region, population density, socio-demographic and household characteristics and ethnic background are taken into account, men who identified as Jewish at the time of the 2011 Census were at twice the risk of a death involving COVID-19 compared with the Christian men. The risk of death in Jewish women was 1.2 times higher than that of Christian women.

Data from the 2011 Census showed that 15.8% of the population of Manchester identified as Muslim, 0.5% identified as Jewish, 1.1% as Hindu and 0.5% as Sikh. Given that the census was now nine years ago, the percentage of residents identifying as belonging to these religious groups may now be different.

The age distribution of the populations belonging to these religious groups also differed, with 24.6% of those identifying as Jewish being aged 65+ compared to 4.6% of those identifying as Hindu, 3.1% of those identifying as Muslim, and 2.1% of those identifying as Sikh. The overall percentage aged 65+ was 9.4%.

#### Asylum Seekers and Persons with No Recourse to Public Funds

Some groups of migrants, such as asylum seekers, persons with no recourse to public funds (NRPF), EEA nationals who are ineligible for benefits, unskilled workers or undocumented migrants, may be economically disadvantaged, live in overcrowded conditions, and live and meet socially with other at-risk groups, putting them at increased risk of infection whilst living in the UK. These individuals may be at increased risk from COVID-19 due to language and communication barriers which may impact on their understanding of the virus, measures to mitigate spread, and ways to access support.

Data on people's reasons for migration and their legal status in different local areas are not widely available at the local level but there are some figures for asylum seekers and resettled refugees. Section 95 support is provided to destitute asylum seekers until their claim is determined. Data from the [Migration Observatory](#) shows there were 968 asylum seekers in receipt of Section 95 support as of 30 June 2019 (a rate of 1.80 per 1,000 population). Note that these figures do not include people

## Manchester COVID-19

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who are not receiving this destitution allowance (such as people with private incomes) or those whose asylum claims have been determined (with either a positive or negative decision).

The Boaz Trust estimates the numbers of asylum seekers residing in the city to be 6000, with 2000 destitute. The Home Office has recently opened a short-term induction hotel for asylum seekers in Manchester, which has the facility to accommodate 255 individuals.

Those seeking asylum in the UK would normally have entitlement to asylum support (accommodation and subsistence) from the Home Office. However, the system in place to access this support often proves difficult and challenging. Other migrant groups such as those that have overstayed their visa, or on student visa, those who have leave to remain with no recourse to public funds condition, EEA nationals who are ineligible for benefits and mainstream services, can only turn to the local authority for support. The NRP Network reported that as of mid-May 2020, local authorities have reported that they have accommodated 14,610 people though it is not reported how many of these people are subject to the no recourse to public funds condition or are EEA nationals who are ineligible for benefits.

#### Occupational group

Men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care had significantly high rates of death from COVID-19.

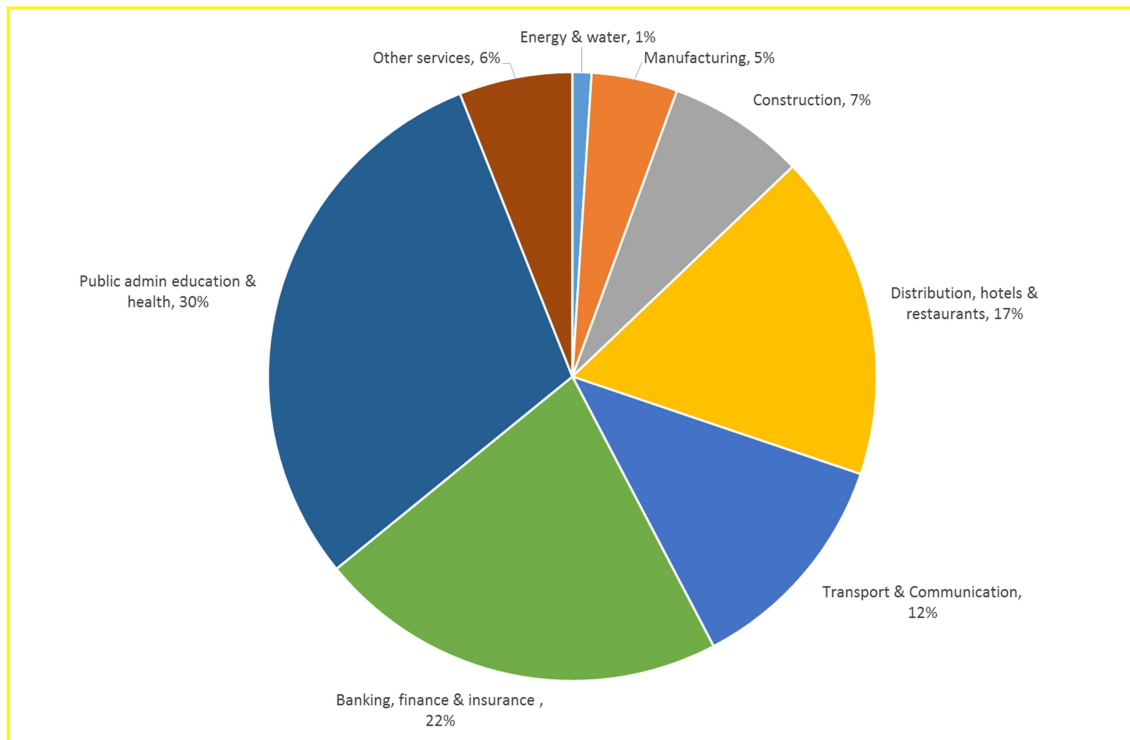
Manchester has significant numbers of people employed in these occupations. As the chart below shows, just over two-fifths (41%) of people in employment in Manchester work in the manufacturing, construction, distribution, hotels and restaurants, transport and communication sectors of the economy.

There is a strong overlap between the higher risk of death involving COVID-19 in BAME groups and the increased risk among certain occupations. For example, British Bangladeshi and Pakistani residents are much more likely to be employed as drivers while Black African residents are known to be more strongly represented in health and social care professions.

## Manchester COVID-19

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Figure 3 - People in employment by industrial sector, Manchester (ONS Annual Population Survey, July 2018 - June 2019)



### Deprivation

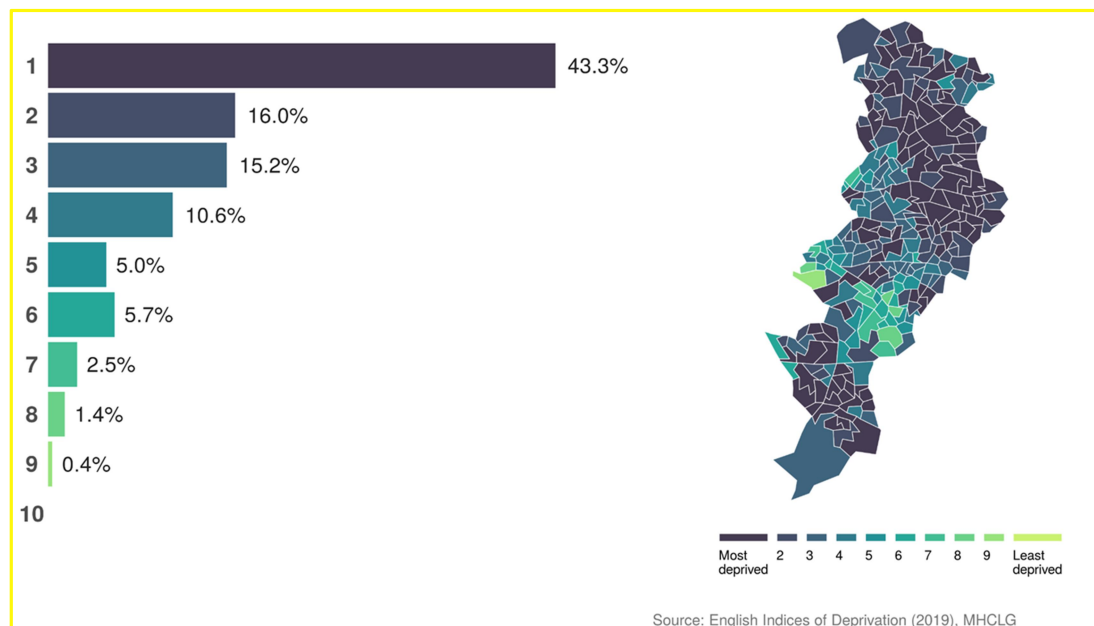
People who live in deprived areas of the country have higher diagnosis and death rates than those living in less deprived parts of England. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females, and survival among confirmed cases was also lower in the most deprived areas. This is particularly clear amongst people of working age, for whom the risk of death was almost double that of people in the least deprived areas, with male diagnosis rates significantly higher than those for females.

The latest Indices of Deprivation (IMD) 2019 show that Manchester ranks 6 out of 317 local authorities on the overall IMD 2019 when ranked according to the average score of each Lower Layer Super Output Area (LSOA) within its boundary. Within the city, over 43% of LSOAs rank in the most deprived 10% (decile) of LSOAs in England and just over 59% are in the most deprived 20% (quintile). These LSOAs are primarily concentrated in areas in the north and east of the city and in Wythenshawe.

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Figure 4 - IMD 2019: Manchester LSOAs in each national deprivation decile



The high and persistent levels of deprivation across Manchester as a whole and in specific parts of the city mean that our local residents are likely to be at greater risk of being diagnosed with COVID-19 and, when they are, they are more likely to experience a poorer outcome in respect to hospitalisation and death.

### Care Home Residents

Care home residents are more susceptible to COVID-19 by virtue of their age and attendant comorbidities. Care homes are also an environment where there is the potential for COVID-19 to be transmitted quickly among their residents.

In the period up to and including the week ending 12<sup>th</sup> May 2020, there have been a total of 370 deaths occurring in care homes in Manchester - 20.2% 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 (20.5%) 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.

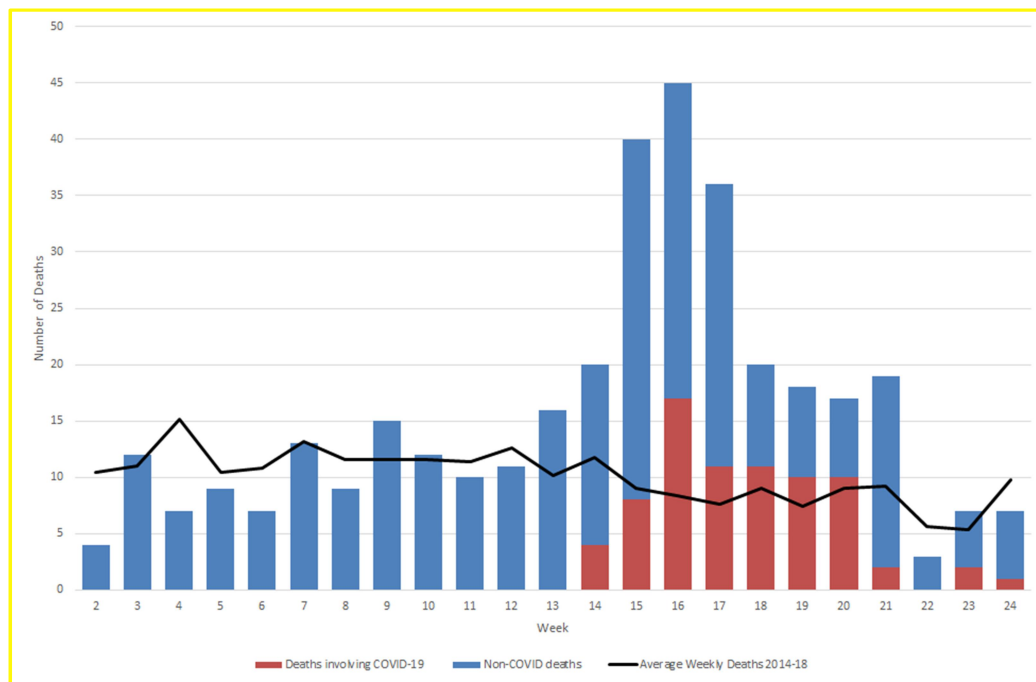
The chart below shows the weekly number of COVID-19 and non-COVID-19 related deaths occurring in Care Homes in Manchester in 2020, alongside the average weekly number of deaths in the 5-year period 2014-2018. This provides a means of counting the additional ('excess') number of deaths in care homes over the course of the year.



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Figure 5 - Total number of COVID and non-COVID related deaths occurring in care homes in Manchester by week, 2020



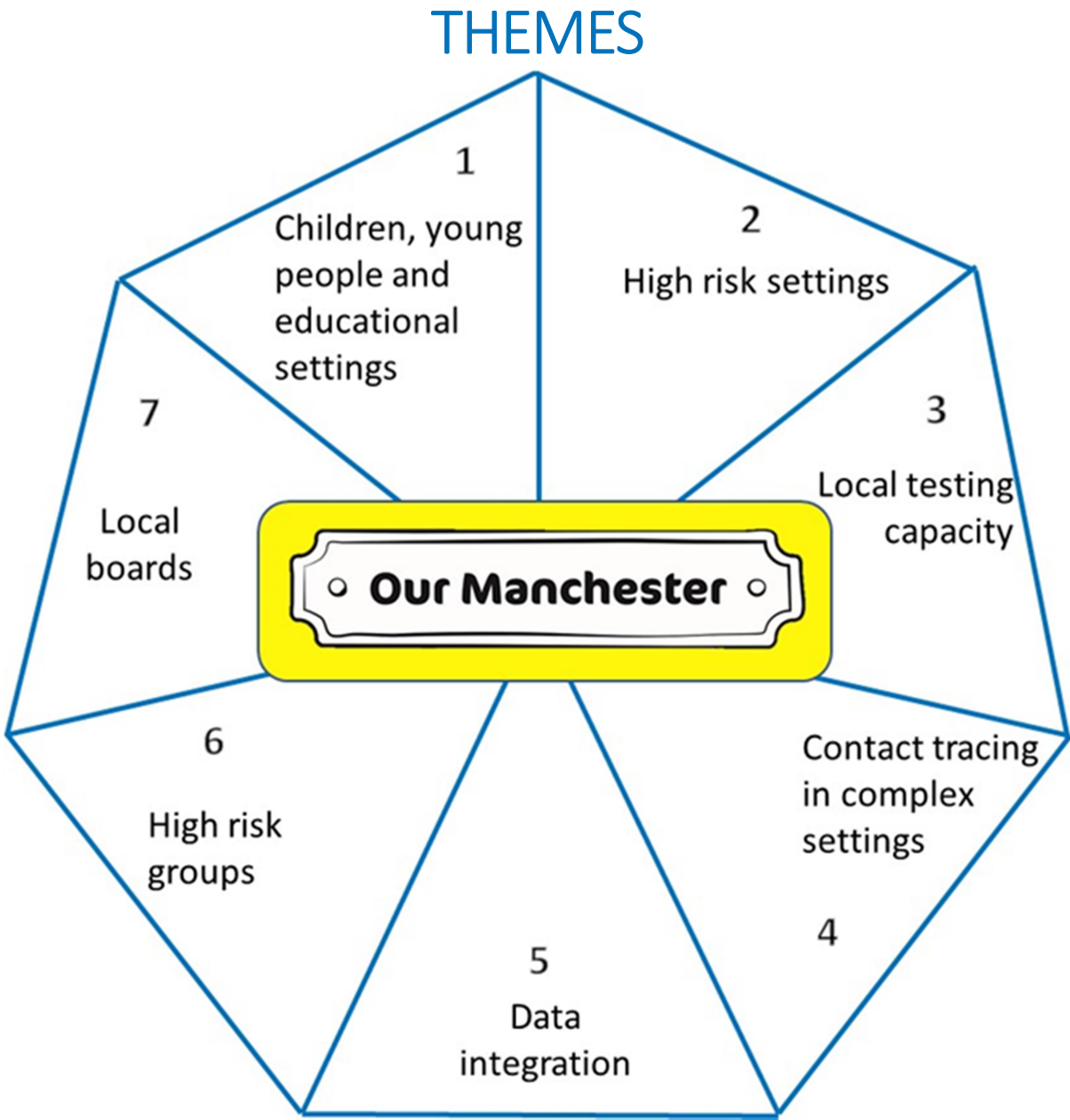
In the year to date, there have been 130 excess deaths in care homes in Manchester compared with the 5-year average for 2014-2018. The number of excess deaths in care homes peaked between Weeks 15 to 17 (4th April to 24th April). Over that period, there were 121 deaths in care homes - 96 more than the 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.

### People with long term illnesses and disabilities

Males whose activities were "limited a lot" at the 2011 Census had an all ages standardised rate of death involving COVID-19 of 199.7 deaths per 100,000; for females, the rate was 141.1 deaths per 100,000. The equivalent rates for males and females who were not disabled in 2011 were 70.2 and 35.6 deaths per 100,000 respectively. After adjusting for region, population density, socio-demographic and household characteristics, the relative difference in mortality rates between those "limited a lot" and those not disabled was 2.4 times higher for females and 1.9 times higher for males.

### Further Sources of Information

Appendix 2 of the [Manchester Population Health Plan](#) contains a detailed list of sources of information about the health of the local population, including Public Health England (PHE) [profiling tools](#) and the [Manchester City Council Intelligence Hub](#). The Manchester Joint Strategic Needs Assessment (JSNA) also contains a detailed set of reports that contribute to our understanding of the health and wellbeing needs of people in Manchester.



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#### Theme 1 – Children, Young People and Educational Settings

Manchester has a relatively young population, with over 130,000 children and young people aged up to 18 years. Manchester has 2 universities and a large student population, including many international students. There are 184 schools, 4 further education and 6th form colleges, 131 early years settings and 403 registered childminders.

#### **Where are we now?**

COVID-19 risk assessments have been completed in schools, early years settings and childminders. Settings have been supported by the Health and Safety (H&S) team with quality assurance and additional advice. Regular updates have been issued to ensure current guidance and best practice is shared.

#### **Schools**

Regular group sessions have been held with school Headteachers and advice (developed jointly by the Community Infection Control Team (CICT), Education and Health and Safety) has been provided to schools, providing a step-by-step process for responding to outbreaks. A weekly communication bulletin, including frequently asked questions (FAQs), is updated by Education HR following questions from schools and trade unions. Briefings have been provided to chairs of governors and Headteachers. Weekly meetings are being held with trade unions. There is on call support to Headteachers for COVID-19 related issues. Schools have been provided with a template and guidance for undertaking individual assessments for BAME / vulnerable school staff.

Advice and support provided to schools on management of COVID-19 cases is provided by the CICT. Guidance on how to access emotional and mental health support for children and staff has been shared with schools. Resources for children are shared regularly. Approximately 2500 laptops have been ordered and distributed for disadvantaged children and young people through the Department for Education scheme. Letters have been sent to all year 11 students from the Council. A document to support children with Special Educational Needs and Disability (SEND) has been sent to schools for sharing with families.

#### **PPE**

Guidance has been provided to education settings on use of personal protective equipment (PPE) and PPE welfare packs have been issued to all settings and childminders. There is a weekly push of PPE to special schools.

#### **Children and young people with special educational needs/disability**

All children with Education, Health and Care plans (EHCP) have been risk assessed to determine if it is safer for them to be in school or at home. Multi agency discussions have taken place with families to agree 'reasonable

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endeavours' to meet provision set out in plans. Letters have been sent to all families of children with EHCPs (4900) with key information and sensory bags provided for families of children who are at home. A local newsletter is in place and an offer of virtual drop-ins for parents/carers. We have an educational psychology helpline set up for families and a multi-disciplinary health pathway for special schools.

#### General

- H&S guidance, risk assessments and support provided to council services.
- Regular updates to council staff reinforcing importance of handwashing and social distancing
- Weekly PPE issued to Children Services Settings
- Coordinated approach to ensuring children's premises are COVID-19 secure
- Provision of emergency PPE across out of hospital settings from MCC/Trafford Metropolitan Borough Council (TMBC) PPE Hub
- Recovery planning group meeting weekly.

#### What is working well?

Engaging and supporting schools:

- Headteachers have reported appreciating the support and communication provided by the Education Department.
- There are regular updates, templates and guides and follow up support, which have been used by the majority of schools and settings.
- The Education Department is regularly updating guidance and issuing new information that makes it clear which changes have taken place.
- Engaging the Trade Unions so that schools have the confidence that the approach has been consulted at a strategic level.
- Starter packs of PPE have been provided to schools, nurseries and childminders and there are regular deliveries of PPE and sanitiser to special schools.
- The Education Department regularly reviews changes to PHE / DoE guidance. There is close coordination between Education, CICT and H&S to ensure a collaborative approach to supporting schools and other settings.
- There has been a positive response from many parents of children with SEND regarding the support provided. The provision of sensory bags for some children at home were especially well received.
- Children Services have been provided with detailed risk assessments and guidance on working safely, which includes how and where to use PPE (donning and doffing). Adequate supplies of PPE and hand sanitiser have been provided across the services.

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#### What are our next steps?

A key part of our forward planning is preparation for the wider opening of educational settings from September 2020. We will provide support and advice to schools on a risk-based approach. We will support schools and settings to provide additional handwashing facilities and hygiene measures where required.

We will work with the Youth Strategy team, health services and other providers to plan for a summer offer to target both children who have not been in school and key worker children. We will support planning for September opening of schools based on two scenarios: all children in or a blended 50:50 offer.

We will develop minimum standards for a remote learning offer for all schools and sharing learning from schools/Trusts who already have a well-established offer. We will provide an alternative place for children to access remote learning if school/class needs to close and access to learning at home is not possible or suitable.

We will provide clear messaging for parents/carers to support school attendance in September, engage community leaders in supporting this message and develop clear messaging for all front line services to support school attendance (if it is not compulsory in September).

We will develop assumptive plans regarding opening of facilities that schools may use, for example swimming, sports halls, leisure facilities, school trips and provide advice to schools to update business continuity plans so they are fully prepared to close classes/school in response to an outbreak.

We will provide advice, support and services to schools and settings for those children who need additional help due to anxiety, mental health, bereavement, and trauma. We will work with Transport for Greater Manchester regarding use of public transport for pupils and will work with MCC's Travel Coordination Team and special schools to consider options and solutions for home to school travel for eligible children with Special Educational Needs. We will work with Neighbourhoods regarding logistics for drop off and pick up times to prevent crowding outside schools.

We are developing an education offer with schools for children who need to remain at home due to shielding or living with an adult who is high risk and are developing with Manchester Schools Alliance/Teaching Schools and Multi Academy Trusts an evidence base of interventions/approaches available to support children to 'catch up' on learning.

We will ensure that regular meetings of the School Outbreak Prevention Group (including CICT, Education, HROD, H&S) take place and update

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signage and hygiene provision in Council premises following changes to COVID-19 secure standards.

We will conduct an ongoing review of guidance to ensure appropriate provision of advice and development of resources in response to new guidance.

We will learn from responses to positive COVID-19 tests in schools to ensure testing and tracing systems are working effectively and updating step-by-step guidance.

We will amend template individual risk assessment for BAME / Vulnerable staff (both for MCC and schools) following PHE advice on risk factors and update COVID-19 secure risk assessment approach following changes around social distancing criteria.

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## Theme 2 – High Risk Settings

This section covers care homes, homeless hostels, hospitals and primary care as key high-risk settings. Another important local setting is Manchester Airport, which Manchester City Council has responsibility for. Other high-risk settings such as asylum seeker accommodation, prisons, bail hostels, supported living and children's homes will be managed appropriately with input from the Test and Trace Coordination Hub, CICT, Environmental Health, PHE, NHSE, prison healthcare teams and other partner agencies.

### Care Homes

#### Where are we now?

There are 92 care homes in Manchester, of which 47.8% have had [outbreaks](#) of two or more cases. There have been 76 deaths involving COVID-19 (e.g. mentioned anywhere on the death certificate) in care home residents as of 12th June 2020. Due to the high level of vulnerability of care home residents, and the potential for spread in these institutional settings, care homes have been a focus for outbreak prevention and management work.

Manchester began a 'whole home testing' pilot on 5th May 2020, prior to this becoming available via DHSC pillar 2 testing. As of 16th June 2020, 60 out of 92 care homes in the city (65%) have had applications to the DHSC for whole care home testing processed and approved. Prior to 7th of June, only care homes that were exclusively for people aged over 65 or 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. Since the 7th of June all adult care homes with a CQC registration number are eligible for whole home testing.

Each care home receives a daily phone call from the MCC Performance and Quality Improvement (PQI) team. Care homes are asked for details on:

- Symptomatic residents and staff
- Newly confirmed COVID-19 cases
- PPE requirements
- Ability to manage service delivery
- Vacancies
- Financial viability
- COVID-19 testing processes and results

The data collected from the PQI team supports the CICT data collection. A daily care home update is circulated by the CICT to key stakeholders. Sector specific guidance is shared with care homes via specific COVID-19 emails.

CICT liaise with care homes that have reported cases/outbreaks either directly to them, via the PQI daily calls or from cases notified from PHE or the Test

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and Trace Coordination Hub. A risk assessment is undertaken for each setting and infection prevention and control (IPC) advice given. CICT works closely with the Test and Trace Coordination Hub to ensure that guidance on results/interpretation of results is clear and can be communicated to care homes to ensure residents and staff are being cared for and that staff are working safely. Care homes are supported by CICT in contact tracing within their settings following a confirmed case. A care home outbreak will be declared over when there are no confirmed cases with onset dates in the last 28 days in that setting.

Care homes have received IPC advice and training on COVID-19 outbreak management, including the safe use of PPE. An IPC Train the Trainer programme was developed and rolled out to homes by the CCG with CICT input.

#### **What is working well?**

Daily contact with care home providers has enabled Manchester to have an early indication of issues for providers and respond accordingly. This contact has been positively received by care home providers.

There are excellent working relationships between CICT and care homes, which has been key in the support and management of cases/outbreaks. Care homes know to contact the team routinely to report any outbreaks; this has meant that cases have been reported early and the team has been enabled to give key IPC management and advice and arrange swabbing.

77% of care homes have said they are confident to swab their own residents and where this is not the case support has been put in place. This has enabled many care homes to carry out whole home testing without the support of the Community Swabbing Team. We have a 28-day rolling programme planned for whole care home testing.

CICT have sent a support questionnaire to providers to ensure that all homes (including those that had not reported cases/outbreaks) have had some contact. The questionnaire asks for key IPC and COVID-19 outbreak preparation information and helps to ensure that providers have procedures and equipment in place to enable them to respond to any future COVID-19 cases/outbreaks.

#### **What are our next steps?**

We plan to increase the frequency of whole care home testing to ensure new infections, particularly those where residents are asymptomatic, are identified early. We are exploring the use of salivary testing for SARS-CoV-2 which is less invasive than swabbing and has similar sensitivity and specificity. Our



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ambition is to establish daily testing for all care home staff and residents so that testing becomes part of 'business as usual' in these settings.

An ongoing programme of training for care home staff will be developed that takes into account changing guidelines and staff turnover.

CICT and the PQI team will be provided with additional resources to maintain the proactive daily contact and follow-up of COVID-19 cases in these settings.

When a vaccine becomes available, care homes will be a priority setting for delivery and we will mobilise a mass vaccination campaign.

We recognise the need to research on COVID-19 in care home settings and will actively engage in research projects in this area.

### Homeless hostels

#### Where are we now?

Manchester has a large number of people experiencing homelessness, almost half of which fall into the COVID-19 'vulnerable' category largely due to the high prevalence of chronic conditions such as lung disease, diabetes, and cardiovascular disease. This can make them more susceptible to contracting and transmitting COVID-19.

In response to the Government's 'Everyone In' policy, emergency accommodation has been provided in hotels and re-purposed hostels for rough sleepers, newly homeless people and those in shared 'A Bed Every Night' (ABEN) facilities. Facilities have been provided for self-isolation following sanitation guidance. However, there are now a cohort of people who have left or been evicted from hotels and are rough sleeping again. The numbers across homeless hostels for single people as of 22<sup>nd</sup> June are:

Bed and Breakfast - 236 singles  
 In-house temporary accommodation - 338 singles  
 Housing-related support - 479 residents  
 A Bed Every Night (ABEN) - 165 singles  
 COVID-19 hotel accommodation - 188 singles

Some EU nationals and people with no recourse to public funds are residing in the COVID-19 and ABEN provision.

#### Monitoring

The Manchester City Council (MCC) Homelessness Team collates information from managers of MCC-commissioned locations and hotels on a weekly basis. Two GMCA officers conduct a daily ring-round of the hotels and pass this information to the MCC Homelessness Team. Data is collected regarding

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numbers of individuals who are symptomatic, numbers who are self-isolating, numbers of tests conducted, and positive tests results reported.

#### Testing & IPC advice

As of the 23rd June, there has been 1 reported death involving COVID-19 in the Manchester homeless population. There have been 114 suspected cases, and 4 confirmed cases, all of whom were tested in hospital. There is no evidence that community testing is being accessed by this population or that IPC advice is routinely being sought from CICT by services in locations with suspected/confirmed cases. It is thought that very few staff working in these settings have been referred for testing and it is not known how many staff have sought testing for themselves via the national testing programme as this data has not been made available to localities. Reminders have been sent to all accommodation schemes about social distancing, infection control, and appropriate use of PPE.

#### Pathway

NHS England recommends having three types of facilities for the homeless population: COVID Protect, COVID Prevent and COVID Care. There is currently no COVID Care facility in Manchester. Suspected and confirmed cases are asked to self-isolate 'in place'. There is anecdotal evidence that social distancing is not being adhered to in some locations. A dedicated COVID-19 Care facility would allow cohorting of symptomatic individuals and reduce the risk of transmission.

#### Contact tracing

A joint meeting was held with Public Health and homeless accommodation providers to share information about contract tracing and to start to identify key issues that need to be reflected in a shared process for working in these settings.

#### What is working well?

To date there have been no reported deaths related to COVID-19 in the Manchester homeless population living in hostel accommodation. Emergency accommodation has been provided for over 1400 people. Staff within hostels and hotel accommodation keep track of people entering and leaving the building, so they can be contacted if necessary. All schemes have good access to PPE.

Homeless accommodation schemes have business continuity plans in place that set out how they are managing COVID-19 and to date there have been very few positive cases in these settings.

Staff are proactively monitoring residents so that any potential infection is identified as early as possible.

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#### What are our next steps?

There is a risk that people from some hostels will gravitate back to the city centre as lockdown eases. Work is needed to identify this group/specific schemes and explore what might be put in place to minimise this - including providing food to people and enforcement options.

A working group has been set up to develop and monitor practice. This group will develop policies and procedures to support contact tracing.

An audit of individual schemes will take place so that we can identify high risk settings, offer tailored advice on infection control and better manage any outbreaks.

A more robust pathway for testing and IPC advice to respond to suspected/confirmed cases in homelessness settings is required. This includes the need for enhanced CICT input into homeless locations, including IPC advice and training, for example upskilling of staff to enable them to be confident in self-swabbing.

We will consider establishing a COVID-19 Care facility to support the hospital discharge of confirmed cases who no longer need clinical input. Targeted communications regarding testing for homelessness staff to ensure that they are aware of the various offers may be required.

We will consider 'whole setting' testing in homeless hostels where there has been a confirmed case and develop a clear pathway for the de-escalation of 'hotel' accommodation.

### Hospitals

#### Where are we now?

Manchester is principally served by Manchester Foundation NHS Trust (MFT) and Greater Manchester Mental Health Trust (GMMH), although residents may also attend acute and mental health providers in neighbouring boroughs. At present COVID-19 cases and outbreaks in acute settings are managed by hospital infection prevention control (IPC) teams. There are no mechanisms in place to discuss hospital-acquired COVID-19 cases who are now in the community.

NHS England has started collecting data on hospital onset COVID-19 infections. Transmission has been reported within hospitals affecting both patients and staff. Due to the high vulnerability of many patients and frequent movement of people between hospitals and care homes, hospitals must also

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be considered a high-risk setting.

The current inpatient testing programme is:

- all patients at emergency admission, whether or not they have symptoms;
- those with symptoms of COVID-19 after admission;
- for those who test negative upon admission, a further single re-test should be conducted between 5-7 days after admission;
- test all patients on discharge to other care settings, including to care homes or hospices;
- elective patient testing prior to admission.

SARS-CoV-2 antibody testing for NHS staff has commenced as part of the [NIHR SIREN](#) study. The primary objective of the study is determining if prior SARS-CoV-2 infection in healthcare workers confers future immunity to reinfection. Trusts have been asked to support at least 10% of their staff in this study.

As outlined in the [inequalities](#) section of this plan, there a number of groups at risk of poorer outcomes from COVID-19. Ensuring appropriate access to acute settings for these groups is a key priority. For example, emerging evidence from the [UK Obstetric Surveillance System](#) at Oxford University shows that women from a Black, Asian and minority ethnic background make up more than half (56%) of pregnant women admitted to hospital with COVID-19. The research indicates that Asian women are four times more likely than white women to be admitted to hospital with COVID-19 during pregnancy, while Black women are eight times more likely.

#### What is working well?

The number of deaths in hospitals involving COVID-19 (e.g. recorded anywhere on the death certificate) for Manchester residents has been reducing in recent weeks, from a peak of 58 in the week ending 17th April to 6 in the week ending 12th June.

#### What are our next steps?

##### Health Care Acquired Infections

As of 24th June, all NHS trusts have been asked to do root cause analyses (RCAs) for every probable healthcare associated COVID-19 inpatient infection i.e. patients diagnosed more than 7 days after admission. NHSE has asked that all organisations providing NHS services within an integrated care system meet as a minimum on a weekly basis to discuss your local infection status. These discussions should allow for the sharing of information and best practice across organisations to enable local improvements and engage peer support. Further discussions are required to put plans in place for this in the

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local region.

#### Testing

NHS trusts have been asked to test all their staff for SAR-CoV-2 antibodies by mid late-July.

#### High Risk Groups

NHS trusts have been asked to take specific actions to minimise the additional risk of COVID-19 for Black, Asian and minority ethnic women and their babies, including co-produced operational policies and tailored communications.

### Primary care

#### Where are we now?

During the COVID-19 outbreak there has been an increase in the barriers to accessing care for example, people with learning disability, language and interpretation challenges. Alongside this are safeguarding and domestic violence considerations. MHCC has coordinated a number of primary care priority response work streams: supporting vulnerable patients, 'hot' hubs (for people with COVID-19 symptoms) and 'cold' hubs, care homes, digital, testing, medicines optimisation, palliative care, workforce and estates.

Delivery of primary care services has moved to a nationally-mandated Total Triage model and has been supported by the provision of clear communications, the distribution of 500,000 PPE items and the production of a primary care Situation Report (SitRep) to ensure that MHCC has awareness of any emerging issues in real time. Weekly demand and capacity modelling allow a shift between 'hot' and 'cold' offers to support patient needs. A range of practice assurance activities have taken place, including equipment audits, Business Continuity Plan checks and risk assessments for key staff groups.

A large proportion of primary care activity has moved to a telephone and online consultation model following a move to a 'Triage First' approach within general practice. MHCC has supported digital access and functionality for practices to enable them to continue working effectively in response to the requirement for remote working. Practices have been supported in a procurement exercise led by GMHSP and NHSE to ensure all practices have a video and triage platform. Between the 85 practices in Manchester, 526 laptops, 461 headsets, 461 webcams and 264 smartcard readers have been deployed, 487 remote connections have been provided and telephone support has been provided to 8 practices. All Manchester practices have implemented AccuRx Video consultation and texting.

'Hot Hubs' have been commissioned to provide face-to-face support for patients who are COVID-19 symptomatic. Improvements have been made to

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existing estates, including the zoning of practices into 'hot' and 'cold' areas with 'hot' areas providing additional safety precautions for staff and patients to enable them to be supported safely. An example of this is the planned arrangements to establish Perspex screens at GP receptions, and continued roll out of PPE to now include patients who arrive at practice without face coverings.

Other improvements have been made to ensure that key locations can continue to operate. The flagship Homeless Healthcare service at Urban Village was able to operate physical triage services through the use of a mobile unit outside the practice, enabling non-symptomatic patients not suitable for remote consulting to be seen urgently on site. 'Shelter' structures have been introduced in some locations to enable a form of drive-in consulting to be undertaken in a safe manner. A framework has been developed for emergency practice cleaning to ensure that practices can continue to operate effectively and safely. MHCC has worked closely with landlords to establish 'Building User Groups' to help ensure that all stakeholders are able to contribute to key decisions around their building.

With system wide support, including Manchester's palliative care consultants, the primary care team has developed end of life guidance and medicines stock lists to support Manchester to deliver evidence-based treatment for patients. The team has also commissioned an extra 5 community pharmacies to hold specific end of life stock, bringing the total to 12 across the city. The clinical guidance and community pharmacies can be found on TeamNet.

The Medicines Optimisation Team are working closely with the Manchester Community Response Hub and Manchester Local Care Organisation (MLCO) to develop a system that ensures all patients in Manchester get access to their medicines in the time frame required.

#### **What is working well?**

Levels of patient engagement have increased as GP practices have moved to digital delivery of Patient Participation Groups in order to support vulnerable patient groups.

There has been greater unified working between primary care colleagues, (Primary Care Networks (PCNs), GP Federations and community and secondary care, providing opportunities for improved communication between the sectors and shared learning going forward. The relationship between MHCC and its member practices has become more supportive and collaborative in nature. The value of the leadership roles of PCN Clinical Directors has been highlighted with regard to collaborative working

Staff COVID-19 Risk Assessments have been made available for use to

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support the management of employees who have relevant health conditions and staff that are deemed to be more at risk, such as those who identify as BAME.

Primary Care SitRep requirements continue to expand, including practice capacity status links to the Directory of Services (DOS) and additional assurance requirements – expanding the support required from the primary care team and the input required at practice level. Practice engagement around this remains high, and this model of good practice has been adopted across all GM CCGs.

A Border Contingency Primary Care Service was mobilised at short notice, providing primary care services to a Quarantine Hub at Manchester Airport for COVID-19 symptomatic travellers with no confirmed onward address. A further service was mobilised at short notice for asylum seekers with longer term care needs and limitations due to COVID-19.

Manchester Health and Care Commissioning (MHCC) has worked together with system partners to rapidly develop an urgent care pathway to meet the needs of care homes. The three existing care home services have been expanded to provide system resilience and ensure delivery against the urgent care pathway.

Manchester locum bank has been established through the Federations, and an additional GM locum bank has been established to work closely with practices regarding non-GP roles.

#### **What are our next steps?**

We will undertake an assurance exercise to ensure that COVID-19 Risk Assessments are taking place with primary care staff and that any support required is provided.

The testing processes continue to expand both in relation to those able to access testing and the protocols and range of testing available. A Standard Operating Procedure for Antibody Testing was published by MHCC on 12th June, with a target of offering tests to all practice-based staff by 10th July.

We will undertake careful planning and consideration of the impact of the changing secondary care environment upon the safe reopening of practices to mitigate against the risk of unplanned activity shifting into the primary care sector.

We will support practices in the challenging task of managing the backlog of patients not seen routinely during the COVID-19 period for long term condition

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management, medication reviews and urgent referrals. In addition, there will be a recovering cohort of COVID-19 positive patients being discharged from ICU that require ongoing enhanced primary care support.

We will support practices in implementing social distancing rules for patients in waiting room areas and for staff in back office/non-clinical areas, including where community services share premises with primary care.

We will work with practices to implement 'medical distancing' in managing chronically unwell patients, including looking at developing greater mobile/visiting offers and use of Perspex screens. We will provide support, advice and guidance to practices in implementing safe working practices, including the use of 'workforce bubbles' or teams to ensure service continuity.

We will continue to support practices around delivering in the digital environment and manage remote working.

We will work towards the integration of hot clinic activity with urgent care, including refinements to NHS 111 pathways, and implement refinement of walk-in centre provision in line with COVID-19 guidance.

We will share learning from practices that have had issues during the crisis, enabling their experiences to inform how practices 'open up safely'. We will ensure that risk assessments are undertaken in all primary care locations in order that risks are managed and mitigated effectively and that buildings are 'COVID-safe' for staff, patients and visitors.

## Manchester Airport

### Where are we now?

Manchester City Council is the Port Health Authority for Manchester Airport and the lead role for this sits with Environmental Health. Manchester Airport is a major international airport around eight miles south of the city. It is the third busiest airport in Britain after Gatwick and Heathrow, handling tens of millions of passengers each year with direct flights all over the world. It is jointly owned by the 10 Greater Manchester councils - Manchester council has a 55 per cent stake and the other nine authorities own five per cent each. Since 25 March only Terminal 1 has been in operation. Manchester Airport is set to reopen Terminal 3 on 1st July with social distancing measures as more airlines resume some flights.

### What is working well?

Manchester City Council has worked collaboratively with partners, including



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Public Health England (PHE) and Manchester Airport Group. The 'Port Health Incidents - Manchester Airport Response Plan' (created by PHE) sets out the roles and responsibilities of each agency.

The Manchester Test and Trace Coordination Hub has a fully integrated approach, including the expertise and support of Environmental Health Officer colleagues, to enable an effective coordinated response to any outbreaks at the Airport.

#### **What are our next steps?**

The Director of Public Health for Manchester City Council will convene a national network that will share best practice between Councils with Port Health Authority responsibilities. This network will meet for the first time in mid-July.

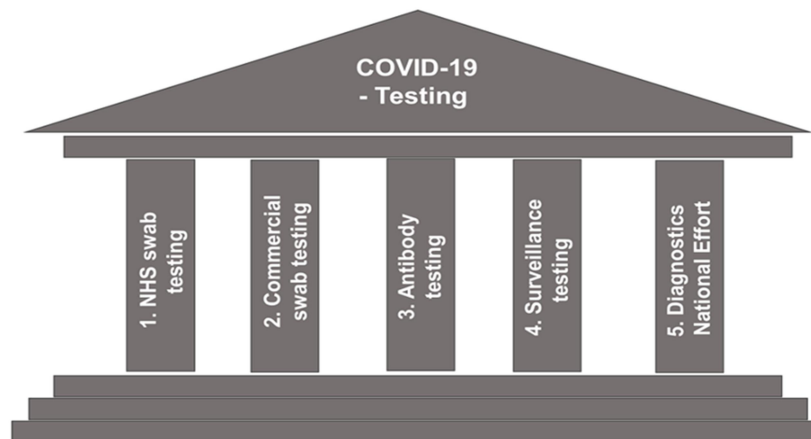
## Manchester COVID-19

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#### Theme 3 – Local testing capacity

[mhcc.communitytestinghub@nhs.net](mailto:mhcc.communitytestinghub@nhs.net)

The national approach to COVID-19 testing includes 5 separate Pillars through which testing is delivered. The testing Pillars cover a number of pathways. Broadly, each pathway, irrespective of location, includes the same steps of: Requesting, Testing, Laboratory analysis and Reporting.



The aim of mass testing for COVID-19 in Manchester is to identify cases and support contact tracing. Isolation of cases and contacts is a key public health action to minimise spread and reduce the effective reproduction number ( $R_e$ ).

#### Where are we now?

Manchester's COVID-19 Community Testing Plan is delivered by the Manchester Test and Trace Coordination Hub, reporting to the Manchester COVID-19 Response Group and Manchester Community Cell. The Community Testing Plan covers all out-of-hospital testing.

The Testing Plan has 4 strands:

**High risk settings:** to inform outbreak management. This includes care homes and other high-risk residential settings (e.g. homeless/asylum seeker accommodation). Symptomatic residents are tested via Pillar 1; either by staff or, where this is not possible, the Community Swabbing Team can carry out assisted swabbing. Asymptomatic/symptomatic care home residents and asymptomatic staff have access to Pillar 2 tests (via the DHSC portal).

**Essential workers:** to protect the health and safety of service users and to enable the return to work of critical staff (including household members) with an initial focus on local priority health and care services. Manchester essential workers have access to two drive-through Regional Testing Centres (at the Etihad Stadium and Manchester Airport) and access to Mobile Testing Units

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as part of the GM rolling programme of deployment. Manchester residents with internet access/phone can also request home testing kits. MFT staff have access to a local testing site at Alexandra Park and agreement has been reached to expand this facility to other essential workers.

Residents: to reduce virus transmission with a focus on complex/vulnerable groups. Currently access to testing for residents is through Regional Testing Centres, Mobile Testing Units and home testing kits. Work is underway to enable access to testing for residents who cannot access these testing pathways.

Antibody testing: to inform understanding of the disease through surveillance. This is taking place via national and regional pilots for antibody testing e.g. in-hospital testing, primary care testing for staff and patients, supported by the Test and Trace Coordination Hub.

A Hub Coordination Team was mobilised with staff deployed from other services to coordinate testing in high risk settings and queries. The team is led by an Operations Manager.

#### What is working well?

A multi-agency Testing Coordination Hub was established quickly to respond to the need for testing, providing a seven days-a-week service to coordinate testing referrals, respond to testing queries and communicate information to stakeholders. New team members rapidly assumed new roles, putting in place processes and pathways to provide a consistency of approach. Additional resources were provided from across the system, including communications and data analysis expertise.

The development of Manchester's Community Testing Plan was underpinned by the understanding that Manchester has a diverse population with significant pre-existing health inequalities that have been exacerbated by COVID-19. The Community Testing Plan aims to ensure that all Manchester's residents are able to access testing when needed and are linked to the support that they might need to respond appropriately to a positive result. There is a particular focus on ensuring that vulnerable residents (including those who are clinically vulnerable, those who are otherwise more likely to be adversely affected by COVID-19, or find it difficult to access testing and support) are a priority for the development of local testing models.

As the response to COVID-19 has developed, the Testing Coordination Hub combined with the emerging local complex contact tracing team to form the Manchester Test and Trace Coordination Hub. The Hub has robust links with other key services and teams that support the broader public health response to COVID-19, including adult social care, primary care and the CICT.

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The Test and Trace Coordination Hub has developed plans in relation to its responsibility to provide a Single Point of Access (SPOC). This has included a phased approach to moving SPOC functions into a Contact Centre delivered by the GMSS Gateway service.

Strategic and programme leadership and support for testing is being provided by a Consultant in Public Health, two Programme Leads and Project Manager. Two Registrars in Public Health support approaches to testing in high risk settings.

#### What are our next steps?

We will develop a sustainable local model that will provide testing as part of an ongoing COVID-19 response programme for the next 18-24 months.

We will develop additional local testing capacity to ensure that outbreak management testing is available to the full range of residential settings. Work is underway to expand the scope of the Community Swabbing Team's service to support this, including swabbing high risk individuals who are unable to be tested in other settings and providing a training and support function to support residential staff to develop skills to deliver tests if needed.

In addition, local community testing for essential workers and residents will be developed through:

- Extending walk-in and drive through capacity at the existing Alexandra Park testing site to non-hospital staff (e.g. other essential workers and residents) **(short term)**
- Establishing a network of community testing 'mobile outreach' that can provide reactive testing to targeted settings and groups of individuals, including the Community Swabbing Team **(medium term)**
- Developing a 'business as usual' locally-managed testing network (including community testing 'mobile outreach') to provide testing kits, information and advice, training to a range of health, care and other services to enable them to deliver reactive testing as required **(long term)**

Delivery will require access to additional resources, including: testing kits and laboratory capacity to process tests, a case management IT system, Community Swabbing Team staffing capacity, payments to providers to carry out testing on an activity basis, a courier service for test kits, hire and running costs for short-term testing sites

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We will consider what approach is needed on access to testing as part of outbreak prevention and management in other settings (e.g. essential businesses), including how businesses could support this for their staff.

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#### Theme 4 – Contact tracing in complex settings

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##### Where are we now?

The UK Government launched the National Test and Trace service as part of an integrated Test, Trace, Contain and Enable (TTCE) approach to COVID-19. The aim of the national service is to reduce the national  $R_e$  number to below 1.0, save lives and allow safe release from lockdown. The national capacity around contact tracing consists of teams of national call handlers (Level 3) and professional contact tracers employed via NHS Professionals (Level 2). More complex issues will be escalated to local areas (Level 1).

Cases that involve added complexity, high risk settings or people who are more vulnerable will be managed with more bespoke support at a local level (Level 1). To enable this across GM, a Contact Tracing Hub has been established to bring additional contact tracing capacity as well as expertise from the Health Protection Team in Public Health England into the system. The GM hub acts as Level 1 in Greater Manchester and will be an interface for those complex cases passed through by the national service.

As part of this system, a Manchester Contact Tracing Team, with a dedicated Single Point of Contact (SPOC) has been established to manage Level 1 cases where input is required from the local authority. The Manchester Contact Tracing Team has three functions:

1. Complex contact tracing
2. Supporting individuals to self-isolate
3. Managing high consequence situations

Manchester's virtual contact tracing team has been mobilised from across MCC and MLCO, drawing in expertise from a range of settings, including Population Health, Environmental Health Team, MLCO's Central Coordination Team and CICT. The team is in place and responding to cases both escalated by the GM Hub and cases that are notified locally - these might include high risk settings that are made aware of a positive case and reach the attention of a locality before coming through the national test and trace service.

The capacity of the virtual team is flexible and will respond to changing demand for complex contact tracing and consequence management. For example, within the Environmental Health Team, a number of staff have been trained who will support cases whilst also working on other core business issues depending on demand. The MLCO team has responsibility for coordinating all aspects of our local response and a mixed staff team of eight whole time equivalent staff are available. CICT supports proactive infection prevention and consequence management as part of their core function.

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Strategic and programme leadership and support to local contact tracing is being provided by a Consultant in Public Health, Programme Lead and Project Manager. We also have access to expertise in sexual health contact tracing from a GM commissioned service based within MFT.

The team is currently dealing with a small number of cases which are of high complexity. The diagram below summarises the current team structure.

### Manchester Virtual Contact Tracing Team

#### Manchester Local Care Organisation staff:

WTE 1 manager  
WTE 1 deputy  
WTE 2.6 nurses  
WTE 2.6 Telephone advisors  
0.7 office manager

This team is co-ordinating our local Contact Tracing work. Team has expertise in complex contact tracing.

#### Community Infection Control Team

Existing team providing support to contact tracing and consequence management. IPC control nurse capacity is currently stretched locally and we are working to increase nursing capacity

GM sexual health service (MFT will support the team with specific expertise working across GM as required)

#### Environmental Health - Food, Health and Safety and Airport Team

1 Principal Environmental Health Officer  
6 EHO/EHP staff have been trained to date re: COVID-19 contact tracing and consequence management. The decision whether to train extra staff is constantly under review dependent on workloads.  
EHO capacity will need to be reviewed from July as lockdown eases and other work increases. It may be that the team can continue to provide support primarily re; consequence management/outbreak situations (with some contact tracing), but will also deal with other issues - so will dip in and out of this workstream if needed. Dependent on workload - other staff within Regulatory Services could be trained to help with the response.

#### Public Health Team

1 Consultant in Public Health  
1 Public Health Programme Lead  
1 Public Health Project Manager

### What is working well?

Using population intelligence, we have identified the following complex groups in Manchester:

- Complex settings: special schools, homeless accommodation, domestic violence refuges, day centre provision, supported living sites
- Complex cohorts: People sleeping rough, asylum seekers and people with no recourse to public funds (NRPF), sex workers, traveller communities
- Complex individuals and households: people with a learning disability, with diagnosed mental illness, people sleeping rough, victims of domestic violence and abuse, carers and young carers, sex workers, people with drug and alcohol misuse issues

We are working closely with stakeholders across the public, voluntary and community sector to build a multi-agency support network for contact tracing. This will be highly valuable where an index case may not have a fixed address and their whereabouts are unknown (e.g. people sleeping rough in the city

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centre) or where people may be reluctant to disclose contacts or there may be a risk to doing so, for example victims of domestic violence or sex workers.

We have prepared guidance for contact tracers to signpost to support on offer across the City, including:

- The Manchester City Council COVID Helpline, for deliveries of food parcels and medicine and support with fuel bills and social support
- Mental health and wellbeing support, including Every Mind Matters and guides written for LGBT people
- The Greater Manchester Bereavement Service
- Advice for older and vulnerable people on health and dietary needs, staying active and signposting to VCSE groups offering phone friendships and virtual social clubs
- Support available for children and families, including parents of children with SEND, counselling and emotional wellbeing support and support for those who are at risk of suicide
- Physical wellbeing guidance, including strength and balance exercises and eating well while at home.

All contact tracers have been prompted to complete a 20-minute suicide prevention awareness course, which aims to increase levels of confidence in talking about suicide and increasing awareness in what to listen out for when speaking to contacts.

We are working closely with colleagues leading the humanitarian support offer in the City to ensure the needs of people who are self-isolating are being met, while simultaneously reviewing the sustainability and demand on the support itself.

#### **What are our next steps?**

We will continue to build an ethos of learning and sharing across the virtual contact tracing team and will establish a weekly learning group to share lessons and build on learning from cases. We will convene a Complex Contact Tracing Review Panel to escalate cases that require additional input.

We will provide suitable technology to the contact tracing team to enable them to call contacts from a single direct number; this will support consistency across the team. We will procure and implement a clinical IT system to support contact tracing. We will monitor demand over time and review the



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capacity of the local contact tracing team. Additional staffing resources may be required.

We will work towards implementing an integrated case management system across testing, infection control and contact tracing; an interim measure will be introduced that will be replaced by an integrated system once developed (this may include the system being developed by GM)

We will use the expertise of environmental health when carrying out contact tracing in large employers of essential services e.g. large food manufacturer, hospital caterer.

## Theme 5 – Data integration

### Where are we now?

Responding to COVID-19 requires integration of multi-source data to support local decision making. There is a collective need to have access to the right data (local and from the national system) to enable the other 6 themes and prevent outbreaks. Nationally a continuous data capture and information loop at each stage of Test and Trace is envisaged, and we are working towards integrating data locally to enable and support the national system.

As an integrated Health and Care system in Manchester, collaboration across teams and organisations has already been implemented and has been an integral part of the COVID-19 response from the earliest stages. This integration is now being expanded further to support outbreak response, for example with the creation of a virtual team to manage contact tracing locally where this is better served by local contact tracing teams (e.g. more complex cases).

Having a virtual team working across different systems is complex but has the benefit of being able to deal with outbreaks at scale across multiple locations and facility types simultaneously. Communication and accurate data integration is key to facilitate this working well, as are shared policies and procedures.

Data on outbreaks in care homes is being managed and shared across Manchester – the data is gathered by the Performance and Quality Improvement Team (PQI) in MHCC, actions are taken by the Community Infection Control Team (CICT), and outputs are reported through the Tableau portal and a weekly report on care home outbreaks for the Executive Member for Adult Health and Wellbeing.

Data on community testing (for example in care homes) is gathered via the Test and Trace Coordination Hub and reported in the same weekly outbreaks report.

Data on Pillar 2 testing has been slow to materialise, however there is now a Tableau dashboard available via the Manchester Tableau portal which means activity for testing can be viewed across the 10 local authorities in Greater Manchester. The data provides a limited picture as at the moment it is not broken down in enough detail to provide a comprehensive picture of who has been tested in Manchester.

Initially, the Test and Trace Coordination Hub was able to manage employee referrals on behalf of organisations; the majority of organisations now access the employer portal themselves, with a small number using the Hub's Contact Centre.

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Testing for Manchester University NHS Foundation Trust staff has been delivered locally.

All data that is available is incorporated into a report that is received by the Testing Steering Group which meets every two weeks.

Contact Tracing will be primarily undertaken by the national and GM contact tracing teams, with more complex contact tracing being undertaken by a virtual team across MLCO, MCC and MHCC. Teams are working towards using existing IT systems for case management as an interim measure in the absence of a working GM level system, which is in development. Processes to enable secure information sharing across the virtual team are being finalised.

Key tools to support management of local outbreaks have been developed and will continue to be refined and added to. Data and intelligence linked to COVID-19 is available from the Manchester Health and Care Commissioning Tableau [portal](#). This includes data from at risk populations, confirmed cases, deaths, testing, outbreaks, and service utilisation. Teams across MHCC, MLCO and MCC have contributed to the data within this resource. Some of the dashboards require a Tableau account and password which can be requested via the portal landing page for those with a strategic or operational need to see this data.

#### **What is working well?**

Teamwork and communication across the virtual contact tracing team has been exemplary. The team has been able to mobilise at pace with little guidance from the national system in the early stages of the programme. Specialist expertise has been sought to facilitate the collection and recording of data and information, and to ensure data is handled in accordance with GDPR and data protection legislation.

Contact tracing and consequence management have been integrated into outbreak response prior to the national system going live, helping to bring outbreaks under control quickly.

Members of the Population Health Knowledge and Intelligence Team have been working as an integral part of the testing and contact tracing teams, which has added a data analysis and intelligence perspective to the work of the teams and has enabled a speedier response to requests for data analysis and product development.

An example of the contribution of the Population Health Knowledge and Intelligence Team is in the production of a proforma for contact tracing data collection, to standardise the information recorded by the virtual team working across different systems and ensure a smooth transition to an integrated case management platform. This supports the contact tracing programme and

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wider work on measuring inequality in relation to COVID-19.

Having an integrated data portal across organisations has enabled strategic data and information to be accessible and encouraged teams to work together on delivery of data projects, reducing duplication of effort. There is evidence that data is being accessed regularly and is therefore useful to teams for planning and operational delivery of the COVID-19 response.

#### **What are our next steps?**

A technological solution to case management for testing and contact tracing is required (see above). The cost of this is as yet unclear. This would ensure each part of the system that is supporting testing/tracing/outbreak management has the technology to do this.

A case management system for the Community Infection Control Team is required to enable improvements to case management across the Test, Trace and Isolate programme. This may need to be procured at a cost to the project, or existing systems could be adapted and opened up to the team for which the additional cost may come from the licenses needed for staff.

Further dashboards will be developed to track and monitor local contact tracing and will be linked to any outputs required for reporting back to Greater Manchester or the national track and trace system.

Evidence and research in relation to COVID-19 is developing at pace and a coordinated approach to accessing high quality research findings is under consideration.

Data sharing and data consent policies and procedures regarding contact tracing and consequence management are in the process of being finalised. A data sharing agreement document from Public Health England has been developed, to enable sharing with Local Authorities. As part of the information governance process there are a number of requirements on our part. This is so that PHE is able to demonstrate its compliance with Information Governance, including compliance with GDPR and Caldicott. Initial comments have been made by our Information Governance Team in relation to the Data Sharing Contract and we are soon to confirm in writing that the Local Authority is compliant with each of the above requirements.

An information flow diagram for contact tracing has been drafted, which now needs to be circulated for comment before being signed off via the appropriate channels in the governance structure.

An integrated data early warning system is in development to be able to trigger escalation in the event that data indicates a potential second wave of infection. This will involve adapting existing reporting mechanisms rather than

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development of an entirely new product and will be undertaken in close communication with a GM surveillance system which is also under development to ensure the two are complementary rather than overlapping.

## Theme 6 – High risk groups in the community

This section contains information on our approach to key high-risk groups in Manchester including older people, Black, Asian and minority ethnic groups (BAME), people experiencing homelessness, asylum seekers, and people with no recourse to public funds (NRPF) and those with existing co-morbidities.

### Older people in the community

#### Where are we now?

There have been a disproportionate number of deaths due to COVID-19 in people over the age of 70. As people get older, they experience increasing inequalities which are specifically linked to older age and ageing.

Older people (aged 70+) tell us that they have been treated as one homogeneous group and that not every older person needs to shield or feels vulnerable. For many older people the view is that age is not a risk factor in its own right unless underlying health conditions are attached. Older people tell us that they are upset to see a retreat to ageist language and attitudes that have pervaded all corners of society. They feel they are framed as vulnerable and in need.

We are seeing a considerable reduction in the uptake of psychological therapies across Manchester. Even during business as usual times the referral and uptake of these kinds of service is markedly lower for older people. The fear is that this will be reflected across other areas across health and care too. Ongoing issues resulting from loneliness, social isolation and anxiety about leaving home are exacerbating this for some.

36% of older residents are income deprived and 59% of older residents live in our most deprived neighbourhoods. In England only 7% of housing is accessible and 20% of homes in England occupied by older people fail the Government's basic standards of decency.

Access to transport is often cited as a key concern for many. This concern is heightened as older people are being told to avoid using public transport but rely upon it heavily to access health and care services, social networks and for shopping.

#### What is working well?

Manchester City Council's Community Hub response has the ability to reach

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many older people in need. Neighbourhood Groups have quickly responded to COVID-19 and adapted their focus, particularly focusing on the most vulnerable older people in their neighbourhoods. Neighbourhood models, including local neighbourhood networks and neighbourhood working arrangements have coordinated their effort. Creative ways of articulating older people's voice have been developed that can inform the city's response to the crisis.

A 'Stay Well at Home' campaign resulted in printed information being delivered to 16,000 households, overcoming the digital exclusion experienced by many older people.

The frequency of the older people's e bulletin has been increased, reaching many more people

#### **What are our next steps?**

We will continue to explore more effective and appropriate ways of communicating with older people, many of whom are more comfortable with phone calls and letters rather than texts.

We will ensure that communications with older people reflect the potential and contribution of older people in our communities. We will explore breaking this group down based upon particular circumstances where risk varies; for example, 'shielded & vulnerable', 'isolated' or 'worried and scared'.

In our development of local testing offers, we will take into account access to testing for older people, understanding that many may no longer feel confident driving or do not drive. We understand that a large number of older people are worried and scared about using public transport and taxi costs are considered prohibitive for many.

We will support local groups and communities to provide support to older people who are self-isolating.

We will remodel our approach to tackling health and other inequalities in later life to enable smaller groups and individuals to receive support and access activity and services closer to home.

We will apply an older people's focus on whole population services across design, delivery and commissioning stages that recognises that many older people's needs have changed and how we deliver services post COVID-19 will need to change.

We will expand our Ageing in Place Programme (AiPP) across all 13 neighbourhoods so that people are better supported to stay well in their own

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home and in their own neighbourhood.

We will enable older people that have no access to, or experience of using, IT to gain the means and skills to connect digitally to services and social networks so that they can access web-based and digital platforms.

We will support the financial inclusion of older people by supporting benefits maximisation and will support older people to move to a more cashless economy.

### Black, Asian and Minority Ethnic groups

#### Where are we now?

The recently published Public Health England (PHE) report confirms that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by COVID-19. On 16 June, PHE published a [report](#) summarising stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities alongside a rapid literature review. The report summarises requests for action from stakeholders and points to the areas where commitment, focus, and delivery at scale could make a significant difference in improving the lives and experiences of BAME communities.

#### What is working well?

MHCC have issued a staff COVID-19 Risk Assessment for use in primary care to support the ongoing management of employees who have relevant health conditions and staff that are deemed to be more at risk, such as those who identify as BAME. MCC, MLCO and MCC risk assess all staff, particularly those who may be at increased risk, including BAME staff. Schools have been provided with a template and guidance for undertaking individual assessments for BAME / vulnerable school staff.

#### What are our next steps?

We are in the process of establishing an 'Addressing Inequalities' group which will report into the COVID 19 Response Group. The aim of Manchester's 'Addressing Inequalities' workstream is to improve outcomes for communities that experience disproportionate direct and indirect adverse impacts of COVID-19. The group will have a specific focus on Manchester's BAME communities.

We will work to implement the recommendations of the PHE [report](#) on the impact of COVID-19 on BAME communities, including:

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- Collecting good quality ethnicity data in our COVID-19 testing and contact tracing hub
- Fund, develop and implement culturally competent COVID-19 education and prevention campaigns
- Carry out an equality impact assessment on our local COVID-19 provision
- Provide funding for meaningful approaches to tackling ethnic inequalities

### Homeless population

#### Where are we now?

As described in the [inequalities](#) and [high-risk settings](#) sections of this plan, Manchester has a large population of people experiencing homelessness. The MCC homelessness team estimates there are about 80 people sleeping rough on any one given night at present, and approximately 1400 single people are in emergency accommodation.

For the general population, those over the age of 70 are considered at increased risk. However, given average life expectancy for people sleeping rough is 44 for men and 42 for women, it is recommended that the age limit is reduced to 55 for homeless people to be considered at high risk for COVID-19.

Many people experiencing homelessness have chronic mental and physical conditions, engage in high rates of substance abuse (including sharing of needles), and have often less access to health care, all of which could lead to potential problems with testing, tracing, isolating and treating people who might have COVID-19.

A joint meeting was held with Public Health and Homeless Voluntary Sector providers to share information about contact tracing and to start to identify key issues that need to be reflected in a shared process for working in these settings. Voluntary Sector Providers agreed that they would keep track of people's friends as they entered their buildings in case the individuals themselves could not remember if asked in the future.

#### What is working well?

All services working with the homeless population follow current guidance around social distancing and infection control. Services have good access to PPE.



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A manager in the Outreach In reach Team, [Ros Wolfe](#), will act as a single contact for Contact Tracing for people that are rough sleeping.

Risk assessments will be shared with day centres for people sleeping rough to help them with their plans for ongoing safe service delivery.

Staff will ask people if they think someone looks unwell / has symptoms, so that any potential infection is caught as early as possible.

#### **What are our next steps?**

We will continue exploring the offer for people who are currently sleeping rough who may need to self-isolate, but where there is no appropriate facility for them to self-isolate in. Discussions are ongoing about whether a COVID Care facility is needed.

Within our local testing models, we will explore the potential of providing testing at homelessness service locations, to overcome some of the issues associated with testing via the national scheme for this population.

We will continue to develop policies and procedures to support contact tracing for this group.

## Asylum Seekers and Persons with No Recourse to Public Funds

#### **Where are we now?**

The Home Office have stated that they will embargo all positive decisions to relieve pressure on homeless services and to reduce the amount of population movement. This has meant that all asylum seekers are remaining in their dispersed accommodation. There will be a review of this decision at the end of June.

Due to the numbers of asylum seekers still arriving in the country, the decision not to evict people has created pressure on the asylum accommodation. A significant number of hotels have been opened around the country to manage the demand. One such hotel has been opened in the south of Manchester, accommodating up to 255 people, both small numbers of families and a large number of single males.

Whilst COVID-19 remains a public health risk, local authorities will need to continue to provide accommodation when this is required, alongside identifying longer-term arrangements for those already in emergency accommodation. Despite multiple calls from local government and others for the temporary removal of the no recourse to public funds condition (NRPF) to enable all residents in need to access the support they require, there have

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been no changes to this immigration policy, or to the housing and benefit eligibility rules. The Government has recently confirmed that ‘the legal position on those with no recourse to public funds has not changed’. The Government has not provided any further guidance to local authorities with regards to how they can achieve sustainable long-term accommodation solutions for people who have been assisted as part of the public health response when no legal duties or powers are engaged to provide ongoing support.

Manchester has a Specialised NRPF Team equipped with providing appropriate support i.e. accommodation and subsistence for these groups should they become destitute.

#### **What is working well?**

Asylum Seekers Hotel Accommodation - Both primary care and public health have visited the hotel and are working closely with Serco and the Home Office to ensure people’s health needs are met. Environmental Health are working closely with the hotel and Serco to help to ensure that the hotel is being operated in a COVID-19 secure way.

The Manchester NRPF Team continues to respond to requests for financial assistance as a result of hardship due to COVID-19 (loss of employment, delay with getting papers from Home Office, disruption with oversea students getting their funding from oversea sponsors in cases etc) to prevent destitution which impacts on wellbeing of residents and resilience towards the risks of COVID-19.

Assessment to determine eligibility for interim financial support were carried out over the telephone, and required supporting documentation kept to minimum.

NRPF Contingency plan included providing monthly subsistence payments instead of weekly or fortnightly payments either directly into individuals bank accounts or post office vouchers for those without bank accounts. This helps to support the government social distancing policy, reduce contacts and helps residents to plan their essential shopping i.e. food.

In some cases, money for rent is paid directly to residents to appease their private landlords so as to prevent illegal eviction and street homelessness.

Manchester NRPF Team has provided additional hardship payment to residents who are in receipt of interim financial support to help with additional costs due to COVID-19.

Manchester NRPF Team has provided a one-off hardship payment to single homeless residents without benefits who are being accommodated under the Government ‘Bring In’ Scheme.

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Manchester NRPF Team carry out a weekly COVID-19 Safe & Well Checks on residents currently in receipt of interim financial support, this helps to quickly spot any potential COVID-19 issues and take steps to mitigate potential risks.

Those residents who are medium-high risk (i.e. clinically vulnerable or extremely clinically vulnerable) are provided with self-contained accommodation sourced from private providers.

The NRPF Team continues to advocate and negotiate with the Home Office on behalf of residents who are destitute for a positive decision on immigration matters.

#### What are our next steps?

Asylum Seekers Hotel Accommodation - The Environmental Health team will continue discussions with both the hotel and Serco regarding reviewing their risk assessments. The Public Health team will co-ordinate plans to respond to any outbreak within the hotel, including any contact tracing and outbreak consequence management work.

For people with NRPF, whilst accommodation and or subsistence is being provided on public health grounds, we will use this opportunity to work with individuals to identify and achieve sustainable step-down outcomes. We will work collaboratively and in partnership with the Home Office, Community Legal Services, and charity organisations, to organise support and explore how more sustainable outcomes may be achieved.

Due to COVID-19 pressures, additional funding is required to support to work of the NRPF team.

### Existing co-morbidities and shielded groups

#### Where are we now?

People with existing co-morbidities are more likely to die due to COVID-19. Nationally, between 31 March and 12 May, 5,873 (26%) people dying from COVID-19 suffered from either type 1 or type 2 diabetes. This was the most common comorbidity found, followed by dementia (18%), serious breathing problems (15%) and chronic kidney disease (14%). One in ten (10%) suffered from ischaemic heart disease. After adjusting for region, population density, socio-demographic and household characteristics, mortality rates involving COVID-19 were 2.4 times higher for females and 1.9 times higher for males with an acute limiting long term illness compared with those who were not disabled.

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People classified as either high or moderate risk of developing complications from COVID-19 infection were asked to shield for 12 weeks from the start of the outbreak in March. There are over 21,000 people shielding who are registered with Manchester GP practices.

Neighbourhood	Shielding	Registered	% shielding
Ancoats, Clayton and Bradford	2,345	65,752	3.6%
Ardwick and Longsight	1,951	68,691	2.8%
Cheetham and Crumpsall	1,690	57,489	2.9%
Chorlton, Whalley Range and Fallowfield	1,586	57,659	2.8%
Didsbury, Burnage and Chorlton	1,289	43,816	2.9%
Fallowfield (Old Moat) and Withington	1,454	52,219	2.8%
Gorton and Levenshulme	1,876	53,063	3.5%
Higher Blackley, Harpurhey and Charlestown	1,858	47,556	3.9%
Miles Platting, Newton Heath, Moston and City Centre	1,795	56,300	3.2%
Moss Side, Hulme and Rusholme	1,510	83,805	1.8%
Wythenshawe (Baguley, Sharston, Woodhouse Park)	3,006	56,845	5.3%
Wythenshawe (Brooklands) and Northenden	1,253	28,916	4.3%
<b>Total</b>	<b>21,613</b>	<b>672,111</b>	<b>3.2%</b>

The table above shows shielded patients expressed as a percentage of the registered population.

Wythenshawe has both the highest number and (because the registered population is relatively small) the highest proportion of shielded patients in the city. This is likely to be a consequence of age and deprivation leading to a higher number of patients with long term conditions registered with general practices. We know that north east Manchester and Wythenshawe are the most deprived parts of the city but the population in Wythenshawe is generally older than that of east Manchester where the impact of regeneration has led to an influx of younger people to balance out the existing communities in those areas. In contrast, the population in Wythenshawe is more stable leading to more multi-generational deprivation.

Shielding can have negative impacts on psychological wellbeing and increase social isolation. Primary care anticipates increased referrals to self-help and counselling services.

The Shielded Patient List (SPL) remains dynamic, with regular guidance changes and patients being added and removed as clinically appropriate. Practices have in recent weeks seen larger numbers added to their SPL due

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### Local Prevention and Response Plan

to a national delay in the addition of hospital identified patients to GP SPLs. The National Shielding Team currently requires all GPs to continue to perform a clinical review of all additions to the SPL. If the clinical review indicates the person is actually low or moderate risk, then the appropriate code should be added following the guidance and the patient contacted to discuss they are no longer advised to shield.

#### What is working well?

GPs have followed 9-point guidance/actions to ensure shielded patients are reviewed and supported. Practices have been supported to continue long term conditions management and reviews. Planning for flu vaccinations has started earlier than usual to ensure maximum coverage of shielded groups.

#### What are our next steps?

The [guidance](#) on shielding is now changing. From 6 July, people who are shielding will be able to meet up outdoors, in a group, with up to five others and form 'support bubbles' with other households. From 1 August the government will be advising that shielding will be paused and replaced with strict social distancing. Plans on how we support our shielded patients through recovery are underway.

## Theme 7 – Local Boards

#### Where are we now?

Manchester's Health and Wellbeing Board, chaired by the Leader of the council, brings together NHS, public health, social care and children's services representatives, elected representatives and representatives from Health Watch Manchester to plan health and social care services for Manchester.

The COVID-19 Response Group (previously called Manchester Locality Planning Group, chaired by the Director of Public Health David Regan) had its Terms of Reference agreed by the Health and Wellbeing Board in March 2020. This group fulfils the functions of the "Borough Pandemic Co-ordinating Group" set out in the Greater Manchester Resilience Forum Pandemic Strategic Response Plan, reports to the GM Strategic Coordination Group (GMSCG) and links to NHS Incident Management Teams and the Council's Resilience Forum. This group fulfils the role of the COVID-19 Health Protection Board for the purpose of the Manchester COVID-19 Outbreak Response and Prevention Plan, having oversight of the plan and all the other existing workstreams to ensure benefits and interdependencies are realised. The COVID-19 Response Group reports to both the Community Cell and the Health and Wellbeing Board.

## Manchester COVID-19

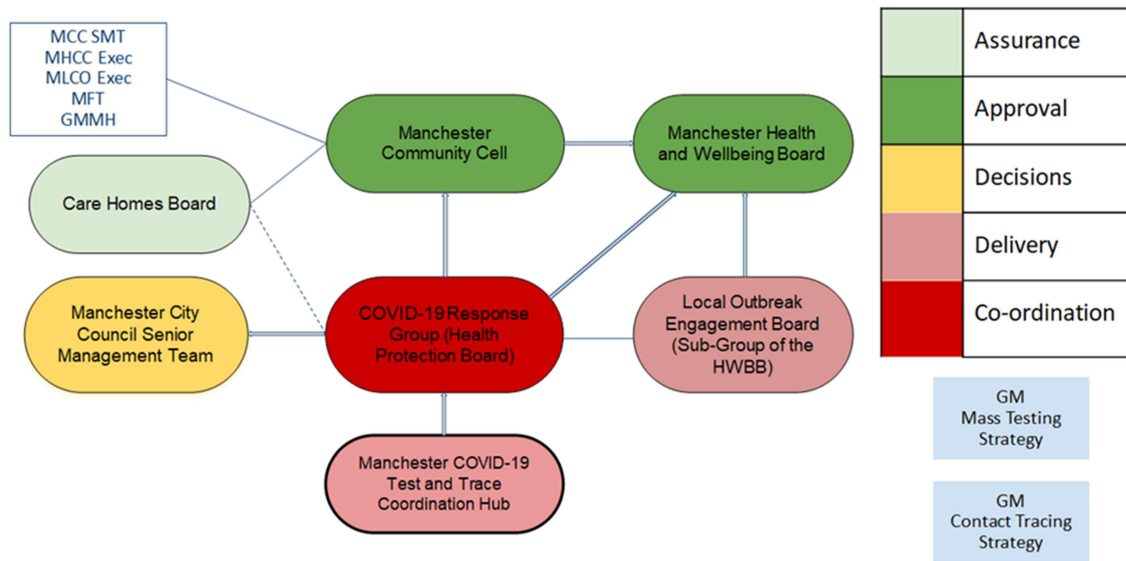
### Local Prevention and Response Plan

For complex consequence management decisions, Manchester City Council's Senior Management Team act as the Strategic Coordinating Group (Gold), enabling Manchester to move quickly using delegated powers of statutory officers. NHS Trusts, Greater Manchester Police (GMP) and MHCC/MLCO (primary care) have their own mechanisms to take the consequence management decisions that apply to them.

Forum	Information	Relationship to COVID-19 Response Group
COVID-19 Response Group	<ul style="list-style-type: none"> <li>• Chaired by DPH</li> <li>• Fulfils the role of the Health Protection Group for Test and Trace</li> <li>• Provides oversight on the COVID-19 Prevention and Response Plan (Outbreak Plan)</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Manchester Community Cell	<ul style="list-style-type: none"> <li>• Chaired by MHCC's CAO</li> <li>• Overall responsibility for the Community COVID-19 Response for the City of Manchester</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 Response Group reports directly into the Community Cell on its key workstreams, including Test and Trace</li> </ul>
Health & Wellbeing Board	<ul style="list-style-type: none"> <li>• Statutory Board of the Council (with MHCC membership)</li> <li>• Fulfils the role of the Local Outbreak Engagement Board by establishing a formal sub-committee.</li> <li>• Overall responsibility for the COVID-19 Prevention and Response Plan (Outbreak Plan)</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 Response Group will submit the COVID-19 Prevention and Response Plan (Outbreak Plan) to the Board for initial approval, as well as any subsequent proposed changes.</li> </ul>
Local Outbreak Engagement Board	<ul style="list-style-type: none"> <li>• Sub-Group of the Health &amp; Wellbeing Board, Chair by MCC's Executive Member for Adult Health and Wellbeing</li> <li>• Focus on communication and engagement with the general public, to develop local support to implementing the steps necessary to reduce the risk of spread of COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 Response Group will play an advisory role for the Group.</li> </ul>
MCC SMT	<ul style="list-style-type: none"> <li>• Manchester City Council's Senior Management Team.</li> <li>• Statutory Officers with delegated decision making powers.</li> </ul>	<ul style="list-style-type: none"> <li>• Acts as Gold Command for the COVID-19 Response Group.</li> <li>• COVID-19 Response Group to refer any consequence management decisions for approval by statutory officers, using their delegated powers where appropriate.</li> </ul>
COVID-19 Test & Trace Coordination Hub	<ul style="list-style-type: none"> <li>• Responsible for the oversight and implementation of the Test and Trace Programme Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Reports directly into the COVID-19 Response Group on the Test and Trace Programme.</li> </ul>

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The Manchester Test and Trace Coordination Hub currently has an existing Testing Steering Group, Tracing Steering Group and joint Test and Trace Operations Group.

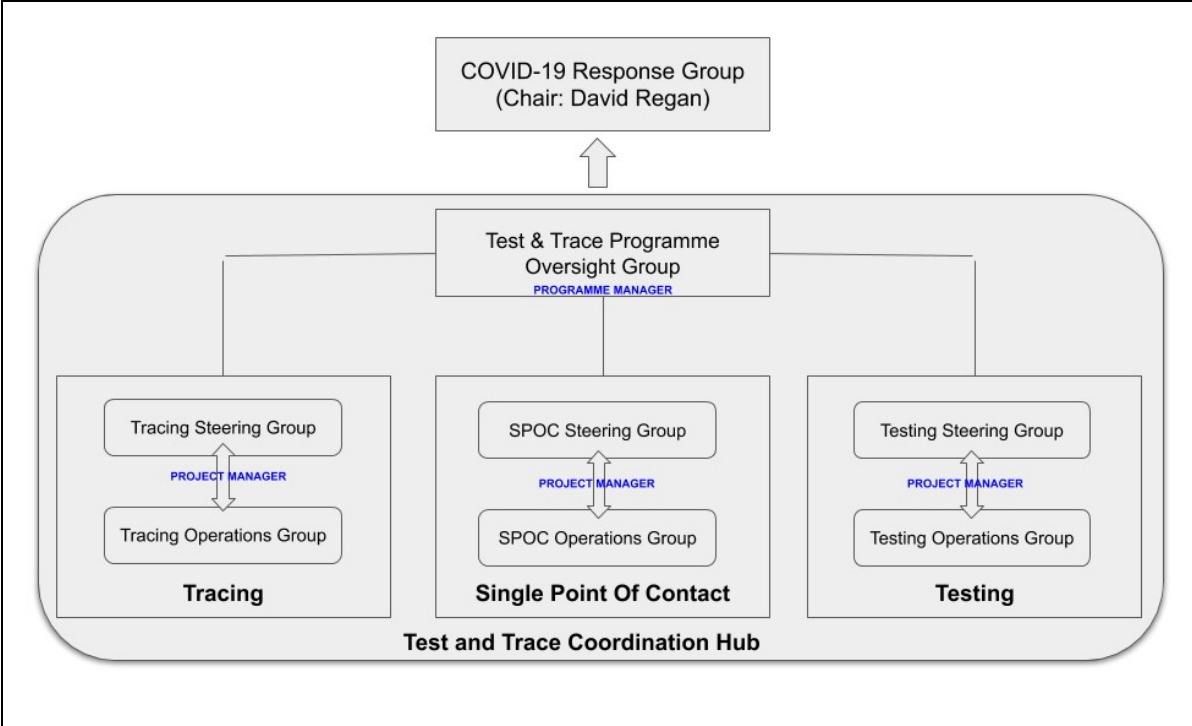
#### What are our next steps?

A member led Local Engagement and Communications Group will be established as a sub group of the Health and Wellbeing Board. This will be chaired by Cllr Craig (Executive Member for Adult Health and Wellbeing) with other Executive Members and a small number of officers and will be advised by the COVID-19 Response Group.

Following a review, the internal governance of the Manchester Test and Trace Coordination will be reformulated to include a Test and Trace Programme Oversight Group. This group will be responsible for the oversight and implementation of the Test and Trace Programme Plan and will report directly to the COVID-19 Response Group:

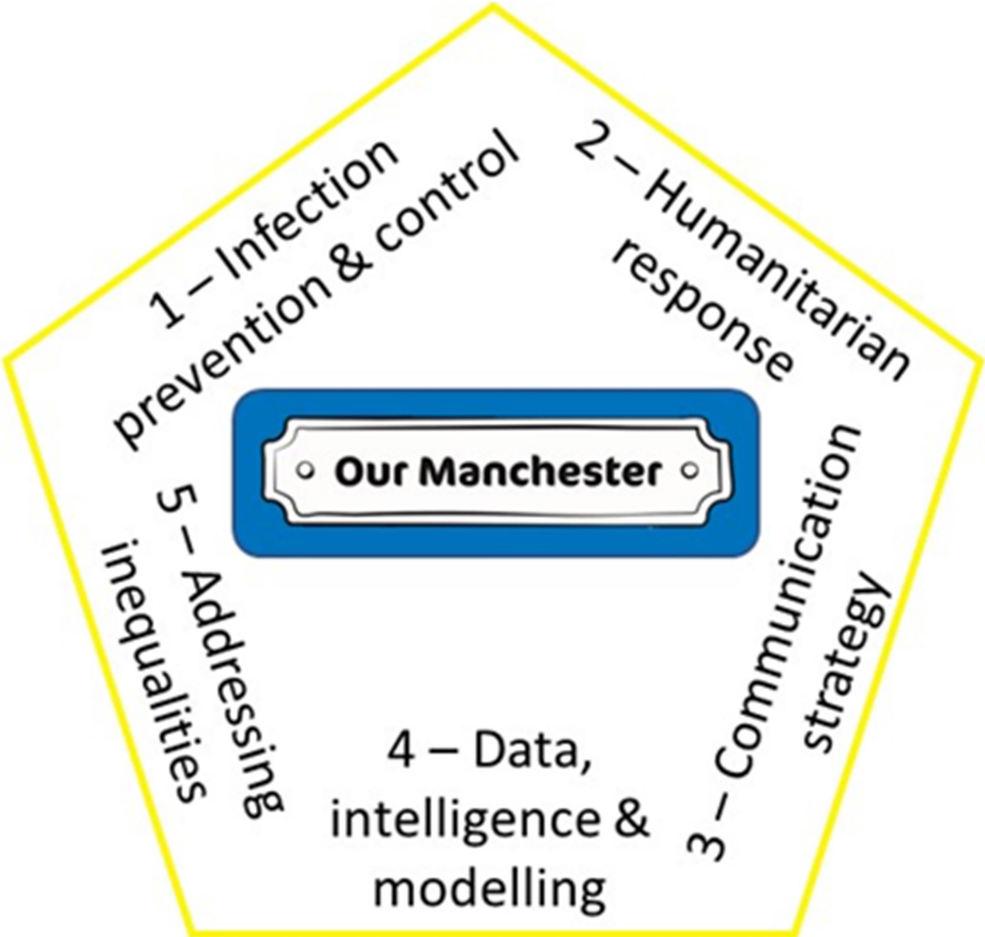
Manchester COVID-19

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# WORKSTREAMS



## Manchester COVID-19

### Local Prevention and Response Plan

## Workstream 1 – Infection Prevention and Control

[cict@manchester.gov.uk](mailto:cict@manchester.gov.uk)

[ppemutualaid@manchester.gov.uk](mailto:ppemutualaid@manchester.gov.uk)

### Where are we now?

#### Community Infection Control Team

The Community Infection Control Team (CICT) provide support and guidance to any Manchester facility that may be experiencing human borne disease issues, working closely with a wide range of partners to prevent the spread of infection.

CICT are currently solely working on COVID-19 related issues and are in high demand from numerous sectors to help plan a safe return to service delivery as part of the wider recovery work. The small existing team have been working with Education, Environmental Health and Health & Safety teams to provide practical, bespoke guidance for individual services and premises. This vital function is delivered alongside CICT's existing outbreak response work, which has increased exponentially during the crisis.

The core team consists of one Lead Nurse, one Specialist Nurse, one Specialist Dental Nurse and one Infection Control Officer (all 1 WTE). From the beginning of April, the team were provided with additional support from two Nurses from MHCC's Safeguarding Team & a Nurse based within the Test and Trace Coordination Hub, however some of these additional staff have returned to their substantive posts leaving only 1.2 WTE additional Nurse capacity; this provision will remain until the end of July.

During the crisis, wider Infection Prevention and Control (IPC) and Health Protection work has not been delivered, including mandatory health care acquired infection (HCAI) elements.

CICT are closely involved in managing COVID-specific updates and sharing guidance with care homes. They provide outbreak, case management and infection prevention and control advice to settings. They liaise with homes that have reported cases/outbreaks, undertaking risk assessment. This includes advice around cohorting and managing residents who are difficult to isolate.

The team arranges swabbing of settings via the PHE system or national care home portal, referring where appropriate to the Test and Trace Coordination Hub to facilitate testing by the Community Swabbing Team. The team also arrange sampling for other COVID-related symptoms.

CICT works closely with the Test and Trace Coordination Hub to ensure that results information and guidance on interpretation is clear and can be

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communicated to care homes, to ensure residents and staff are being cared for and that staff are working safely.

The team provide regular follow-up calls and advisory emails to care homes during any outbreaks to discuss management or support and help resolve issues. Settings have direct access to via email and team mobiles for advice.

CICT liaises daily with MHCC's PQI team to share relevant information and intelligence and to identify any issues that could affect homes. The team helps interpret complex and sometimes conflicting national and regional guidance for settings, enabling them to apply it correctly in practise.

The team is responsible for notifying PHE of any new cases or outbreaks (COVID and non-COVID), providing minimum data sets. They provide a daily summary of outbreaks to all partner organisations. They raise concerns regarding aspects of care impacted upon by COVID-19 and other infection prevention and control issues to other services as appropriate.

The team contribute to and provide infection prevention and control expert advice and training support for care homes around all aspects of outbreak management, as well as providing consequence management support and advice to settings. CICT is supporting other COVID-19 services such as the PPE Mutual Aid Hub.

#### **Environmental Health**

The Food, Health and Safety and Airport Team of Environmental Health deal amongst other matters with outbreaks and work closely with partners such as PHE, CICT, The Food Standards Agency, the Health and Safety Executive.

The team consists of 4 Managers, 12 EHO's, 3 Neighbourhood Officers, 1 Graduate EHO. 2 newly appointed EHOs are due to start within the next few weeks. The team also has an EHO working on an Agency basis.

In relation to outbreaks, the team will investigate potential sources and secure relevant improvements as appropriate where the local authority (LA) is the enforcing authority e.g. for food safety, health and safety, health protection. The team have Primary Authority partnerships with national companies and advise nationally on matters, including in relation to COVID-19. The team therefore has an enormous existing reach into businesses which will be used to support contact tracing in these settings.

During the current COVID-19 pandemic the team has been busy enforcing coronavirus legislation, regarding businesses that should be closed. Also helping to ensure that businesses that are open are operating in a COVID-19 secure way in relation to coronavirus controls. The team has been heavily involved in supporting the community food provision response and has produced various sets of guidance in relation to e.g. volunteer shoppers doing

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this in a safe way, guidance for food banks etc. Members of the team are part of the Manchester City Council Virtual Contact Tracing Team.

#### **PPE Mutual Aid Hub**

The Mutual Aid Hub co-ordinates the Manchester and Trafford locality response where there is a need for urgent supply of PPE in order to ensure continued delivery of care to individuals who are not in hospital in accordance with national guidance, including: primary care; nursing, residential, home care, specialist placements, supported living and those in receipt of direct payments or personal health budgets; Local Authority services; VCSE and any other health and care or related service provider who has a need for PPE under national guidance

The Hub is led by Population Health but has operational and strategic support from Manchester and Trafford PMO, audit and procurement colleagues. PPE is stored and delivered from an established base at New Smithfield Market in Openshaw. PPE is ordered via a central route and delivered direct to providers with a rapid turnaround, usually the following working day.

A regional approach to PPE procurement is in the early stages of being development with GMCA, GMHSCP and the GM Local Authorities.

#### **What is working well?**

##### **Community Infection Control Team**

Excellent existing working relationships between CICT and care homes have been key in the support and management of cases and outbreaks. Settings are clear about the process for contacting the team to report any outbreaks; this has helped in early reporting of cases and given CICT the ability to provide early key infection prevention and control advice, management of cases advice and given settings access to the services of the Community Swabbing Teams.

Settings often contact the CICT for general support or if they are not sure where else to go for information. CICT staff have provided emotional support and a listening ear for care home managers, who might feel that they cannot share feelings of distress with their staff.

Excellent working relationships with other partners and teams have helped to provide a responsive service for care homes. Work Groups have benefited from CICT's contribution in interpreting and clarifying guidance.

As the pandemic has progressed CICT have been responsive in their approach, adapting and developing new documents and tools to enable the team to work smartly and efficiently. Team members have quickly upskilled and developed and worked above their usual grade and in areas which may

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not have previously been within their remit. New staff from other services have been redeployed to the team and have been effectively utilised to ensure a more robust service.

CICT have worked proactively, for example creating a questionnaire for care homes to ensure that all have had some contact. The questionnaire, and follow-up one-to-one discussions with care home managers, helped ensure that all settings have procedures and equipment in place to enable them to respond to any future cases and outbreaks. The team received messages of thanks from a number of homes who were grateful for the practical and emotional support.

#### **Environmental Health**

Throughout one of the most challenging periods that most staff will experience in their working life, staff have responded to challenges that they have faced in a remarkable way. Multi Agency working has worked really well both across the council and with external partners/agencies. Whilst dealing with all the extra requirements posed by COVID-19 - staff have also dealt with other workstreams including visits to premises when required where it is considered that there is a serious Public Health risk and a visit is necessary. Existing support networks have been valuable in relation to e.g. legal interpretation of new legislation, to ensure consistency of approach.

#### **PPE Mutual Aid Hub**

The PPE Hub has been effective in ensuring that emergency provision has been available across all sectors to ensure safe delivery of care. As of mid-June 2020, the Hub has delivered close to 4 million items of PPE and has been featured in the press, including BBC Northwest Tonight.

The Hub has developed robust PPE stock management and usage data, supporting both internal and regional intelligence in future stock requirements.

The Hub has also provided strategic and operational oversight into the supply of PPE specifically related to those outside of hospital in receipt of Aerosol Generating Procedures (AGPs) of which there are very high numbers in Manchester. This has involved extensive work in gathering patient data together with the coordination of staff training, fit testing of face masks and appropriate supply of specialist AGP PPE.

#### **What are our next steps?**

##### **Community Infection Control Team**

Work is underway to recruit part-time returning retired Nurses to work with CICT for a maximum of three months. They will require support to re-establish their knowledge in order to be able to work as part of this specialist team. Additional resources will help ensure that adequate and effective

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infection control and health protection provision can be provided to care homes and other settings and services.

Plans are underway to restructure CICT with more robust nursing & support staffing levels to meet the need of the new COVID-19 safety requirements and to re-establish the wider Infection Prevention & Control and Health Protection work which has not been delivered during the crisis. This will include the mandatory HCAI elements, which have not been delivered in the last 3 months.

The team will explore what post-COVID-19 infection prevention and control support might be required for staff caring for residents in high risk settings, including contributing to the development of training packages and training delivery to settings.

The team will be involved in Implementing a new electronic IPC audit programme for Nursing and Care homes and continue to contribute to contact tracing and the management of COVID-19 test results

CICT will contribute to planning around mass vaccination for COVID-19 when a vaccine is available.

The team will actively participate in research projects with care homes where required and will lead on the implementation in schools of PHEs 'ebug' virtual training programme.

#### **Environmental Health**

Will continue to build on the relationships built during the COVID-19 response and work to support the MCC virtual Test and Trace and consequence management team where possible. Staff within the Food, Health and Safety and Airport Team will become increasingly busy with other workstreams as society opens up again.

#### **PPE Mutual Aid Hub**

There is an established need for Local Authorities to supply emergency PPE until at least March 2021. Planning is underway and a business case in development to secure the relevant resources required to allow continued operation of the Hub to meet predicted demand.

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#### Workstream 2 – Humanitarian response

[covidsupport@manchester.gov.uk](mailto:covidsupport@manchester.gov.uk)

Community Response Helpline - 0800 234 6123

#### **Where are we now?**

A Community Response Helpline was established at the end of March with a freephone number and email facility for Manchester residents that allows them to access support including help with food, medicine, loneliness, getting online and fuel. The helpline is available to all residents in Manchester who need support as a result of COVID-19 and as of 13th June over 16,000 calls had been made to the helpline.

Letters were sent to all over 70s in receipt of council tax support or housing benefit informing them of the offer and a leaflet was provided with advice on how to stay well at home. Letters sent to the shielded group by GP included information about the support available via the helpline. Phone calls and visits are being made to those that are shielded and have not registered with the national website for support.

Teams around the Neighbourhood have been using data available to ensure that those who are known to services are receiving the right support. 'Safe and well' calls are being conducted and referrals have been made to existing neighbourhood services such as Be Well (social prescribing), Care Navigators, local VCSE support providers and mental health services.

#### **What is working well?**

The 'Team around the Neighbourhood' model is working well; this is a multi-agency approach delivered at a neighbourhood footprint, connecting people to local assets. The model is supported by a city-wide target operating model and framework.

An approach to sharing of data in relation to the shielded group and how they interact with other services has been tested successfully in one neighbourhood and is now being rolled out across the city. This approach helps to understand demand and identify individuals who would benefit from targeted support.

A food response system, including food banks, has been now established working with over 40 food providers to help support those who need it.

#### **What are our next steps?**

We will build on the Neighbourhood approach by connecting local testing and tracing into the neighbourhood model.

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We will continue to provide the helpline, with reduced hours to reflect reduced demand. Callers to the helpline will now be asked if they have been referred from the National Test and Trace Centre.

A key part of our response will be working in partnership with Manchester's 3500+ VCSE organisations to ensure our high risk communities are supported through the COVID-19 response and recovery. Manchester's VCSE organisations are very diverse: larger organisations have management capacity and more organised operating structures and so are progressing with risk assessment and putting measures in place. Smaller groups do not have this capacity and will need support in learning about and operating safely in this new environment.

Many groups have maintained remote support during the lockdown period but are now opening up for regular activities as well – particularly as the summer approaches and the school system shuts down again for the holidays. There are pressures on groups to maintain remote provision as well as physical provision, which will increase pressures on groups – as well as concerns about workforce burnout and long-term sustainability. Being mindful of these challenges, upskilling the alertness of VCSE organisations to risks in communities mobilises them as part of the city's response and outbreak management system.

Our approach therefore is to build on existing knowledge of issues such as first aid and safeguarding and add to established ways of working so that adopting good safe practice is a clear and practical set of messages. We will organise a series of briefings for VCSE organisations on:

- How to assess infection risk within their working environment
- How to minimise risk – what steps they can take
- VCSE workforce support
- How to call in / alert the public health system
- Key messages to share with communities
- Key contact numbers

As part of the wider plan we will engage with VCSE organisations as trusted community groups to help share key coms messages and myth busting within community networks. We have worked closely on provision of information in community languages and accessible formats about the humanitarian response and the MCC Hub and can build on this work. We will need to consider non-digital communications as feedback from VCSE groups shows significant digital exclusion (there is a citywide partnership developing work on this).



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## Workstream 3 – Communication Strategy

### Where are we now?

Currently we already have a communications and engagement strategy for COVID-19 Test and Trace work. This strategy will be developed to include and support outbreak response and the prevention plan.

Our strategy has its focus on Manchester, but also gives the national and Greater Manchester context for synergy and alignment of messages.

It takes each theme of work and breaks it down into key audiences - the public, staff and high risk settings, and people who may be more vulnerable - and calls for action, with a strong emphasis on cascading information through established and trusted community groups and voices.

We have also segmented audiences and channels so that we reach the right groups in the right way. In particular we have a rich and diverse multicultural make-up in Manchester, so we have worked with VCSE, community and engagement teams to make sure materials reach people in the right languages. This is particularly important for our Black, Asian and Ethnic Minority communities. We've also put channels in place so that we have versions of materials for people who may be deaf or partially sighted or have learning difficulties.

### What is working well?

Within all our communications messages we have put a strong emphasis on prevention - including looking after general physical and mental health. Messaging that has simplified lots of facts has worked well - along with a high visibility of our Director of Public Health via short films and Q and A sessions which have been shared across many sectors - and bring transparency and relatable content to our audiences. For example, a question and answer session with David Regan in the Manchester Evening News was the second highest read article over the course of one weekend on the MEN news site.

Integrating public health into all aspects of communications has also been received well. For example, our Welcome Back Manchester campaign, at the start of easing on lockdown on June 15 had public health messages about staying safe and looking after one another at its core. This also included messages around mental health, while still giving a warm and friendly welcome as the city came out of lockdown very gradually.

### What are our next steps?

We have joined the Greater Manchester communications meetings on both

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test and trace and also outbreak plans. This has allowed us for example to make a recommendation or ask for a bank of materials that all localities can use in the top required languages.

We are now also compiling a piece of work to map all groups who need to be involved in Manchester's work along with the channels and ways to reach them.

We will maintain our stance of doing what is right for our particular audiences and their needs - bearing in mind the insight behind our population health characteristics and the partnerships we already have in place through the city's locality plan.

We will also continue to place both health and social care within all the plans for the city's eventual recovery.

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## Workstream 4 – Data, Intelligence and Modelling

### Where are we now?

Data and intelligence linked to COVID-19 is available from the Manchester Health and Care Commissioning Tableau [portal](#). This includes data from at risk populations, confirmed cases, deaths, testing, outbreaks, and service utilisation. Teams across MHCC, MLCO and MCC have contributed to the data within this resource. Some of the dashboards require a Tableau account and password which can be requested via the portal landing page for those with a strategic or operational need to see this data.

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 for the Executive Member for Adult Health and Wellbeing.

Data on outbreaks is reported on a weekly basis to monitor changes in the spread of infection across commissioned services settings such as care homes.

In the early stages of the pandemic, modelling of the potential spread of the infection in a “worst case scenario” was undertaken for Manchester to enable planning of services and responses.

Modelled estimates for local contact tracing activity have been calculated to assist in planning and ensure adequate staffing provision.

A local model of the volume of positive cases where access to testing via the existing routes may not be feasible has been calculated. This strengthens the business case for continuing to offer community testing and is one part of the plan to control the spread of the infection going forward.

### What is working well?

Data and information has been made available and is being accessed regularly to inform our response and plan prevention work.

Members of the Population Health Knowledge and Intelligence Team have been working as integral parts of the Test and Trace Programme, providing expert advice and support as required.

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While models have proven to be inaccurate, they have proven to be useful. As this is a new and complex infection, the world has lacked enough detailed research findings to be able to construct accurate models. Despite this, models have enabled us to plan locally for much larger levels of infection than we have seen – we have mobilised services in response to this and would be able to mobilise again in the event of a second wave of infection.

#### **What are our next steps?**

Next steps include development of a local COVID-19 surveillance system to monitor the transmission of disease and identify the early signs of future waves of the pandemic in Manchester. This will need to build on existing dashboards and data flows that have already been established. The output needs to be a system-wide 'early warning system' and dashboard using data from MHCC, MCC and the MLCO. This will likely involve repurposing and re-visualising existing data to meet these requirements.

Further dashboards will be developed to track and monitor local contact tracing once the system is up and running, and will be linked to any outputs required for reporting back to Greater Manchester or the national track and trace system.

We are also working to finalise data sharing and data consent policies and procedures regarding contact tracing and consequence management.

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## Workstream 5 – Addressing Inequalities

### Where are we now?

As outlined in the [needs assessment](#), we recognise there are a number of population groups or communities that are known to have experienced a disproportionate impact from COVID-19. An effective approach to preventing the spread of COVID-19 requires a specific focus on the differential impact on different groups and communities.

We are in the process of establishing an 'Addressing Inequalities' group which will report into the COVID 19 Response Group. The aim of Manchester's 'Addressing Inequalities' workstream is to improve outcomes for communities that experience disproportionate direct and indirect adverse impacts of COVID-19. The group will work to work systematically provide review, guidance and assurance that COVID-19 response and recovery:

- Addresses existing inequalities
- Addresses potential to amplify inequalities through our COVID response
- Addresses potential to amplify inequalities through our COVID recovery plans
- Acts to leverage a reduction in existing and future inequalities

The framework for this group will relate to the 7 themes outlined in the Manchester COVID-19 Local Prevention and Response Plan. A high-level equality impact assessment has been prepared for the contact tracing however detailed equality analysis will be completed for testing and tracing and other workstreams.

### What are our next steps?

The initial plan for the group is to focus on reducing morbidity and mortality from COVID-19. It is anticipated that this will lay foundations for addressing broader/indirect impacts later on. This work will be delivered in conjunction with the MHCC operational plan which aims to harness positive social change, undertake risk assessments and processes to reduce health inequalities and outcomes arising as additional impacts of COVID-19.

The resource implications for this work have not yet been scoped, but are likely to link to the follow themes and workstream:

- Community engagement – theme 6 high risk groups
- Hyperlocal testing capacity – theme 3 local testing capacity
- Support for contact tracing – theme 4 contact tracing in complex settings
- Enhanced support for communities – theme 2 humanitarian response
- Local intelligence to direct resources – workstream 4 data, intelligence,

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- modelling
- Culturally appropriate messages – workstream 3 communication

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### Resource Implications

Local authorities across England have been allocated a share of £300m to support the joint work between NHS Test and Trace, local government, and local partners to stop the spread of the virus. Manchester has received £4.8 million to support the delivery of the local Test and Trace work.

This plan describes essential work that needs to be funded as well as work that will or may be needed over the next 2 years to respond to COVID-19 locally. We recognise that we need to be prepared for a second or more waves of COVID-19 that would significantly impact on local capacity.

There are ongoing discussions to finalise the budget required. Approximately £2.2m has been allocated to staffing to increase capacity in our Manchester Test and Trace team, establish a local Contact Tracing Team (MCC Environmental Health Officers, MLCO Contact Tracing Team), increase capacity in our Community Infection Control Team and contribute to the GM Contact Tracing Team.

The initial staffing costs are summarised below. As stated above it is likely that this resource will be required for a two year period.

Contribution to GM contract Tracing Hub	£287,089
CICT team	£334,000
Manchester test and trace team	£1,509,059
Recovery	£72,000
<b>Total funding allocated</b>	<b>£2,202,148</b>

It is anticipated that the remaining funding will be required in full to cover the additional costs associated with testing, data and intelligence and other areas required to support an effective local COVID-19 response. Work is being carried out to finalise the Resourcing Plan. Key funding areas are summarised below:

<p><b>Testing</b></p> <ul style="list-style-type: none"> <li>● Pillar 1 testing kits</li> <li>● DHSC pilot for testing people who are homeless</li> <li>● Rolling programme of testing in care homes</li> <li>● Establishing hyperlocal testing sites</li> <li>● Local courier service for testing sites</li> <li>● Community swabbing team in high risk settings</li> </ul>	<p><b>Data and Intelligence</b></p> <ul style="list-style-type: none"> <li>● IT system for testing and tracing</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>● Community engagement work including VSCE contribution</li> <li>● Communications campaign</li> <li>● PPE</li> <li>● Training for settings</li> <li>● Possible COVID care facility</li> <li>● Additional funding for NRPF team</li> </ul>
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## Local Prevention and Response Plan

## Appendix 1 – Glossary of acronyms

ABEN	A Bed Every Night
ADPH	Association of Directors of Public Health
AiPP	Ageing in Place Programme
BAME	Black, Asian and Minority Ethnic
CICT	Community infection control team
COVID-19	Disease resulting from infection with the SARS-CoV-2 virus
CQC	Care Quality Commission
DHSC	Department of Health and Social Care
DOS	Directory of services
EHCP	Education, Health and Care plans
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
GMHSCP	Greater Manchester Health and Social Care Partnership
GMP	Greater Manchester Police
GMSCG	GM Strategic Co-ordination Group
HCAI	Healthcare acquired infection
LSOA	Lower Layer Super Output Area
MCC	Manchester City Council
MFT	Manchester Foundation NHS Trust
MHCC	Manchester Health and Care Commissioning
MLCO	Manchester Local Care Organisation
NHSE	NHS England
NRPF	No recourse to public funds
PCN	Primary Care Network



## Manchester COVID-19

## Local Prevention and Response Plan

PHE	Public Health England
PPE	Personal protective equipment
PQI	Performance and quality improvement
R <sub>0</sub>	Basic reproductive number
RAG	Red-Amber-Green
R <sub>e</sub>	Effective reproductive number
SAGE	Scientific Advisory Group for Emergencies
SARS-CoV-2	The virus which causes COVID-19
SEND	Special Educational Needs and Disability
SitRep	Situation report
SPOC	Single point of contact
TTCE	Test, Trace, Constrain and Enable
VCSE	Voluntary, community and social enterprise

## Manchester COVID-19

### Local Prevention and Response Plan

#### Appendix 2 – Mapping of themes to Greater Manchester Plan

<b>Greater Manchester Themes</b>	<b>Manchester Themes</b>
1 Care homes and schools	1 Children, young people and educational settings 2 High risk settings
2 High risk places, locations and communities	2 High risk settings 6 High risk groups in the community
3 Local testing capacity	same
4 Contact tracing in complex settings	same
5 Data integration	same
6 Vulnerable people	6 High risk groups in the community
7 Local boards	same