



Health Scrutiny Committee

Date: Tuesday, 6 October 2020

Time: 2.00 pm

Venue: Virtual meeting - webcast at:

https://manchester.public-i.tv/core/portal/webcast_interactive/485359

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

Advice to the Public

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

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 concluded.

Membership of the Health Scrutiny Committee

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

Supplementary Agenda

5. **COVID 19 update** 5 - 20
Report of the Director of Public Health
- In September the Committee received the Manchester COVID-19 10 Point Plan setting out the key actions that were to be progressed over September. The Plan is updated regularly and the latest version that will cover the Autumn/Winter period is attached and given the very distinct work required for schools, universities and care homes it is now a 12 Point Plan.
6. **Seasonal Flu Immunisation Programme 2020/21** 21 - 32
Report of the Director of Public Health, Manchester City Council and Dr Manisha Kumar, Medical Director, Manchester Health & Care Commissioning
- This report describes Manchester's Flu Programme for 2020/21 and outlines some of the key areas and challenges.

Further Information

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

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This supplementary agenda was issued on **Friday 2 October 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 Information

Report to: Health Scrutiny Committee – 6 October 2020

Subject: COVID-19 Update

Report of: Director of Public Health

Summary

In September the Committee received the Manchester COVID-19 10 Point Plan setting out the key actions that were to be progressed over September. The Plan is updated regularly and the latest version that will cover the Autumn/Winter period is attached and given the very distinct work required for schools, universities and care homes it is now a 12 Point Plan.

The Director of Public Health (DPH) will provide a summary presentation to the Committee on the latest data and intelligence in relation to COVID-19 and comparisons between Manchester, Greater Manchester and England. The DPH will also update the Committee on the very latest work with the Universities on the management of outbreaks in student accommodation settings.

Recommendations

The Committee are asked to note the report.

Wards Affected: All

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

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

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Name: Neil Bendel
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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.

Local Prevention and Response (Outbreak) Plan, Manchester Health Scrutiny Committee, 21 July 2020

Manchester's 12 Point COVID-19 Action Plan : Autumn 2020

(Version 1 - Produced 1st October 2020)

Introduction

This plan for Autumn 2020 is an integral part of the Manchester Prevention and Response Plan, endorsed by the Health and Wellbeing Board on 8th July 2020.

Following the announcement on Thursday 30th July of the new restrictions and the declaration on Sunday 2nd August of a major incident relating to Greater Manchester, the need for enhanced action is now fully understood.

The 12 point COVID-19 Action Plan mirrors the national and Greater Manchester approach with a focus on the following:

1. Data and intelligence (point number 1)
2. Testing (point number 2)
3. Contact tracing (point number 3)
4. Contain measures (points 4-12)

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

Councillor Bev Craig
Executive Member for Adult Health
and Wellbeing
Manchester City Council

Joanne Roney OBE
Chief Executive
Manchester City Council

David Regan
Director of Public Health
Manchester City Council

Fiona Worrall
Strategic Director Neighbourhoods
Manchester City Council

Katy Calvin-Thomas
Acting Chief Executive
Manchester Local Care Organisation

Ian Williamson
Chief Accountable Officer
Manchester Health and Care Commissioning

Sir Mike Deegan
Chief Executive
Manchester University NHS
Foundation Trust

Neil Thwaite
Chief Executive
Greater Manchester Mental Health Trust

Paul Savill
Chief Superintendent
GMP

The Manchester COVID-19 Response Group (Health Protection Board) is a multi-agency partnership that will oversee the implementation of this plan and key decisions will be escalated to Manchester Gold Control chaired by Joanne Roney, Chief Executive, Manchester City Council. For any further information about this plan please contact (d.regan@manchester.gov.uk).

1. Ensure that strategic and operational decisions in respect of COVID-19 are informed consistently by high quality data and intelligence

We have:

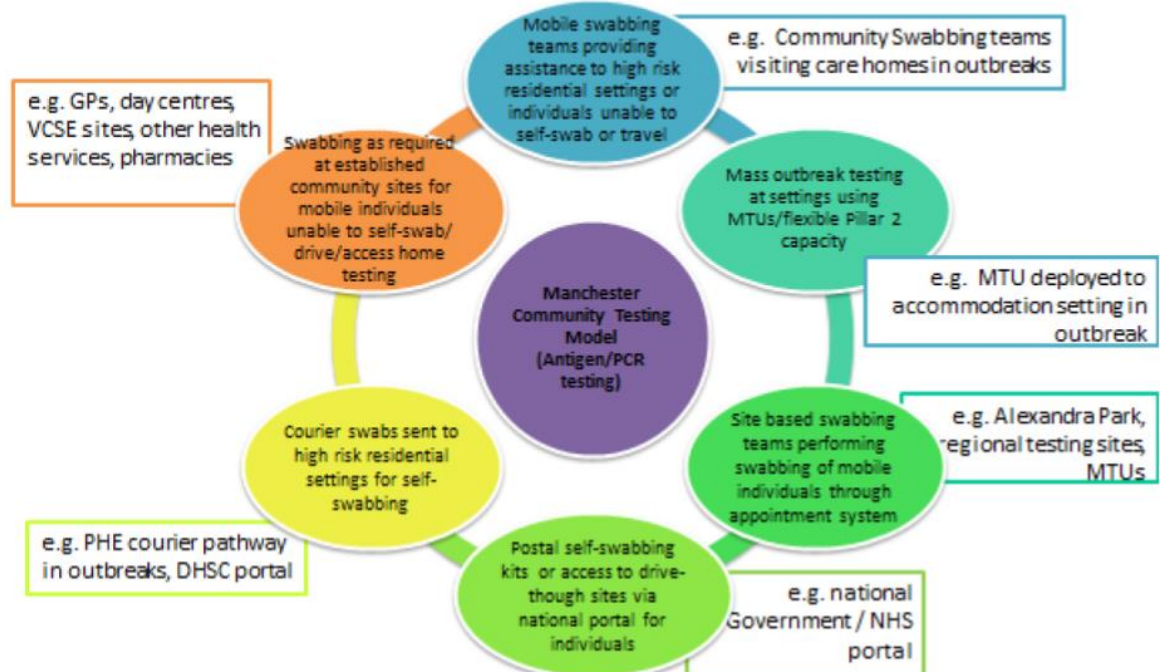
- Used the Manchester COVID-19 early warning dashboard and daily updates that include the incidence rate, positivity rate, testing rate, case data on age, ethnicity and geography (MOSAs and wards) to inform local action;
- Established the COVID-19 Public Health Strategy Group that meets twice a week to do a deep dive on all the epidemiology and intelligence;
- Produced a weekly update for the Manchester City Council website that is published alongside the Greater Manchester COVID-19 Dashboard every Wednesday.
- Undertaken an initial 'deep dive' analysis of new cases of COVID-19 in 18-29 year olds in order to understand better the epidemiology and geographical distribution of cases in this age group
- Updated the trend analysis of the geographical spread of cases to identify MSOA, LSOA and street/postcode based clusters that would indicate the need for more intense engagement activities (see point 4 below)
- Updated and expanded the COVID-19 Neighbourhood Profiles that we have developed in partnership with colleagues within the MHCC Business Intelligence Team and the Manchester City Council Performance Research and Intelligence (PRI) function.
- Undertaken further analysis of COVID-19 test data to understand better the current patterns of testing activity in the city, including variations in the rates of testing in different communities and areas of the city.

We will:

- Produce a series of deep dives to better understand the impact of COVID cases amongst different population cohorts (e.g. pupils and students)
- Continue to explore and make use of the individual record level data that is supplied by Public Health England in respect of laboratory test results, positive tests, confirmed cases and contract tracing activity.
- Support the work of the new GM Data Delivery Group and work with colleagues across the conurbation in order to share best practice, adopt common approaches and ensure that decisions are informed by a consistent and intelligence driven narrative.
- Explore behavioural insight research and evaluation to inform actions that enable people to follow COVID-19 guidance

Lead: Neil Bendel, Public Health Specialist (Health Intelligence)

2. Increase access to and uptake of testing



We have:

- Implemented most of the key components of the Manchester Community Testing Model described above;
- Increased testing uptake over the past few months despite the limitations in national testing laboratory capacity;
- Successfully deployed Mobile Testing Units (MTUs) at FC United and the Ukrainian Cultural Centre throughout August and September;
- Ensured that the recently limited capacity at the Etihad and Manchester Airport regional testing centres is utilised;
- Assessed the effectiveness of different approaches to managing workplace outbreaks by using Manchester Local Care Organisation (MLCO) Swabbing Team for a bakery outbreak and a MTU for an outbreak at a delivery office;
- Undertaken a thorough needs analysis on the best location of walk-in Local Testing Sites (LTS) across the city;
- Stood up five Local Testing Sites through a phased approach in collaboration with DHSC and Deloitte including:
 - Abraham Moss Leisure Centre, Crumpsall (indoor LTS)
 - Denmark Road Sports Hall, Moss Side (indoor LTS)
 - Central Retail Park, Ancoats (outdoor LTS)
 - Belle Vue Sports Village (outdoor LTS)
 - Brownley Road Car Park, Wythenshawe (outdoor LTS)

We will:

- Promote the use of home testing kits with key target groups who cannot access a regional or local testing site or who may find this route easier by directing them to gov.uk site or by phoning 119;
- Continue to use FC United (Moston) and the Ukrainian Cultural Centre (Cheetham) for MTUs and dates have been agreed for October;
- Further refine the approach to mass testing for non-healthcare settings during outbreaks based on lessons learnt from recent outbreaks including the appropriate use of MTUs;
- Continue to encourage employers of essential workers to register with the employer portal for testing employees who are self-isolating.
- Ensure pathways are in place for essential frontline health and care workers and designated teaching staff to have priority access to testing whilst demand is outstripping capacity and laboratory constraints limit slots available
- Further develop approaches to supporting high risk/vulnerable groups to book and access testing e.g. local support to access booking systems
- Continue to work with regional (Greater Manchester and North West) partners to advocate for increased testing capacity in high incidence areas (pillar 1 and pillar 2)
- Continue to reinforce messages and communications about when to get a test in order to manage demand and expectations for testing

Leads: Cordelle Mbeledogu (Consultant in Public Health Medicine), Sharon West (Population Health Programme Lead)

3. Increase capacity to respond to local outbreaks including infection control, contact tracing, environmental health and non specialist support

We have:

- Taken the lead role for all consequence management and contact tracing work with businesses that cover the hospitality sector as well as ongoing work with other employers including factories, offices, retail and public sector;
- Agreed to invest in additional capacity for Infection Control Nurses;
- Agreed to invest in additional capacity for Environmental Health (EH) given the scale of workplace outbreaks and the need to provide COVID secure advice to all employers.
- Strengthened the integrated response work between Environmental Health, Community Health Protection Team (Infection Control) and the Manchester Local Care Organisation as part of our branded Manchester Test and Trace Service which was launched on Friday 4th September. This service now has responsibility for making contact with all cases that the National NHS Test and Trace Service have not been able to reach within 24 hours ;
- Developed our understanding of outbreaks by geography and key demographics to be able to respond collectively in a flexible and targeted manner (see point 4

below) and monitored outbreak activity over time to be able to plan appropriate increases in capacity;

- Worked with Information Governance and Democratic Services to develop robust and secure arrangements for sharing of information to support the Manchester Local Enhanced Case Finding/Contact Tracing Service.

We will:

- Continue to collate all lessons learnt from outbreaks in various settings to inform ongoing service developments with a specific focus on care homes and other care settings in preparation for autumn/winter. Outbreak Control Team (OCT) meetings will always be held following significant outbreak in non care settings and actions recorded.
- Deliver more training sessions to enable organisations to independently manage lower risk and smaller outbreaks with support from non-specialist staff

Leads: Sarah Doran (Consultant in Public Health, Health Protection), Leasa Benson (Clinical Lead Health Protection- Community Infection Control Team), Sue Brown (Principal Environmental Health Officer), Diane Cordwell Manager (MLCO)

4. Develop and implement community engagement plans for targeted work in specific areas and with specific groups

We have:

- Delivered successful community engagement activities in Cheetham/Crumpsall, New Islington and Miles Platting, Moss Side, Ardwick and Levenshulme North, Longsight, Gorton, Fallowfield, Whalley Range and Chorlton up to 30th September. This involved:
 - MLCO and MCC Neighbourhood Teams;
 - Greater Manchester Police;
 - VCSE Providers;
 - Faith based organisations
 and comprised of face to face (socially distanced) door knocking conversations in streets with clusters of cases. This was supported by other conversations with local retailers, food establishments and the dissemination of printed and audio materials in different languages. Community conversations are continuing in this part of the city within key locations in the neighbourhood e.g. areas of high footfall.
- Established the COVID-19 Health Equity Group to ensure that we are able to reach and put in place appropriate engagement practices with those that are most at risk of contracting COVID-19. The group includes representatives from the VCSE, including Caribbean and African Health Network (CAHN), Black Health Agency, Breakthrough-UK (disability organisation) and the South Asian Community.

- Implemented the wider MLCO led Making Every Contact Count for all integrated neighbourhood teams in Manchester, mobilising front line staff e.g. district nurses and social workers to deliver COVID-19 prevention messages.
- Used the data and evidence available to put in place appropriate engagement mechanisms for the 17-29 year age group.
- Undertaken a partnership approach to engagement in district and local centres, reiterating the simple messages of “wear a mask, wash your hands, keep your distance, and stay at home and get a test if you have COVID-19 Symptoms”;
- Engaged with students and residents in the top 12 streets that have the highest concentrations of students in the Fallowfield/Withington to advise them of preventative messages (see point 10)

We will:

- Continue to implement the Targeted Community Engagement Grant for COVID-19 Health Equity to enable voluntary and community groups to support the work of COVID-19 Health Equity Manchester;
- Continue to monitor the data to understand other areas of, and communities within the city where enhanced engagement may be required
- Produce a weekly update of engagement activity under the remit of “Making Every Contact Count” which will capture all engagement activity for all areas of the city, for example, in the week ending 30th September the report highlighted activities that had taken place in Gorton and Levenshulme, Longsight, Ardwick, Whalley Range, Fallowfield, Chorlton and Moss Side

This programme of work will be reported back to the Member led Local Outbreak Engagement Sub Group chaired by Councillor Bev Craig, Executive Member for Adult Health and Wellbeing.

Leads: Shefali Kapoor (Head of Neighbourhoods), Val Bayliss-Brideaux (Head of Engagement, Manchester Health and Care Commissioning), Cordelle Mbeledogu (Consultant in Public Health Medicine), Mark Edwards (Chief Operating Officer, MLCO) and Sohail Munshi (Interim Deputy Chief Executive & Chief Medical Officer, MLCO)

5. Reinforce basic public health messages and amplify key communication messages in relation to the restrictions

We have:

- Delivered targeted and effective campaigns in advance of Eid, Pride, Caribbean Carnival and other events sustained with follow up messaging sustained throughout August and September;
- Designed and produced sets of materials that have been used as part of the community engagement work described under point 4 and these are used across target neighbourhoods and sectors in Manchester, the materials include:

- A printed leaflet with Easy Read -style icons that explains the key things to stay safe (washing hands, wiping surfaces, social distancing, signs of virus and how to get a test)
- A second leaflet for those homes where a home visit has not been possible outlining the six key GM restriction points
- The third piece is a digital version of the messages which has been translated into 13 different languages and produced as a jpg. and sent via email or WhatsApp to local communities
- Produced bespoke leaflets for care home staff and hospitality sector workers and managers;
- Boosted social media messaging in target 'hotspot' areas with concentrations of cases in addition to wider messaging;
- Worked with partners and local groups to ensure consistent messaging
- Enhanced media work to raise the profile of enforcement against licensed premises which are flouting the restrictions. This has included news releases on closures and a feature in which the Manchester Evening News (MEN) accompanied licensing compliance officers on patrol.
- Developed a joint campaign with universities targeted at students coming to Manchester, with supporting messages for residents in key areas
- Delivered supporting material for return to school
- Built on the materials described above and increase accessibility for all partners and VCSE groups to use them via the resource hub (www.manchester.gov.uk/resourcehub);
- Launch a new campaign with stronger messaging and images, reminding people in simple terms of the restrictions and their responsibilities as Manchester remains on the Government Watchlist;

We will continue to:

- Enhance the Greater Manchester and National COVID-19 campaigns with specific Manchester messages;
- Deliver specific communication campaigns in relation to events
- Support the Director of Public Health and Executive Member for Adult Health and Wellbeing with proactive media work in relation to Manchester outbreaks

This work on the 12 point plan will supplement the overall communications plan agreed as part of the COVID-19 outbreak communication strategy, signed off by the Member led Local Outbreak Engagement Sub Group of Health and Wellbeing Board.

Leads: Alun Ireland (Head of Strategic Communications), Penny Shannon (Communications Business Partner)

6. Work with and support the hospitality sector in responding to changing guidance and regulations when they are agreed

We have:

- Conducted joint operations between GMP and MCC Compliance and Enforcement Team targeting the hospitality sector in the city - this is happening on a weekly basis;
- Taken enforcement action on premises who are repeatedly not complying with advice including the use of directions to close premises in the worst cases - directions have been used a number of times in September 2020 and in addition prohibition and Improvement Notices have been used as part of a proportionate response.
- Taken action against individuals and households who have broken the law by organising parties/gatherings in residential areas
- Held virtual Q&A's with licensed premises and circulated, via business groups, a letter from the Director of Public Health to all licensed premises with advice, guidance and reference links
- Used regular social media comms as necessary when new regulations have been introduced.

We will:

- Continue with the joint GMP/MCC operations
- Take swift enforcement and preventative action (e.g. warn and inform) against businesses and households that do not comply with the restrictions and publicise intent to act;
- Strengthen capacity and involvement by other partners to increase the level of support for regulatory services;
- Ensure those businesses who are exemplars for COVID-19 secure working practices are recognised
- Use simple targeted comms, aimed at businesses and customers, using graphics, which clearly outline all the updated requirements they must follow. These are being pushed out through a range of channels and partners
- Provide a regular e-bulletin for licensed premises to directly target messages to licensed premises and ensure they receive all updated guidance and requirements quickly
- Ensure the most up to date guidance and reference links are on all the relevant council web pages.

Leads: Fiona Sharkey (Head of Compliance, Enforcement and Community Safety)

7. Continue to support residents and patients who are vulnerable and ensure health equity issues are addressed

We have:

- Worked together across organisations to ensure we are meeting the needs of people who are shielding
- Written to all patients who are shielding advising them about the new restrictions
- Maintained the SPL (shielded patient list) to ensure it is up-to-date and in line with updated guidance
- Followed up work on SPL with phone calls via primary care to all those in shielded group to understand support needs.
- Prioritised the care of the CEV in our Manchester Primary Care Standards, to ensure GP review of long-term conditions, mental health and flu immunisation for this group
- Developed a neighbourhood model of care coordination by teams around the neighbourhood for people who are shielding
- Communicated regularly with primary care to support the shielding process;

We will:

- Continue to support this group of residents and patients who are confused by the mixed messages relating to parts of Greater Manchester and the country as a whole
- Prepare joint health and council comms targeted at people who are on the revised list for shielding
- Plan and prepare to provide humanitarian support to those that are shielding should it be reinstated
- Focus on children who may have to shield to ensure coordinated holistic support is in place
- Work with partners on mental wellbeing offer for people who have been/are shielding
- Establish the Manchester COVID-19 Health Equity Group (see point 4)

Leads: Dr Manisha Kumar (Medical Director, Manchester Health and Care Commissioning), Shefali Kapoor (Head of Neighbourhoods), Cordelle Mbeledogu (Consultant in Public Health Medicine)

8. Provide advice to organisers of events that are planned for August and September

We have:

- Delivered a safe Eid programme, whilst acknowledging the levels of anger and dissatisfaction with the timing of the announcement on the 30th July, that included prayers in local mosques and their adjacent outside space rather than the annual Platt Fields Park gathering
- Successfully worked with residents and local members to redirect the local communities to the online Manchester Caribbean Carnival
- Successfully worked with organisers of Manchester Pride to provide Pride on Line and successfully diverted potential attendees from across the UK from attending the city through
- Worked with promoters of student freshers week events to limit the number of inappropriate/unauthorised events that took place

We will:

- Prepare for Autumn/Winter and review the events calendar, working with the organisations who deliver the events and the impact of any additional national and local restrictions.

Leads: Fiona Worrall (Strategic Director Neighbourhoods), Neil Fairlamb (Head of Parks, Leisure, Youth & Events)

9. Work collaboratively with Early Years settings, Schools and Colleges to ensure these settings remain open up to the Christmas break

We have:

- Strengthened the one team approach between the MCC Education Team, Public Health and Contact Tracing Team to document robust pathways for responding to notifications of cases linked to schools setting and ensuring timely flow of information between Manchester and the GM contact tracing hub;
- Produced a step by step guidance for schools on infection prevention and control including how to access support;
- Reviewed school risk assessments through the agreed process with MCC Health and Safety Team;
- Attended local Head Teacher meetings and meetings with the Unions to answer questions on infection prevention and control and the contact tracing process;
- Produced a Q&A guide for parents on COVID safety measures;
- Strengthened the test and trace service through the deployment of staff with education expertise to work with the Community Infection Control Team

We will:

- Continue to work with schools on the remote learning offer in the event of pupils being at home following an outbreak;
- Ensure regular communications with schools and other settings respond to their concerns;
- Complete a stock take in October half term to inform best practice and any changes required to the delivery of the Manchester Test and Trace Service for schools with a particular focus on access to testing.

Leads: Amanda Corcoran (Director of Education), Fiona Worrall (Strategic Director Neighbourhoods), Sarah Doran (Consultant in Public Health)

10. Work collaboratively with Universities on COVID secure arrangements for both on and off campus activities with a focus on outbreak management

We have:

- Agreed a plan of action with the Student Strategy Partnership;
- Convened a meeting of the four largest Greater Manchester Universities (University of Manchester, Manchester Metropolitan University, University of Salford, University of Bolton) to coordinate planning and communications for the month of September with a report received by the Greater Manchester Strategic Coordination Group on 1st September
- Agreed the Local Outbreak Response Plan including contact tracing with the two Manchester universities and ensured that students are aware that they need to register with local GPs and also give a local address;
- Opened the Denmark Road Local Testing Site, near to the Universities, to make it easier for students to get tested;
- Put in place daily multi agency tactical meetings (including GMP, Universities, MCC Neighbourhood Teams and Compliance) to review data and evidence in relation to breaches of restrictions and put in place relevant action;
- Implemented a proportionate Outbreak Control Team (OCT) response to deal with a significant increase in positive cases across a number of accommodation sites in the city

We will:

- Ensure all universities and accommodation providers have systems in place to support students to self isolate with humanitarian support where required;
- Continue to work with Manchester Student Homes, particularly in relation to Off Campus accommodation and engagement with landlords and the local community;
- Continue to work with independent accommodation providers in the city centre to ensure the Greater Manchester restrictions are understood in relation to household contacts and COVID secure arrangements for shared living spaces

- Undertake further engagement activity in areas of the city where there are high numbers of students living on private rented accommodation;
- Learn from the first phase of outbreak management incidents to inform the approach going forward

Leads: David Regan (Director of Public Health), Amanda Corcoran (Director of Education), Fiona Worrall (Strategic Director Neighbourhoods), Sarah Doran (Consultant in Public Health)

11. Build on the learning from the first wave to inform the Autumn/Winter planning for support to Care Homes

We have:

- Established the Manchester Strategic Care Homes Board, with full system representation across the City Council, MLCO, Manchester Health and Care Commissioning (MHCC), Manchester University NHS Foundation Trust (MFT) and Greater Manchester Mental Health NHS Foundation Trust (GMMH). As well as focusing on strategic objective setting we gather and provide assurance about the resilience of Care Homes with a particular focus on continuity of care.
- As part of the Board, we have developed a programme plan of support with 4 key focus areas:
 - i. Clinical Pathways
 - ii. Supporting the Workforce
 - iii. Managing Care and Supporting Providers
 - iv. Controlling the Infection
- Developed a Care Home Dashboard for appreciative enquiry.
- Created a commissioned service for Covid+ discharge in the first wave
- Implemented the new care home outbreak pathway in partnership with Public Health England (PHE)
- Implemented a regular 'check-in' call to all 220 care providers across the City.
- Developed a single pathway to disseminate evolving guidance to separate care sectors
- Supported the Department of Health and Social Care (DHSC) to deliver the national "Whole Home" testing programme in Manchester
- Developed a Locality Neighbourhood (INT) response to Care Home requirements during the pandemic
- Delivered 720,000 PPE items to care homes since the start of the pandemic and continue to support the care sector to access the national PPE portal and supply additional PPE where national supply is inadequate and in emergencies
- Continued to facilitate and coordinate access to PHE Pillar 1 testing for care homes for symptomatic residents and during outbreaks
- Provided a results service to care homes for PHE Pillar 1 results and advice on management of positive cases

- Supported and encouraged care homes (who qualify) to access Pillar 2 whole home testing
- Continued to develop plans for the rollout of the Health in Care Homes Directly Enhanced Service (DES)
- Distributed Covid specific support funding to all providers
- Distributed the first two waves of Infection Control Funding (ICF) to Care Homes
- Supported three care homes with targeted 'resilience funding' to maintain continuity of care and to retain provision.
- Extended the Local Authorities Employee Assistance Programme to Care Home staff
- Stepped in to support and take over operations at a care home to provide continuity of a care for residents

We will:

- Continue to develop the Care Homes Board programme of work in line with changing needs of care providers
- Develop further guidance around care home visitation and encourage providers to support each other through peer learning and sharing of good practice
- Develop both an MLCO and Adult Social Care Winter Plan in line with new national guidance
- Continue to distribute ICF funding in a timely fashion through to March 2021
- Rollout a new digital offer to support online/remote consultation, Covid symptom tracking using the Restore2 methodology and improved capacity and issue tracking
- Continue to monitor care home stability and target those with deteriorating positions
- Improve communication with care providers through more regular webinars using Microsoft teams following the implementation of NHS.net in all care homes and the LA transition to a Microsoft environment
- Engage providers in strategic decision making regarding the care market
- Develop and enhance our Discharge 2 Assess pathway to streamline hospital discharge into community settings
- Rollout the Health in Care Homes Directly Enhanced Service (DES)
- Work with the Manchester and Trafford Personal Protective Equipment (PPE) Hub to support the government commitment of 'free PPE for care providers'
- Continue to work with local Community Infection Control Teams and PHE to identify gaps in testing and work collaboratively to fill.
- Continue to seek innovative ways of supporting care providers (for example through a carer / nursing bank for staffing issues)
- Develop an enhanced approach to risk identification and risk management across the care market

Leads: Bernie Enright (Executive Director of Adult Social Services), Sohail Munshi (Chief Medical Officer), Keith Darragh (Deputy Director of Adults Social Services), Ian Trodden (Chief Nurse), David Regan (Director of Public Health)

12. Consider the suite of contain measures that have been developed for Greater Manchester to inform the Manchester Local Escalation Plan

The Greater Manchester Framework for contain actions and interventions will be updated regularly to reflect the suite of potential interventions that may be considered by localities. There are a range of actions and interventions associated with each stage of escalation and Manchester will consider these based on the epidemiological evidence and qualitative intelligence (see point 1).

Lead: David Regan (Director of Public Health) Fiona Worrall (Strategic Director Neighbourhoods)

Manchester City Council Report for Information

Report to: Health Scrutiny Committee - 6 October 2020

Subject: Seasonal Flu Immunisation Programme 2020/21

Report of: The Director of Public Health, Manchester City Council and
Dr Manisha Kumar, Medical Director, Manchester Health & Care
Commissioning

Summary

The risk of seasonal flu and Covid-19 co-circulating this winter presents a huge challenge to the health of vulnerable people and the resilience of the health and care system. In response there is a national requirement to deliver the largest ever flu vaccination programme in 2021/21. This report describes Manchester's Flu Programme for 2020/21 and outlines some of the key areas and challenges.

Recommendations

The Health Scrutiny Committee is asked to note and comment on the report.

Wards Affected: All

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Background documents:

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.

20/21 Annual Flu Letters 14/05/20 & 05/08/20

<https://www.england.nhs.uk/wp-content/uploads/2020/05/national-flu-immunisation-programme-2020-2021.pdf>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/20200731-Phase-3-letter-final-1.pdf>

1.0 Context

Manchester has historically low vaccination uptake rates year on year across most cohorts. In July 2020 Manchester Health & Care Commissioning (MHCC) and Manchester Local Care Organisation (MLCO) agreed a system-wide approach as the start of a three-year plan to drive up flu vaccination rates within the city.

The following key areas were agreed:

- Making every contact count and flexible use of workforce
- Neighbourhood Flu Plans and testing new delivery models
- Major communications and engagement strategy
- Comprehensive vaccination across the health and care workforce
- Systematic approach to equalities and inclusion
- A three-year plan to address flu vaccination uptake rates
- A core flu team to co-ordinate and drive programme delivery

The Core Group reports into the City-wide Flu Group chaired by the Director of Public Health and formally reports into the Manchester Covid-19 Response Group (which fulfils the function of the Health Protection Board) and onwards to the Manchester Community Cell and Manchester Health and Wellbeing Board.

2.0 Scope of the Manchester Flu Programme 2020/21

The estimated volume of the Manchester population eligible for flu vaccination has risen from **243,000** in 2019/20 to **303,000** in 2020/21. A 75% uptake rate equates to vaccination of **227,000** people.

This includes modelling for the new cohorts in scope for flu vaccination this year which are: household contacts of shielded patients; Year 7 school children; health and care workers employed by those in receipt of Direct Payments or Personal Health Budgets and; healthy 50 – 64 year olds. The requirement is to vaccinate those in at risk groups first, therefore the offer of vaccination to healthy 50-64 year olds is still nationally as an 'aim' for November/December.

The targets for eligible groups are flu vaccination are set out in Table One. A full list of eligible cohorts is attached at Appendix One.

Table One

Eligible Groups	Uptake ambition
Aged 65 & over	75%
In clinical at risk group	75%
Pregnant women	75%
Children aged 2 and 3 years old	75%
All primary school aged children and Year 7 children in secondary school	75%
Frontline health and social care workers	100% offer, 90% target

3.0 Performance data

In 2019/20 **108,234** people in Manchester received the seasonal flu vaccination.

Group	Vaccinated	2019/20 target
Age 65+	66.2%	75%
16-65 in clinical risk groups	39.9%	55%
Pregnant women	36.1%	55%
2's & 3's not at risk	27%	50%
4-11's not at risk	36.4%	65%

The data illustrates the risk to the Manchester population inherent in low vaccination uptake. This is even more pronounced for those most at risk of discrimination and disadvantage.

The NHS Phase 3 letter¹ released in August makes clear that acceleration of prevention programmes including flu vaccination is one of the eight urgent actions required to address health inequalities, specifically requesting a focus on most deprived 20% of neighbourhoods, BAME communities and people with learning disabilities.

In 2019/20 only **41%** of our BAME population were vaccinated (where status known) as against **51%** for White British. For adults with a registered learning disability the recorded vaccination rate was **43%**.

The impact of Covid-19 on particular communities has been well documented and our plans for 2020/21 flu season seek to address these challenges as part of the three-year plan to increase flu vaccination uptake rates for Manchester.

4.0 Timelines for delivery of Manchester Flu Programme 2020/21

Month 2020/21	Key Deliverables
September	<ul style="list-style-type: none"> ▪ Delivery of flu vaccination within primary care and community pharmacy commences ▪ Consent forms issued to parents to enable vaccination and delivery of schools flu vaccination programme begins
October	<ul style="list-style-type: none"> ▪ Flu clinics and delivery to eligible groups within primary care fully operational ▪ Workforce vaccination commences ▪ National and local flu campaigns begin ▪ Regular uptake data review commences
November & December	<ul style="list-style-type: none"> ▪ Mobilisation of additional delivery mechanisms to reach most vulnerable and additional cohorts
January & February	<ul style="list-style-type: none"> ▪ Programme and data review and action plan for 2021/22

5.0 Programme Approach

A Core Flu Team is meets weekly to co-ordinate across workstreams. The key areas, risks and mitigations are set out below.

Primary Care and Neighbourhood Planning
<p>Key points</p> <ol style="list-style-type: none"> 1. Majority of practices delivering traditional flu clinics/services which are now underway. 2. Some examples of innovative delivery models (Robert Darbishire PCN testing a walk-through and drive-through model at temple car park, Didsbury/Chorlton Burnage using Withington Community Hospital for walk-through). 3. Primare Care Network (PCN) Clinical Leads are supporting flu planning for their local areas working with Integrated Neighbourhood Team (INT) Leads who each have a neighbourhood flu plan in place. 4. Each neighbourhood has a £5k allocation through the prevention fund for local community engagement and communication activity to reach the most vulnerable, led by the INT Health Development Co-ordinators. 5. Community midwives will support vaccination of pregnant women at GP ante-natal clinics. 6. Shielded children will be vaccinated opportunistically when seen by secondary care services. 7. Specific services have been GM commissioned to vaccinate rough sleepers/homeless and those in receipt of substance misuse services. 8. At risk groups of all ages will be vaccinated first. Information on the approach to vaccination for healthy 50-64 year olds in November/December is awaited and is dependent on vaccine supply.
<p>Risks</p> <ul style="list-style-type: none"> • Vaccination orders were submitted prior to the Covid-19 incident and did not take account of the new guidance on expanded cohorts or higher national uptake targets. The orders tend to be based on volumes delivered in previous years against eligible cohorts and therefore as Manchester has low vaccination uptake rates this further increases the risk of insufficient vaccine supply. There is a real risk that insufficient vaccine supply is available to meet the demand and progress towards the 75% national target. Reported demand for vaccination in primary care is already very high. Some community pharmacies are restricting their offer to 65+ only. • Additional vaccine stocks are controlled nationally and advice is still awaited on release of additional vaccine supplies and the process for reordering. • There is a risk that traditional delivery models cannot vaccinate the volumes necessary due to social distancing measures needed and limitations in practice premises.
<p>Mitigation</p> <ul style="list-style-type: none"> ▪ Vaccination will be prioritised for the most vulnerable first, with regular monitoring of vaccination supply levels within weekly primary care 'sit reps' and escalation to Greater Manchester and NHS England to request release of additional vaccine stocks being held nationally.

- National rules have been changed to enable vaccine stock to be transferred between providers to support shortages and continued delivery of the flu programme.
- Additional MHCC funding will be available to finance different delivery models or additional capacity to reach vulnerable population subject to data review and joint work with INTs.
- MLCO have funding from MFT to support primary care delivery to housebound/shielded and vulnerable groups
- Contingency plans for 'mop up' clinics through a variety of delivery mechanisms (e.g. mobile vans, 'drive-through' and community clinics) are in planning for the latter part of the season.
- Weekly data reports being constructed to drive intelligence led approach to targeting those most at risk.

Children and schools

Key Points

1. Intrahealth is the school vaccination provider and has booked into all primary and Year 7 schools.
2. For the first time an alternative to the nasal spray which contains pork gelatine is available to those children whose parents decline consent on the grounds of ingredients.
3. A small paediatric A&E pilot at North Manchester General Hospital (NMGH) is taking place to undertake opportunistic vaccination of 2 and 3 year olds.

Risks

- Parental consent for vaccination is highly variable and very low (>10%) in some primary schools.
- Partial or full school closures will impede the delivery of the programme.
- Delivery of the alternative vaccine for those who reject the nasal spray is deferred until November, and dependent on vaccine supply, potentially disadvantaging those who do not consent to the nasal spray on religious or other grounds.

Mitigation

- Local Neighbourhood Teams are engaging with primary schools and sharing local uptake data to drive an increase in consent, tailored to the needs of particular communities.
- Schools have been asked to remain open for clinics, and local community clinics will be run in the latter part of the programme offered to children who were not present for the school vaccination, supported by neighbourhood teams.
- Communications and engagement activity will be tailored and targeted as tightly as possible to reflect the position through the season regarding access to the vaccine.
- GM Health and Social Care Partnership is writing to all parents of 2's & 3's to encourage take up of the vaccine.

Health and Care Workforce

Key points

1. Employers are responsible for ensuring their health and care staff are offered vaccination.
2. MLCO has plans in place to vaccinate all staff including MCC deployed staff.

<p>3. MFT and GP Practices have staff vaccination plans in place.</p> <p>4. Registered care and nursing home providers and domiciliary care providers, and carers employed by those in receipt of Direct Payments or Personal Health Budgets are entitled to free vaccination from their GP or community pharmacy.</p> <p>5. Carers employed by those in receipt of Personal Health Budgets or Direct Payments can access free vaccination via GP or Pharmacy.</p>
<p>Risks</p> <ul style="list-style-type: none"> Plans to vaccinate independent care home and domiciliary care workforce are piecemeal and dependent on the employer or individual accessing their GP or a community pharmacy offer. Most care homes have confirmed that plans are in place but fewer domiciliary care agencies have. There is currently no mechanism to require that providers supply evidence on flu vaccination as part of performance requirements. There is a risk of inequitable access for care workers depending on the support, offer and expectations from the employer to support vaccination, disproportionately affecting lowest paid and BAME staff who make up 50% of Manchester's home care workforce.
<p>Mitigation</p> <ul style="list-style-type: none"> MHCC and the Local Pharmaceutical Committee are working together to support an offer between Community Pharmacy and Domiciliary Care providers. Any care home experiencing difficulties in accessing flu vaccination for residents or staff is encouraged to report as part of routine Performance, Quality & Improvement (PQI) Team calls through the season. Targeted communications and engagement activity with carers including those in receipt of Direct Payments/Personal Health Budget is taking place.
<p>Equalities and Inclusion</p>
<p>Key points</p> <ol style="list-style-type: none"> Strong Neighbourhood engagement plans and partnership work underway focusing on the most disadvantaged and at risk cohorts e.g. Learning Disability, BAME communities, including those not automatically eligible but who are vulnerable e.g. homeless people, asylum seekers, street workers. Additional funding for primary care delivery will require evidence that it targets the cohorts who are most vulnerable and at risk of health inequalities. An Equalities Impact Assessment is being undertaken at neighbourhood and city-wide level which will be updated through the vaccination season.
<p>Risks</p> <ul style="list-style-type: none"> There are challenges around cultural acceptance of vaccination and circulation of myths within some communities (e.g. that the flu vaccination has the Covid virus within it). Flu vaccination offer to children whose parents refuse on religious grounds may result in minority communities e.g. Muslim and Jewish children being vaccinated later than others and this offer is dependent on vaccine supply. The extra demand for vaccinations from those most able to manage their own health will further disadvantage those who struggle to access services.

Mitigation <ul style="list-style-type: none"> ▪ Joint work is underway with the Covid Health Equity Manchester group to co-ordinate and manage inter-related work areas between Covid and Flu. ▪ Weekly data analysis will be available and utilised at practice, neighbourhood and city-wide level to monitor vaccination take up to at risk groups and drive action to address those most at risk of inequalities. ▪ Escalation of the need to release further vaccine to address supply issues and inequalities.
Communication and Engagement
Key points <ol style="list-style-type: none"> 1. A city-wide Communication and Engagement Group is in place to deliver the largest flu vaccination campaign that we have run as a city. This is led by Manchester City Council in partnership with MHCC, MLCO, MFT, GMMH and VCSE partners. 2. Additional funding has been agreed by Manchester Health & Care Commissioning to support this work in partnership with MCC and MLCO. 3. A communication and engagement plan summary is attached at Appendix Two which details city-wide and local approaches, materials, messages and channels. 4. Hyper-local neighbourhood engagement will be in place to support the campaign and target specific cohorts of hard to reach people, and link them in to local service provision. There is funding support available to community groups to facilitate this work. 5. There will be a series of citywide engagement projects to support communities of interest (e.g. homeless people, people with learning disability). 6. The communications and engagement plan will be reviewed on a weekly basis based on available business intelligence and surveillance data. This will ensure activity delivered reflects service delivery priorities.
Key dates <ul style="list-style-type: none"> ▪ September - national and local health and care worker campaign launched ▪ 22 September - media launch of national marketing campaign ▪ September - 5 October - social media messaging to support operational delivery ▪ 5 October onwards - national Marketing campaign activity commences ▪ w/c 5 October onwards - local campaign activity commences (including media launch) ▪ October onwards - GMHSCP campaign activity commences which specifically targets parents of 2 and 3 year olds and people with learning disabilities.
Risks <ul style="list-style-type: none"> ▪ Effective engagement and communication is dependent on clear delivery plans and effective access to appointments from practices – this may be impeded by delays to vaccine supply release. ▪ There will be counter-campaigns deterring people from flu vaccination (e.g. 'anti-vaxx' groups).
Mitigation <ul style="list-style-type: none"> ▪ Joint work with Covid Communications Cell is in place to co-ordinate and

integrate messages to communities.

- Work with the Covid-19 Health Equity Group to ensure messaging is culturally competent and appropriate.
- Monitoring which messages work well for which audiences will take place throughout the campaign and messages will be adapted/flexed dynamically throughout the campaign to react to changing circumstances.

6.0 Conclusion

Strong system-wide plans are in place to support delivery of the seasonal flu programme this year. Significant risks and challenges remain which may impact on effective delivery however there is a continued commitment to resolving these both through the season and to address the longer term barriers over the course of the next three years to drive a sustained improvement in Manchester's flu immunisation uptake rates.

7.0 Recommendations

Health Scrutiny Committee is asked to note and comment on the report.

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Appendix One

Groups included in the national flu immunisation programme 2020/21

1. In 2020/21, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups:
 - all children aged two to eleven (but not twelve years or older) on 31 August 2020
 - people aged 65 years or over (including those becoming age 65 years by 31 March 2021)

Those aged from six months to less than 65 years of age, in a clinical risk group such as those with:

- Chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
- Chronic heart disease, such as heart failure or chronic kidney disease at stage three, four or five
- Chronic liver disease
- Chronic neurological disease, such as Parkinson's disease or motor neurone disease, learning disability
- Diabetes
- Splenic dysfunction or asplenia or
- A weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
- Morbidly obese (defined as BMI of 40 and above)

All pregnant women (including those women who become pregnant during the flu season)

Household contacts of those on the NHS Shielded Patient List, or of immunocompromised individuals, specifically individuals who expect to share living accommodation with a shielded patient on most days over the winter and therefore for whom continuing close contact is unavoidable

People living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence, or boarding schools (except where children are of primary school age or secondary school Year 7).

Those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill

Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

Health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

Additionally, in 2020/21, flu vaccinations might be offered under the NHS flu vaccination programme to the following groups:
individuals between 50-64 years, following prioritisation of other eligible groups and subject to vaccine supply

Organisations should vaccinate all frontline health and social care workers, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.

The list above is not exhaustive, and the healthcare professional should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself.