



Health and Wellbeing Board

Date: Wednesday, 24 March 2021

Time: 10.00 am

Venue: Virtual meeting - livestream link -
<https://vimeo.com/523873525>

This is a **Supplementary Agenda** and contains information that was not available at the time that the original 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.

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Membership of the Health and Wellbeing Board

Councillor Richard Leese, Leader of the Council (Chair)

Councillor Craig, Executive Member for Adults (MCC)

Councillor Bridges, Executive Member for Children's Services (MCC)

Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning

Dr Murugesan Raja GP Member (Central) Manchester Health and Care Commissioning

Dr Geeta Wadhwa GP member (South) Manchester Health and Care Commissioning

Katy Calvin-Thomas - Manchester Local Care Organisation

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Michael Luger, Chair, Northern Care Alliance

Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust

Mike Wild, Voluntary and Community Sector representative

Vicky Szulist, Chair, Healthwatch

Dr Tracey Vell, Primary Care representative - Local Medical Committee

Paul Marshall, Strategic Director of Children's Services

David Regan, Director of Public Health

Bernadette Enright, Director of Adult Social Services

Dr Vish Mehra, Central Primary Care Manchester

Dr Amjad Ahmed, Northern Health GP Provider Organisation

Supplementary Agenda

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| 5. Manchester Local Prevention and Response Plan : March 2021 Refresh | 3 - 60 |
| Report of the Director of Public Health and Consultant in Public Health | |
| 6. Operation Eagle Report | 61 - 86 |
| Report of the Director of Public Health | |
| 7. Vaccine Equity Plan | 87 - 106 |
| Report of the Director of Public Health, Consultant in Public Health Medicine and Medical Director, Manchester Health and Care Commissioning. | |
| 8. Vaccination Programme Revised Governance arrangements | 107 - 112 |
| Report of the Director of Public Health. | |
| 9. Manchester Single Hospital Service - update on current position | 113 - 118 |
| Report of Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust. | |

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 **Tuesday, 23 March 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 24 March 2021

Subject: Manchester's COVID-19 Local Outbreak Prevention and Response Plan Refresh

Report of: Director of Public Health

Summary

The Director of Public Health and his team and partners have produced this refresh of our Local Prevention and Response Plan first published in June 2020. This builds on the Manchester COVID-19 Twelve Point Plan which is updated on a monthly basis.

The Plan is set out to show the read across to themes contained in the original plan and incorporates new developments, such as the vaccine roll out and responding to Variants of Concern. Several case studies are included and the learning from these will inform future planning. We have also included a summary of our Vaccine Equity Plan and our initial forward plan for exiting lockdown which is aligned to the national Roadmap.

Recommendations

The Board is asked to approve the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The evolving nature of the COVID-19 pandemic is having an impact on the delivery of all the Board priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

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Position: Director of Public Health
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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.

None.

Manchester COVID-19

Local Outbreak Prevention and Response Plan: March 2021 Refresh



Foreword — To be completed and signed off by the Manchester Health and Wellbeing Board, chaired by the Leader of the Council on 24 March 2021

It is important to note that since the 23rd March 2020 the City Of Manchester has been under restrictions for most of the last year, apart from 25 days in July 2020. The City has and will continue to respond to "Enduring Transmission" rates . Our responses to Storm Christophe and Operation Eagle have demonstrated the value of local control of systems and processes in relation to outbreak management, working collaboratively with our regional and national partners.

We will build on the achievements described in this Plan and in line with the national Roadmap secure a safe exit out of Lockdown for the people of our City.

Overview

- This is a refresh of our Local Prevention and Response Plan first published in June 2020 and builds on the Manchester COVID-19 Twelve Point Plan which is updated on a monthly basis
- The Plan is set out to show the read across to themes contained in the original plan and incorporates new developments such as the vaccine roll out and responding to Variants of Concern
- Several case studies are included and the learning from these will inform future planning
- At the end of the document, we have included:
 - A summary of our Vaccine Equity Plan
 - Our initial forward plan for exiting lockdown which is aligned to the national Roadmap

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Introduction

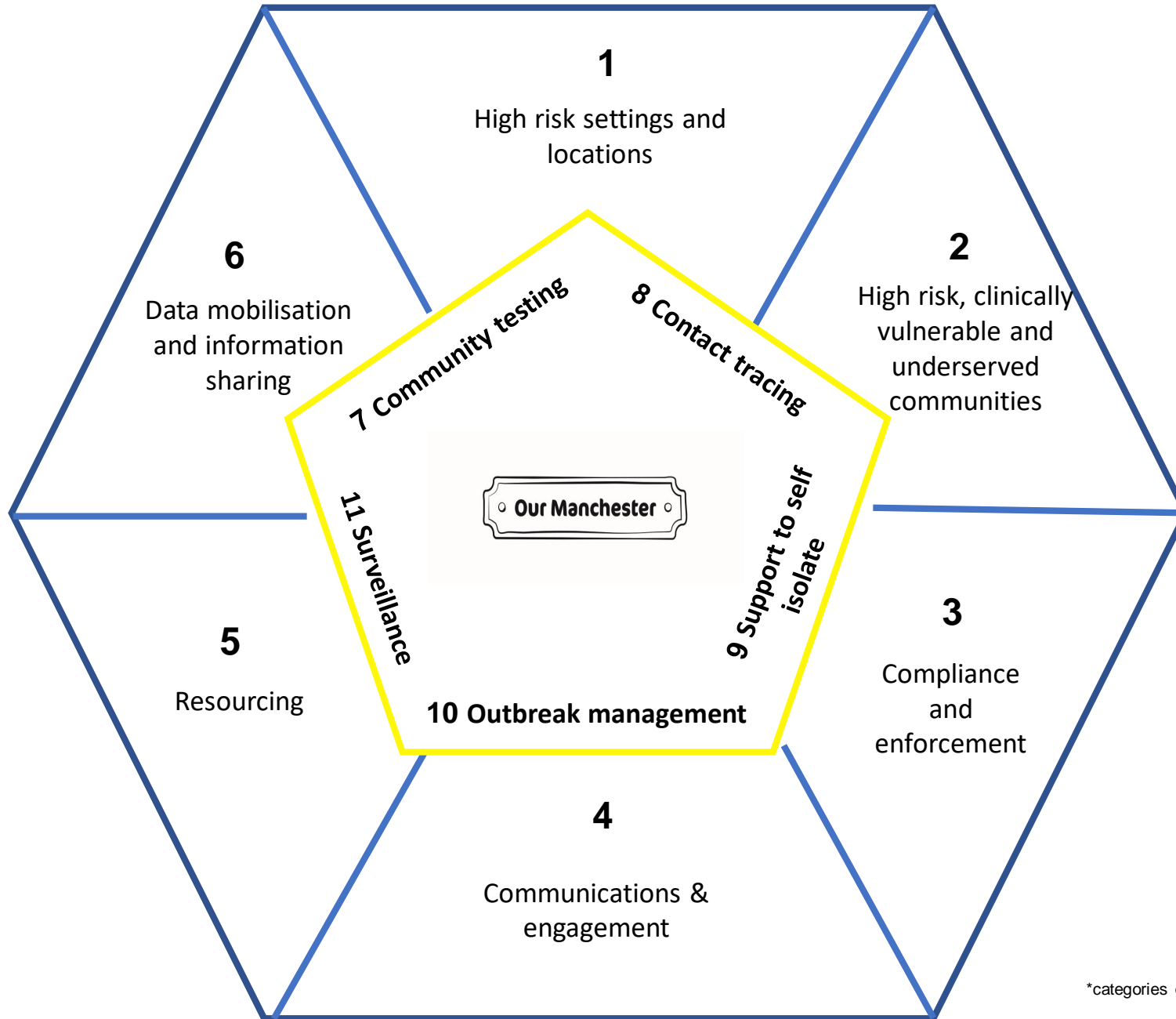
- The Manchester COVID-19 Local Prevention and Response Plan was first published in June 2020. The plan took a broad approach to how we would work together to tackle the COVID pandemic and included how we would both prevent COVID cases and respond to COVID outbreaks and situations
- We have learned a lot in the past twelve months and have strengthened and adapted our approach to respond in the best way we can with the evidence available to us
- We have embodied the Our Manchester way of working and demonstrated Our Manchester behaviours; listening, learning and responding, starting from strengths, working together and building relationships and working collaboratively with others including our local communities and our Greater Manchester and Public Health England (PHE) colleagues
- We have strong leadership, clear governance and oversight arrangements in place and a Framework that describes our Manchester Test and Trace Programme and strategic and response teams
- We have managed and contained large outbreaks in university accommodation, ensured safe and COVID-secure evacuation from flooding which included 'lifting and shifting' an outbreak in a complex setting and undertaken surge testing in two areas of the City in response to Variants of Concern (VOC)
- A year since our first reported Manchester COVID case on 7th March 2020, 50,349 people have tested positive for the virus and nearly 1,000 Manchester residents have sadly lost their lives due to COVID. Many of our residents are continuing to experience long term effects from COVID
- Our thoughts are with those who have lost their lives and their loved ones and people struggling as a result of the COVID pandemic, through health, economic or social reasons
- We are proud of the way our residents and people working in Manchester have worked together and supported one another throughout the pandemic. The number of volunteers coming forward to support essential work has been staggering
- Our commitment to preventing and reducing COVID transmission and save lives is unflinching, as is our focus on reducing inequalities relating to COVID

Our plan addresses the following **themes**:

- 1) High risk settings and locations
- 2) High risk, clinically vulnerable and underserved communities
- 3) Compliance and enforcement
- 4) Communications and engagement
- 5) Resourcing
- 6) Data mobilisation and information sharing

and reflects the approach to the core aspects of the **end-to-end COVID-19 response**:

- 7) Community testing
- 8) Contact tracing
- 9) Support to self-isolate
- 10) Outbreak management
- 11) Surveillance



Our plan now incorporates the following **developments**:

- 12) Responding to Variants of Concern (VOC)
- 13) Action on enduring transmission
- 14) Enhanced Contact Tracing, in partnership with PHE Health Protection Teams
- 15) The ongoing role of Non-Pharmaceutical Interventions (NPIs)*
- 16) Interface with vaccine roll out
- 17) Activities to enable 'living with COVID-19 (COVID secure)

*categories of NPIs taken from [SAGE October 2020](#)

Context

Our plan has been developed in the context of a number of strategies and plans aimed at both responding to the COVID emergency and moving the city, region and country towards recovery. These include:

- The Greater Manchester COVID-19 Six Month Plan
- The Greater Manchester Outbreak Control Plan
- The Greater Manchester Targeted Testing at Scale (TTaS) Strategy and Operational Plan (March 2021)
- Manchester's forward plan for easing and exiting lockdown (Feb 2021)
- The Manchester COVID-19 Test and Trace Communications Strategy

The Manchester COVID-19 Response Group (Health Protection Board) is a multi-agency partnership that oversees the implementation of this plan and key decisions are escalated to Manchester Gold Control chaired by Joanne Roney, Chief Executive, Manchester City Council.

The progress of the delivery of our Local Outbreak and Response Plan is monitored through the Manchester COVID-19 Twelve Point Plan, which is updated regularly.

Our Approach

Infection Prevention and Control

Test

Outbreak identification and rapid response

Response to Variants Of Concern

Contact trace

Support to self-isolate

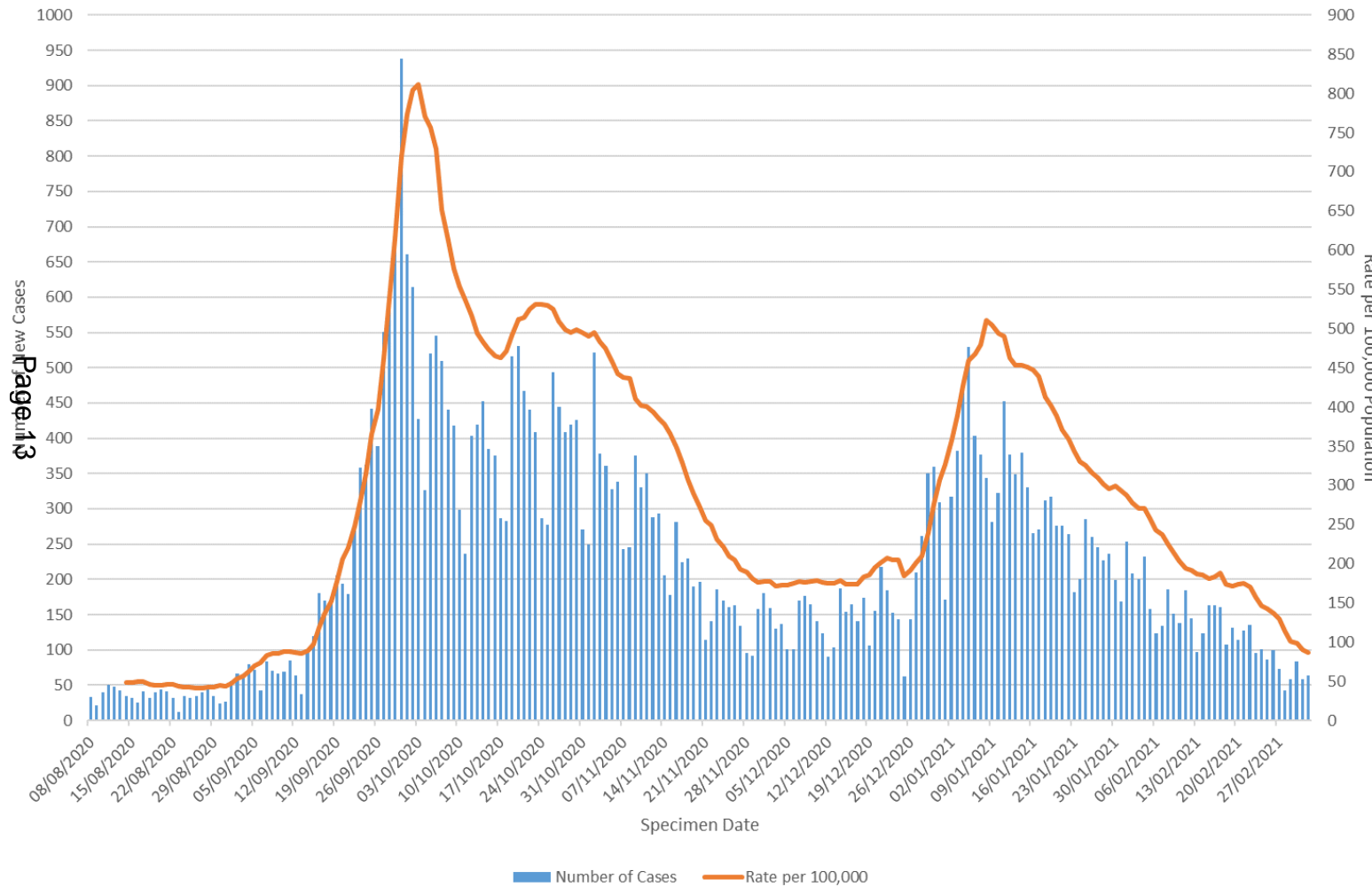
Compliance and enforcement

Vaccinate

Tackling COVID-19 Inequalities

Underpinned by the best available evidence, data and intelligence

Manchester COVID-19 Impact Assessment



Up to Tuesday 9 March, **50,487** Manchester residents have tested positive for COVID-19

998 deaths mentioning COVID-19 have occurred from the start of the pandemic

341 excess deaths occurred from start of 2020 to Week 8 2021

The age standardised mortality rate for deaths due to COVID-19 is **276.1 per 100,000** based on deaths registered between 1 March and 31 December 2020 - Manchester is ranked **6th** out of the 10 Local Authorities in GM

Over **62,000** residents have been furloughed and almost **16,000** are in receipt of self-employment support - equal to **32%** of Manchester's resident working age population.



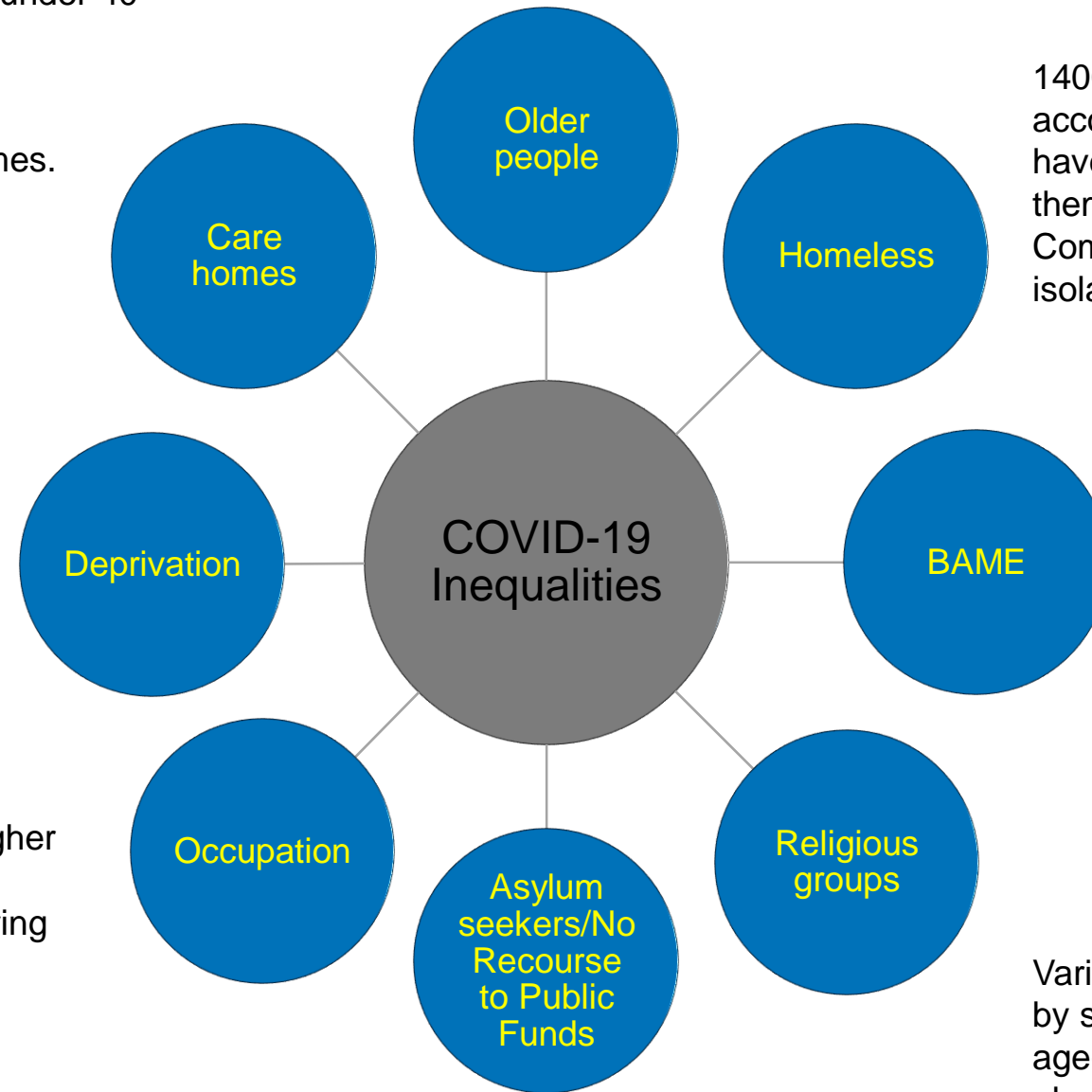
People with COVID-19 aged 80 or older 70 times more likely to die than those aged under 40

1 in 5 deaths involving COVID-19 in Manchester have occurred in care homes. This is a highly vulnerable population

The mortality rates from COVID-19 in the most deprived areas of England were more than double the least deprived areas. There are high levels of deprivation in Manchester

41% of Manchester residents work in sectors of the economy which have higher death rates from COVID-19 e.g. construction, transport and manufacturing

Estimated to be 6000 asylum seekers in Manchester; issues with over-crowded housing, lack of access to healthcare and language barriers.



1400 people in emergency accommodation. Many homeless people have chronic health conditions making them high risk for COVID-19. Complexities with testing, tracing and isolating

Manchester population ~50% BAME. Higher risk of COVID-19 related deaths in many ethnic minority groups. Likely to be a combination of structural and individual risk factors

COVID-19 vaccination coverage much lower in Black African, Black Caribbean, Pakistani and Bangladeshi people than the City's average

Variation in COVID-19 related death rate by self-reported religious group. Highest age-standardised mortality rate in Muslims, also higher in people identifying as Jewish, Hindu or Sikh

1 High Risk Settings and Locations

Schools, colleges and Early Years

Universities

Events and Culture

Homelessness settings

Care Homes, supported living, extracare and independent hospitals

Businesses

Prisons, courts and approved premises

Primary care & vaccination Sites

Accommodation for asylum-seekers

Areas of the city with high rates of COVID-19*

Hospitals**

** See Slide 46 Surveillance

** Hospitals manage situations and outbreaks through their own Health Protection Teams

1 High Risk Settings and Locations



Schools, Colleges & Early Years

Achievements

- ✓ Created a 'one team' approach between the City Council's Education Team and Manchester Test & Trace, with robust pathways for responding to positive cases
- ✓ Provided regular communications, including guidance on infection prevention and control, accessing support, template letters and tools for use with parents/carers
- ✓ Worked with schools on the remote learning offer in the event of pupils being at home following an outbreak
- ✓ Completed a stock take to review the delivery of the Manchester Test and Trace Service for schools, with a particular focus on access to testing
- ✓ Launched a new offer for schools to report cases and get support with contact tracing and consequence management from Manchester Test and Trace
- ✓ Offered all schools the option of using the Manchester Test and Trace Service to contact parents and carers of contacts identified during the Christmas break and February half term break to ease the burden on school leaders
- ✓ Supported schools with setting up lateral flow testing sites – providing a model risk assessment and access to training at a community testing site
- ✓ Introduced COVID Marshalls to monitor school ingress and exit and engage with parents and children in a COVID-safe manner
- ✓ Provided an attendance helpline available to staff and parents to provide support and advice

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15 Ongoing role of Non-Pharmaceutical Interventions: Increasing COVID security

- Reviewed school risk assessments with the City Council's Health and Safety Team

Next Steps

- Closely monitor cases, clusters and outbreaks in education settings when all pupils return to school from 8th March 2021
- Continue to support to schools with implementation of new testing regimes
- Monitor consent for lateral flow testing in secondary schools and colleges and target engagement where consent is low
- Continue to share FAQs and learning with school leaders
- Work with the Manchester schools involved in the National Schools Infection Survey to encourage their continued engagement in this important survey, which feeds into the national Scientific Emergency Group for Emergencies (SAGE)
- Follow up on intelligence from COVID Marshalls to improve behaviours and COVID-security

1 High Risk Settings and Locations



Universities

Achievements

- ✓ Worked closely with University of Manchester and Manchester Metropolitan University prior to the return of students in September 2020, putting in place:
 - daily multi-agency tactical meetings to review data and evidence in relation to breaches of restrictions and agree action
 - a plan of action with the Student Strategy Partnership
 - arrangements for outbreak management and contact tracing and Local Testing Sites close to university campuses and student areas
 - regular meetings of the four largest Greater Manchester universities to coordinate planning and communications
- ✓ Worked in partnership with universities to respond to significant outbreaks in student accommodation in September/October (see Case Study 1)
- ✓ Supported universities to deliver mass asymptomatic testing programme for students, leading daily testing meetings with GM universities to monitor cases. Agreed arrangements for lateral flow testing for students return in Jan and March 2021
- ✓ Secured agreement for students to access PCR testing before their return after Christmas. Students testing positive would isolate at family home rather than returning to Manchester, reducing risk of outbreaks and promoting better student mental health. Arrangement is in place for returning students from March 2021
- ✓ Delivered a joint communications campaign with universities targeted at students coming to Manchester, with supporting messages for residents in key areas
- ✓ Offered support to for outbreak management, testing and contact tracing to smaller universities, including Royal Northern College of Music, University Campus of Football Business and University of Law

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12 Responding to Variants of Concern

- Manchester Metropolitan University included in our multi-agency response to VOCs in our first surge testing area, as the area included a Manchester Metropolitan University student halls of residence.
- Provided information on Variants of Concern and agreed which staff and students would be offered testing.
- Both universities communicated with staff and students living in the halls of residence and student houses and encouraged testing uptake

15 Ongoing role of Non-Pharmaceutical Interventions: Restrictions on Higher education

- Worked in partnership with the Manchester universities to implement DfE Tier 3 (majority online learning) in response to rising case numbers, reviewing and extending arrangements to continue to control transmission
- Controlled large outbreaks by isolating students living in affected halls of residence

Next Steps

- Closely monitor cases, clusters and outbreaks in student accommodation and university campuses with the phased return of face-to-face teaching from 8th March 2021
- Continue to support universities with implementation of new testing regimes

CASE STUDY 1: University Outbreaks

This case study demonstrates how we managed three large outbreaks in university student accommodation.

Manchester has a very large student population (approx. 80,000) which is well integrated into the wider community. We have two large universities – University of Manchester and Manchester Metropolitan University and several smaller universities

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Manchester Metropolitan University students returned earlier than other students in England (from late August onwards) so Manchester was at the forefront of this phase of the pandemic.

CASE STUDY 1: University Outbreaks

Preparedness

- In preparation for start of the academic year we worked with the two largest universities, the University of Manchester and Manchester Metropolitan University, to develop plans and implement a range of measures including:
 - COVID-secure campuses
 - Managing arrivals into student halls of residence in COVID-secure way
 - Establishing Local Testing Sites near to student areas
 - Adapting the Induction ('Freshers') period to allow for a more staggered and socially distanced return with virtual events for the induction period
 - Extensive communications and engagements
 - A blended model of virtual and on campus teaching (25-30 students in study groups rather than 300+), with plans to switch quickly to online learning if students need to isolate or there are increases in cases
 - Support for students who need to self-isolate
 - Attendance and engagement monitoring - use of Safezone app
 - Daily multi agency tactical meetings (universities and partners including Greater Manchester Police)
 - Community night-time patrols

- In the 7 days up to and including 2 October 2020, Manchester had the highest incidence rate of COVID in the country (552 per 100,000 population). The number of new cases was more than double the previous 7-day period and this increase was driven by a growth in the number of cases in the 17-21 (higher education) age group.
- The incidence rate in this age group (3,264 per 100,000) was nearly 6 times higher than the rate in the population as a whole.
- By 5th October, University of Manchester and Manchester Metropolitan University reported that over 2,000 of their students had tested positive for COVID, with thousands more self-isolating as contacts
- There were three significant outbreaks amongst students in the city affecting students living in halls of residence and purpose-built student accommodation
- There was concern that there may be transmission from the student population into communities within which students live, which have high levels of deprivation and poor health outcomes.

Assessment

CASE STUDY 1: University Outbreaks

Planning

- All three outbreaks had a formal Outbreak Control Team (OCT) process led by the Director of Public Health, Consultant in Public Health and Public Health England and included representatives from the universities and Communications Leads

Communications

- Communication with students included information about the outbreak situation, support to isolate (access to food etc.), access to mental health support and testing arrangements
- Communication with other stakeholders was essential. This included briefings with local councillors and information shared with university staff and local residents
- The large student outbreaks attracted significant national and local media attention that needed to be managed

Birley Fields Campus and Cambridge Halls

- Due to high and rapidly rising case numbers, all students living in these two Halls of Residence were asked to self-isolate for 14 days to control the spread
- A national pilot approach to offer testing to all students was quickly developed and implemented. Testing kits were delivered directly to students in a COVID-secure way
- Other control measures included more effective management of the halls themselves, with better opportunities for social distancing amongst the remaining students and bespoke support to meet their ongoing mental health and wellbeing needs

Unite Accommodation

- An extension of the testing pilot for Birley/Cambridge was implemented and a Mobile Testing Unit deployed, adjacent to the blocks with the highest case numbers. The mass testing approach was used to identify asymptomatic cases so that they and their contacts could self-isolate to reduce asymptomatic transmission

University of Manchester (UoM) - Fallowfield Campus

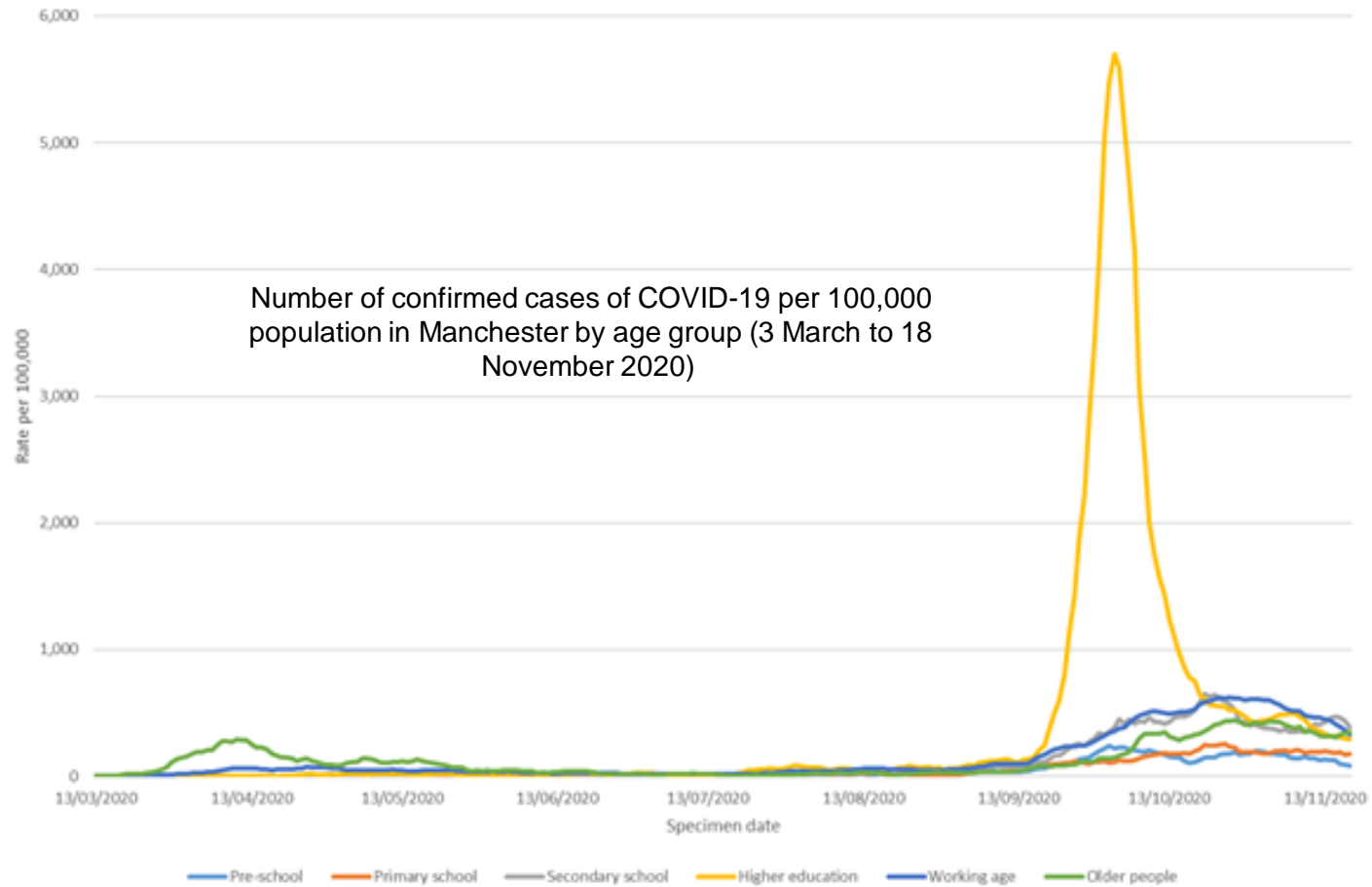
- The highest numbers of cases in UoM students were concentrated in the self-catered shared flats of Oak House and Unsworth Park on the Fallowfield campus, with a peak of positive cases reported on 29th and 30th September
- The OCT agreed a contain strategy for this campus including the mass testing approach

Response

CASE STUDY 1: University Outbreaks

Response

- Due to the very high risk of further transmission and adverse outcomes in both the university and wider community the available control measures were reviewed by the Director of Public Health (DPH), his senior team and the Chief Executive of the City Council in partnership with the two universities, supported by Public Health England.
- A decision was made by the DPH, supported by the two university Vice-Chancellors, to move to online learning only for most courses in line with the key measures contained in Tier 3 as set out in the DfE guidance. Face-to-face teaching would only take place for accredited and professional programmes, for on-campus laboratory research and practical work and clinical and practice-based teaching.
- Online learning took effect from 7th October and on review a decision was made to continue this arrangement until there was a further reduction in rates.



Outcome: Our response to the outbreaks and control measures worked well and we saw a reduction in the number of student cases by early November. The request for students to isolate in two halls of residence at Manchester Metropolitan University, whilst successful in managing the large outbreak and reducing local rates, created some student unrest.



1 High Risk Settings and Locations

Care Homes, Supported Living, Extracare and Independent Hospitals

Achievements

- ✓ Established the Manchester Strategic Care Homes Board, with full system representation
- ✓ Implemented a regular 'check-in' call to all 220 care providers across the city. Provided regular contact and support to homes with cases and coordinated and led Outbreak Control Team meetings. During surges of cases and peaks we coordinated with PHE to provide an out of hours response
- ✓ Distributed COVID-specific support funding and Infection Control Funding (ICF) to all providers
- ✓ 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 care for residents
- ✓ Ordered 91 iPads for care homes as part of our new digital offer to support online/remote consultation, COVID symptom tracking (using the Restore2 methodology) and improved capacity and issue tracking
- ✓ Developed an enhanced approach to risk identification and risk management across the care market
- ✓ Supported managers with risk assessments with in settings in regard to identification of resident and staff contacts and worked closely with our local contact tracing team to follow-up staff contacts
- ✓ Worked with supported living, Extracare and Independent Hospitals to access testing

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15 Ongoing role of Non-Pharmaceutical Interventions: Increasing COVID security of workplaces and other settings

- Provided Infection Prevention and Control (IPC) advice and an ongoing continuous responsive service, developing an IPC 'Super Trainer' offering to all care homes, conducting virtual audit visits to care homes where additional support was needed
- Signposted and interpreted national guidance and developed local guidance, developing a single pathway to disseminate this to separate care sectors
- Conducted an audit of barriers to effective Infection Prevention and Control procedures in supported living, making a series of recommendations for improvements
- Issued guidance on 'window visiting' and worked with providers to support the roll out of the national programme for care home visiting using both lateral flow and PCR tests

16 Interface with vaccines roll out/13 Action on enduring transmission

- Worked with Manchester's Vaccination Programme to prioritise vaccination for residents and staff of care homes experiencing prolonged outbreaks

Appendix 1, Item 5

1 High Risk Settings and Locations



*Care Homes, Supported Living,
Extracare and Independent Hospitals*

Next Steps

- Continue to interpret, develop and review national and local guidance and advice and support the implementation that will impact on care homes
- Commence a reactive and proactive audit programme
- Continue to support homes with result management and outbreak control
- Support the IPC Trainers with ongoing development of a training package and programme for adult social care
- Work towards winter planning and vigilance of other infections that may impact on care homes and adapt the Community Health Protection programme of work in response
- Identify a Lead Practitioner for Adult Social Care within the Health Protection Team to aid development of relationships with these settings
- Provide monitoring and access to supplies of correct PPE and a training and fit testing service

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Primary Care & Vaccination Sites

Achievements

- ✓ Moved a large proportion of activity to a telephone & online consultation model
- ✓ Provided mobile units/shelters to facilitate consultations
- ✓ Commissioned 'Hot' Hubs and zoned practices into 'hot' and 'cold' areas
- ✓ Mobilised a Border Contingency Primary Care Service at Manchester Airport for COVID-19 symptomatic travellers with no confirmed onward address
- ✓ Supported practices to be COVID-compliant and to manage both the patient backlog and COVID-positive patients discharged from Intensive Care Units
- ✓ Rolled out antibody testing programme for staff
- ✓ Provided expert Health Protection representation to Primary Care Network Vaccination Centre Outbreak Planning Group
- ✓ Held a series of scenario planning workshops to plan and implement processes for responding to situations and outbreaks at Primary Care Network vaccination sites
- ✓ Recruited a lead for Primary Care within the Health Protection Team

Next Steps

- Provide ongoing Infection Prevention and Control advice and support to Primary Care Network vaccination centres
- Work with Primary Care to ensure maximum access to Primary Care testing programme for staff and vulnerable citizens

1 High Risk Settings and Locations



Businesses

Achievements

- ✓ Worked with businesses to interpret, develop and review national and local guidance, providing advice and support .
- ✓ Supported businesses with COVID cases/contacts in the workplace, coordinating and leading Outbreak Control Team meetings
- ✓ Developed a process to support Corporate Health and Safety regarding clusters and outbreaks within city council staff and partner teams
- ✓ Worked with home-to-school transport to review risk assessments and develop a reporting form for cases
- ✓ Developed a business reporting form for businesses to report where they had two or more cases over a 14-day period, helping to minimise onward transmission in many cases
- ✓ Carried out a mixture of remote assessments, virtual visits to premises and site visits to investigate situations
- ✓ Updated Standard Operating Procedures regarding contact tracing, outbreak control and consequence management
- ✓ Established fortnightly meetings with Manchester Airport Group to discuss cases and give advice
- ✓ Developed information and online access to support businesses in applying for grants/support
- ✓ Carried out proactive COVID secure visits to premises e.g. supermarkets/offices
- ✓ Responded to concerns raised regarding COVID controls in businesses

12 Responding to Variants of Concern

- Supported businesses to access testing in surge testing boundary areas, providing a 'Collect & Drop' service to support employees unable to attend Mobile Testing Units. Sent 1664 letters to businesses within the boundaries to encourage staff to be tested, as well as visiting workplaces

Next Steps

- Work with businesses to plan for and safely re-open parts of the city's economy in stages, by sector. This may require a return to the innovative approaches taken during summer 2020, including further adaptations to licensing to enable hospitality sector to use public realm and outdoor spaces
- Continue to provide financial support to businesses through support grants; £62.8m business grants (23,200 payments) have been paid out to date
- Continue to work with businesses around the roll-out of lateral flow testing
- Implement a new structure within Environmental Health bringing the Outbreak Control, Contact Tracing, COVID-19 Secure and COVID-Response teams under one manager, enabling closer working
- Develop targeted sector-specific communications as restrictions relax
- Continue to interpret, develop and review national and local guidance, providing advice and support
- Continue to respond to concerns raised re: COVID controls in businesses and provide support to businesses with cases/clusters/outbreak

1 High Risk Settings and Locations



Homelessness Settings

Achievements

- ✓ Developed local COVID guidance for homelessness settings, including implementation of a tracker to enable local reporting of confirmed cases to our local contact tracing team
 - ✓ Shared guidance and good practice from the Homelessness and Health Advice System (HHAS)
 - ✓ Established regular meetings to share best practice and manage any outbreaks in homeless settings
 - ✓ Successfully contained a number of outbreaks in accommodation settings
 - ✓ Managed 'Everyone In' to ensure all people who sleep rough were accommodated in COVID safe accommodation. Closed non-COVID-safe accommodation and opened alternative accommodation for individuals
- Developed COVID-safe practices across day and evening centre settings
- Opened a hostel for COVID care post-hospital discharge

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Next Steps

- Agree a new outbreak testing pathway to reflect options for using lateral flow testing in outbreak situations. Explore options for onsite lateral flow testing
- Review reporting arrangements for both suspected and confirmed cases to ensure effective monitoring of escalating situations and a swift response to outbreak management
- Review local guidance to ensure consistency with updated national guidance and local procedures around reporting, access to advice and testing
- Review of proactive Infection Prevention and Control measures and development of an audit programme

15 Ongoing role of Non-Pharmaceutical Interventions: Increasing COVID security of workplaces and other settings

- Infection Prevention and Control advice provided on request and following identification and notification of an outbreak
- Provision of virtual Infection Prevention and Control visits for settings highlighted by leads

16 Interface with vaccines roll out

- Developed and initiated a vaccination plan, including outreach, for people living in homelessness settings and accessing day centres. Over 300 complex and vulnerable individuals who are homeless have already received their first vaccination
- Staff and volunteers across the wider homelessness sector have had their first vaccination
- Vaccination plans for less complex homeless individuals and individuals in dispersed homeless accommodation are being agreed with vaccination leads and Primary Care Networks

Appendix 1, Item 5

1 High Risk Settings and Locations



Events & Culture

Achievements

- ✓ Integrated Public Health team representatives into the Safety Advisory Group, reviewing event applications and risk assessments and supporting the ongoing review of event plans and proposals
- ✓ Utilised events to promote, not challenge, the social distancing and hygiene directives and to influence and change people's behaviours
- ✓ Supported the Professional Squash Association to develop a COVID-secure plan that enabled them to stage their first world tour event post lockdown, with 64 international athletes over 7 days of competition behind closed doors
- ✓ Facilitated the delivery of the Lightopia event at Heaton Park
- ✓ Managed the operation of Winter Markets over two five-day periods in the lead up to Christmas

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15 Ongoing role of Non-Pharmaceutical Interventions: Restrictions on outdoor gatherings, including prohibiting large events

- Redirected local communities to online events, including Manchester Caribbean Carnival and Pride on Line. Managed the adjustment of plans for Bonfire Night and Remembrance Sunday activities that supported a coordinated GM approach to cancel, scale back or move activity online
- Worked with promoters of student freshers week events to limit the number of inappropriate and unauthorised events that took place
- Supported the decision-making process around cancellation of close density crowd events such as Christmas Markets, Christmas Lights Switch On event and New Year Fireworks

Next Steps

- Continue to support elite athlete events allowed under current protocols at key council venues
- Make decisions on forthcoming events in late March once the measures have been communicated; it is anticipated that community events where large gatherings are likely will be cancelled again or postponed until the late summer/early autumn
- Continue to implement a cautious approach to making any investment in projects that need large box office due to risk of future lockdowns
- Support outdoor events being developed for the summer, maximising the opportunity to maximise use of highway/public space



1 High Risk Settings and Locations



Prisons, courts and approved premises

Public Health England (PHE) North West leads work to prevent and respond to COVID outbreaks in HMP Manchester, St Joseph's, Withington Road and Chorlton House Approved Premises and the Courts

Achievements

PHE NW has:

- ✓ Developed national COVID guidance for custodial and non-custodial settings, localizing this to HMP Manchester and the Approved Premises
- ✓ Provided support with ensuring criminal justice settings are COVID-secure, through advice and support of COVID-safe protocols
- ✓ Provided support for restarting public health Section 7a programmes in the prison
- ✓ Contributed to Winter prevention and preparedness planning
- ✓ Supported the rollout of vaccinations within settings
- ✓ Provided wider criminal justice public health advice and guidance to Manchester Courts (e.g. Manchester bombing enquiry), Approved Premises, and the local authority
- ✓ Attended key strategic meetings, feeding in local and regional challenges, issues and good practice into national policy discussions, brokering discussions between local and national partners to ensure an efficient and effective outbreak response
- ✓ Provided technical expertise and leadership in supporting the response to the COVID pandemic in in custodial and non-custodial settings
- ✓ Led the response to an outbreak in Manchester Prison, providing COVID surveillance support. Supported the establishment and delivery of contact tracing and used surveillance information to monitor and declare outbreaks. Stepped up a formal Outbreak Control Team response

Achievements

We have:

- ✓ Supported PHE in their leadership of the response to incidents and outbreaks as they have arisen in HMP Manchester, Approved Premises and the Courts
- ✓ Led on cases and outbreaks in the Courts
- ✓ Supported the development and implementation of routine and outbreak testing processes for HMP Manchester and Approved Premises staff and residents
- ✓ Provided advice and support re: COVID controls to the Manchester Arena Inquiry

Next Steps

- Agree national funding arrangements for outbreak testing in the prison
- Agree a process of support for people who are COVID-positive and leaving prison settings with Public Health, Greater Manchester Combined Authority, probation and prisons
- Implement new public health tools within the prison setting, for example we are currently exploring potential for wastewater sampling
- Respond to new challenges as they arise, for example Variants of Concern and Variants Under Investigation within custodial settings

2 High risk, clinically vulnerable and underserved communities

Achievements

- ✓ Established the COVID-19 Health Equity Manchester (CHEM) Group to **improve experiences of and outcomes for communities that suffer disproportionate adverse impacts from COVID**: Black, Asian and minority ethnic communities, some people born outside the UK or Ireland, people in specific occupational groups, disabled people and inclusion health groups (asylum seekers and refugees, Gypsies & Travellers, sex workers and ex-offenders)
- ✓ Developed an infrastructure for reaching and engaging with the CHEM priority communities including the use of sounding boards to provide feedback on COVID communications toolkits, ensuring that messages are culturally competent tailored and targeted
- ✓ Established the Targeted Community Engagement Grant for to enable voluntary and community groups to support this work
- ✓ Provided funding to the British Muslim Heritage Centre to provide messaging to their communities via radio shows and podcasts and to provide awareness training for non-Muslim staff
- ✓ Focused on ensuring that COVID-related services are accessible for disabled people and Black, Asian and Minority Ethnic groups, including testing, contact tracing and virtual clinics
- ✓ Prioritised the care of the Clinically Extremely Vulnerable in our Manchester Primary Care Standards, to ensure GP review of long-term conditions, mental health and flu immunisation for this group, communicating regularly with primary care to support the shielding process
- ✓ Worked with partners to develop a whole system approach to protecting high risk occupational groups, including targeted testing
- ✓ Worked with a small VSCE group supporting Middle-Eastern people to produce videos in Farsi and develop 'train the trainer' for refugees and asylum-seekers

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12 Responding to Variants of Concern

- Integrated Health and Social Care data used to identify both people who were clinically vulnerable and/or in receipt of services within surge testing boundaries, offering clinical support to test at home

16 Interface with vaccine roll out

- Supported the delivery of the Caribbean and African Health Network's 'Health Hour' online event, with over 1500 participants, addressing fears and myth-busting around vaccination
- Supported the delivery of Manchester's BME Network's webinar around vaccination and worked with them to develop 'Spring into Spring' wellbeing packs, including information about vaccines and public health messaging
- Worked with our neighbourhood Health Development Coordinators to identify 'cultural connectors' to disseminate vaccination and COVID messages through their social media networks

Next Steps

- Continue to support specific groups including those who are Clinically Extremely Vulnerable through neighbourhood working
- Continue to engage communities effectively, including ethnic groups at higher risk such as South Asian and White Irish communities
- Support the voluntary sector through delivery of the COVID Impact Fund, Targeted Community Engagement Grant, Connecting Communities Fund and the Charities Additional Restrictions Grant
- Continue to monitor data and intelligence to better understand risks and the effectiveness of engagement across the city
- Deliver a programme of activity under the umbrella of 'Community Champions' to address inequities. This will include working with the voluntary sector and volunteers to build trust, support diverse communities to access the vaccine and other support offers related to COVID

Achievements

- ✓ Established weekly joint operations between GM Police and the city council's Compliance and Enforcement Team targeting the hospitality sector
- ✓ Took enforcement action on premises not complying with advice, including the use of directions to close premises
- ✓ Introduced a COVID Secure Marshals Scheme across the city to provide advice and support to the public and businesses on compliance with COVID-secure measures
- ✓ Held virtual Q&A's with licensed premises and launched a regular e-bulletin to directly target messages and ensure they receive all updated guidance and requirements quickly
- ✓ Promoted positive news stories to showcase exemplary business practice in the hospitality sector
- ✓ Delivered media work raising the profile of enforcement against licensed premises which are flouting restrictions; produced messaging and signs for the lockdown which include stronger lines around enforcement
- ✓ During the sustained university outbreaks in September/October 2020 conducted daily multi-agency tactical meetings (including Greater Manchester Police, universities, council Neighbourhood Teams and Compliance and Enforcement teams) to review data and evidence in relation to breaches of restrictions and agree action

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17 Activities to enable 'living with COVID'

- Continue to work with businesses to incorporate COVID-secure measures as part of 'business as usual'

Next Steps

- Work collaboratively with businesses to plan for and safely re-open parts of the city's economy in stages, by sector. This may require a return to the innovative approaches taken during summer 2020, including further adaptations to licensing to enable hospitality sector to use public realm and outdoor spaces
- Take enforcement action as necessary to help to ensure that the relaxation of restrictions is not compromised



4 Communications and engagement

Achievements

Our Communications Team support every aspect of delivery of our Plan, and much of their work is referenced elsewhere in this document. Other work of note includes:

- ✓ Designed and produced sets of materials to support enhanced community engagement and promotion of the local testing system
- ✓ Produced bespoke leaflets for care home staff and hospitality sector workers and managers
- ✓ Increased number of webinars relating to specific issues such as care home visiting, testing and vaccination
- ✓ Delivered support materials for return to schools and created a toolkit in collaboration with Manchester's Youth team to support young people aged 11-17, featuring a video of young people talking about their hopes for the future and a life beyond COVID, together with links to support online
- ✓ Increased accessibility to comms materials for partners and VCSE groups via the resource hub www.manchester.gov.uk/resourcehub
- ✓ Launched a campaign reminding people in simple terms of the restrictions and their responsibilities
- ✓ Developed a 'hearts and minds' video-based campaign which is being used to help ensure people stick to the key guidelines
- ✓ Delivered a weekly COVID email (more than 20k subscribers) with the latest guidance and support
- ✓ Provided COVID safety messages for those visiting their local high streets or district centres, including lamppost banners and signage to encourage social distancing

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12 Responding to Variants of Concern

- Undertook intensive resident engagement in the two areas of the city where surge testing was taking place, ensuring appropriate engagement methods and approaches that were suited to each community
- Managed national and local media and comms work on surge testing

16 Interface with vaccine roll out

- Developed a plan to ensure clear messages to the public and stakeholders about the vaccine and its delivery and effectiveness with an emphasis on neighbourhood-level messaging from trusted sources through targeted communications and engagement activity
- Focused on encouraging 'at risk' communities to participate in the vaccination programme through targeted engagement activity, including areas where there has been traditionally lower vaccine uptake (see Vaccine Equity Plan)



Appendix 1, Item 5

4 Communications and engagement

15 Ongoing role of Non-Pharmaceutical Interventions: Restrictions on outdoor gatherings, including prohibiting large events

- Delivered targeted and effective campaigns in advance of Eid, Pride, Caribbean Carnival and other events, sustained with follow-up messaging

13 Action on enduring transmission

- Undertook targeted community engagement in areas where there has been higher positivity rates. This included working with partners, local community groups and community leaders to provide key messages, help dispel myths and provide reassurance to the community

Met with Neighbourhood Leads on a weekly basis to ensure they have up-to-date information and the support and materials required to be able to engage in a meaningful way; supported by a weekly set of comms materials that focuses on key messages for that week shared widely amongst local networks

- Created local 'COVID stories' and used them to support the city-wide campaign, enabling a more localised approach

Next Steps

- Continue to focus on providing local context to national messages as restrictions are relaxed, ensuring that targeted communications and engagement activity are culturally relevant with an emphasis on neighbourhood-level messaging
- Continue to implement our vaccination communications plan to ensure clear messages to the public and stakeholders about the vaccine, its delivery and effectiveness, maximising coverage of the vaccine through a specific focus on encouraging 'at risk' communities to participate in the vaccination programme
- Support the aim to bring targeted testing to communities where we have seen high prevalence in the pandemic but low uptake of testing as we move out of lockdown
- Provide a rapid communications response to any outbreaks and any localised restrictions that may need to be implemented as a result

17 Activities to enable 'living with COVID'

- Communicating clear messages that people will need to continue longer term with regular testing, contact tracing, self-isolation and infection prevention and control measures, as well as vaccination



5 Resourcing

Local Authority Test and Trace Grant

£4,836k awarded to cover up to 31.3.22. This funding is to ensure that appropriate systems are in place for outbreak management and prevention of COVID-19 in line with Manchester's COVID-19 Prevention and Response Plan. The structures planned and put in place are:

- Strategic Response Team
- Response Service including the Central Coordination Team, Level 1 & 2 Contact Tracing Teams, Community Health Protection Team (Infection Control) Environmental Health Contact Tracing Team and a Compliance and Enforcement Contact Tracing Team
- Recovery Team
- Personal Protective Equipment (PPE) management (to be extended until 30.9.21)

Surge Testing Funding

Nationally-initiated programmes to respond to the emergence of new Variants of Concern (VOC) within 2 areas of Manchester: Area 1 (Moss Side/Hulme/Rusholme/Fallowfield) and Area 2 (Moston/Harpurhey) have been delivered on the basis of reimbursement of costs incurred. Costs for both Surge Testing programmes have been collated

Clinically Extremely Vulnerable and Support for Self-Isolation

Funding to provide support to those identified as Clinically Extremely Vulnerable and have requested support during periods where 'shielding' has been advised. This funding equates to £14.60 per CEV person. In addition a framework to ensure practical support for those that need to self-isolate is due to be implemented. Final confirmation of funding is yet to be received

Contain Outbreak Management Funding

Funding has been allocated across the City Council in the following ways:

- Manchester Test & Trace: used to supplement spending on the Contact Tracing Team (staff, equipment and estates), the Community Health Protection Team, the case management system, the GM Integrated Contact Tracing Hub and Targeted Testing at Scale
- To support the voluntary sector and engagement with communities most at risk. This included funding to create a voluntary sector fund to support the mental health and wellbeing of people and reduce isolation, funding for advice and domestic violence services and funding to support wider engagement with the communities that are most at risk

Targeted Testing at Scale (DHSC-funded)

This programme was originally planned as a 6-week exercise in January and February to provide asymptomatic testing at an average cost of £14/test across the city for which Manchester would be reimbursed retrospectively. Following the national lockdown (starting 5.1.21) the programme was initially extended for a further 6 weeks and then again to June 2021. Current discussions are ongoing regarding how much Manchester can reclaim

Other resources

Supporting the voluntary sector through delivery of the COVID Impact Fund, Targeted Community Engagement Grant, Connecting Communities Fund and the Charities Additional Restrictions Grant

6 Data Mobilisation and Information Sharing

Achievements

- ✓ Developed a range of routine tools and products to monitor the progress of COVID in Manchester, including the daily Manchester COVID-19 Dashboard, a weekly report for elected members and a COVID-19 data page on the council website (over 10,000 unique page views since the start of January 2021)
- ✓ Developed a Care Home Dashboard, refining it to cover capacity, infection rates and clinical outcomes
- ✓ Undertook routine and ad-hoc analysis of data within the PHE COVID-19 Situational Awareness Explorer in response to outbreak situations and emerging programmes of work. This included the development of a series of maps to illustrate geographical location of potential sources of transmission of COVID in Manchester based on data in PHE Common Exposures Report
- ✓ Worked with universities to share and compare aggregate data in respect of the outcomes of testing activity within the student population living in the city
- ✓ Undertook a series of 'deep dive' analyses of COVID data in order to understand better the epidemiology and geographical distribution of cases in specific age cohorts (18–29-year-olds, 50 years of age and over) and BAME groups (South Asian/Pakistani and Black African and Black Caribbean communities) to support the work of the COVID Health Equity Manchester (CHEM) group
- ✓ Developed a draft COVID Neighbourhood Risk Matrix to support the targeting of engagement activities and other work in different parts of the city, engaging with Neighbourhood Teams to increase understanding of how to use it to support their work
- ✓ Developed improved tools and processes for recording and monitoring cases COVID and outcomes for individuals living in care home and other residential settings

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Achievements

- ✓ Supported the development of a new Case Management System for cases of COVID
- ✓ Undertook a rapid review of COVID-related community engagement work in local neighbourhoods which synthesised learning from best practice and behavioural science
- ✓ Supported the asymptomatic testing programme by providing data to inform delivery and review outcomes
- ✓ Supported the delivery of surge testing through the provision of timely activity and outcomes data, working with Public Health England to analyse the data
- ✓ Collected and reported weekly data on cases, clusters and outbreaks in early years, schools and college settings, including the number of pupils and staff isolating
- ✓ Developed a process for assessing postcode coincidence reports (where two or more people have mentioned the same postcode as somewhere they have potentially been during their infectious period)
- ✓ Put reporting arrangements in place for homelessness settings

Appendix 1, Item 5

6 Data Mobilisation and Information Sharing

Next Steps

- Ongoing analysis and interpretation of information to inform the city's ongoing response to the pandemic by triangulating data from the COVID-19 Situational Explorer (COVID tests and cases, contact tracing, common exposures and postcode coincidences, vaccine data) with locally-gathered and analysed data and insight
- Support the reopening and continued operation of schools and other educational establishments (including universities) in the city through the routine monitoring and analysis of testing and cases data, alongside the local data collected and analysed by the Manchester Test and Trace service and university partners
- Work with partners to ensure that work to plan for the effective easing and exiting of COVID restrictions in Manchester is informed by an understanding of the differential impacts of COVID on local communities, population cohorts and geographical areas and neighbourhoods within the city
- Continue to provide surveillance and analysis to inform the wider strategic response to COVID in Manchester, providing an understanding of how the pandemic has developed over time and enabling analysis of the impact and effectiveness of local interventions
- Synthesise and review evidence and research to inform delivery and ensure that strategic and operational decision-makers have access to robust, high-quality and relevant evidence
- Support modelling work led by Manchester University Hospitals NHS Foundation Trust (MFT) through the provision of advice and guidance regarding the optimum use of data to understand the impact of wider social, economic and demographic factors on demand for, and use, of secondary care services during and post-pandemic

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Next Steps

- Work with the Manchester Health and Care Commissioning Business Intelligence Team to improve data management and reporting processes. Increase our capacity to undertake more in-depth analysis to enhance our understanding of the historic and future impacts of COVID on the health and wellbeing of the local population and on health and care services within the city and beyond
- Look at existing data sources that the city council receives re: COVID cases to see how this can better inform targeted pieces of work going forward, both proactive and reactive

16 Interface with vaccine roll out

- Support the delivery of the vaccination programme, with an emphasis on understanding inequalities in uptake across the city, complemented by both insight obtained from the existing community 'sounding boards' and in-depth knowledge of the Manchester population

Appendix 1, Item 5

7 End-to-end COVID-19 Response: Community Testing

Achievements

- ✓ Stood up a temporary Local Testing Site for essential workers at the Etihad prior to the establishment of the Regional Testing Site
- ✓ Coordinated and assessed the effectiveness of different approaches to managing workplace outbreaks, including use of our mobile testing team and Mobile Testing Units
- ✓ Undertook a needs analysis to support decision-making on the best location of walk-in Local Testing Sites (LTS) across the city, working with DHSC, city council partners and local stakeholders to establish a network of eight Local Testing Sites across the city
- ✓ Successfully tested different approaches to mass testing for outbreaks in university settings
- ✓ Continued to reinforce messages and communications about when to get a test in order to manage demand and expectations for testing
- ✓ Worked with DHSC to establish a system for protected appointment slots for essential workers at Local Testing Sites
- ✓ Developed a targeted telephone support offer via the local contact tracing team to priority groups who may find it difficult to access a test
- ✓ Delivered the Targeted Testing at Scale (TTaS) Programme (asymptomatic lateral flow testing) for Manchester through five sites as part of the GM and national approach for 'point of care' testing, revising the approach due to the national lockdown measure and giving priority for testing aimed at people unable to work from home and without access to regular testing within their workplace

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Achievements

- ✓ Worked with care homes to support the development of the whole care homes testing programme
- ✓ Implemented the Public Health England care home outbreak pathway and coordinated access to testing for symptomatic residents and during outbreaks, providing a results service and advice on management of positive cases
- ✓ Encouraged businesses to access lateral flow testing of asymptomatic staff, providing support and advice where needed
- ✓ Supported schools with the implementation of lateral flow testing and provided access to local asymptomatic testing sites for primary school staff prior to this being offered by the Department for Education

12 Responding to Variants of Concern

- Worked with DHSC to establish Mobile Testing Units in our two surge testing areas, establishing 'drop and collect' facilities in both areas providing home testing kits to enable testing for individuals unable to travel

17 Activities to enable 'living with COVID'

- As we move out of lockdown the aim is to bring targeted testing to communities where we have seen high prevalence in the pandemic but low uptake of testing. In particular, the communications and engagement work will focus on the support available for anyone who tests positive

7 End-to-end COVID-19 Response: Community Testing

Next Steps

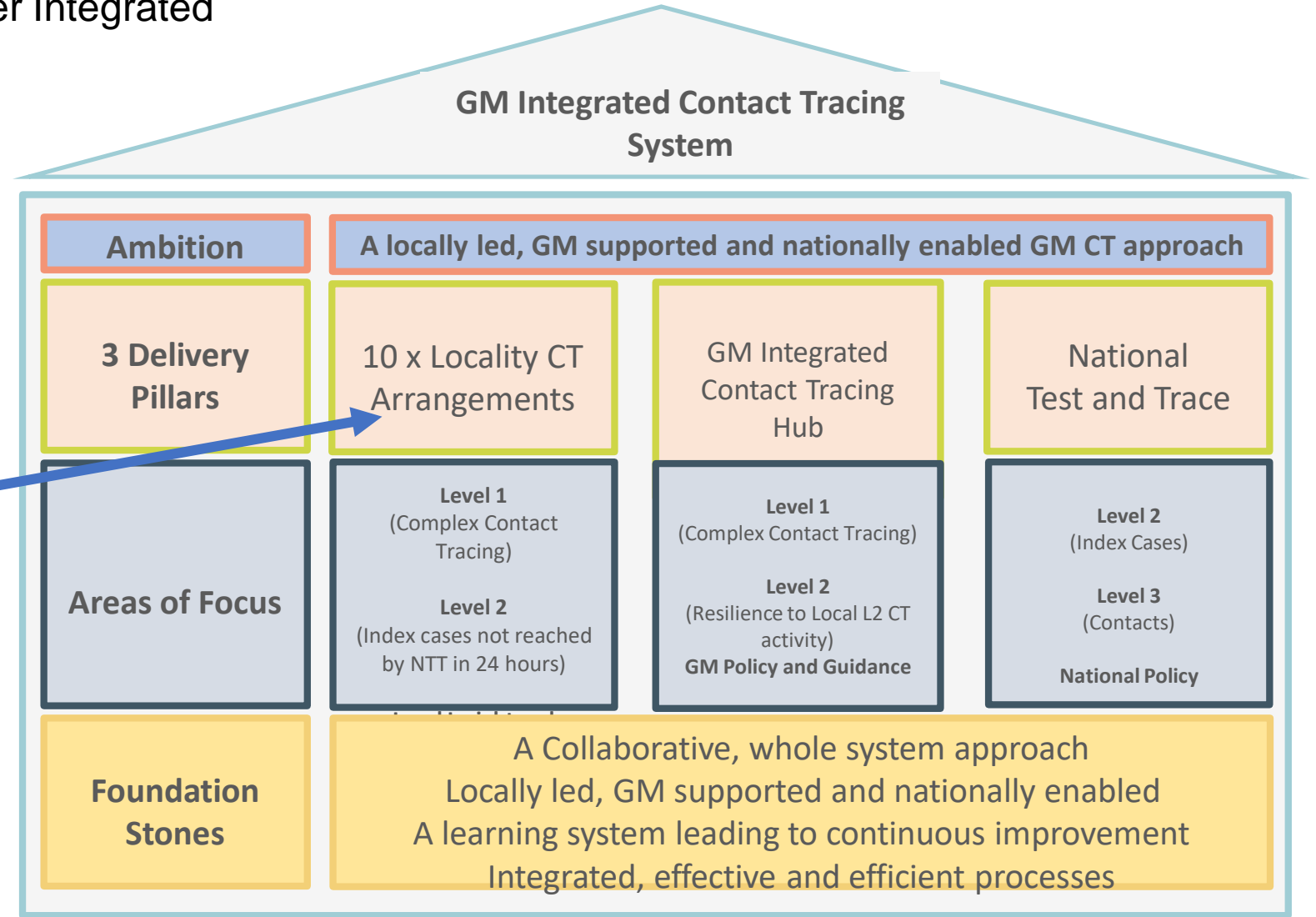
- Continue to deliver the Manchester Community Testing Model with a focus on asymptomatic lateral flow testing, utilising existing testing sites as part of a wider community testing offer from April, with effective communications
- Continue to monitor new emerging national programmes such as the Workplace Scheme for employers who will be encouraged to deliver lateral flow testing. The learning from the approach with schools will be key to getting the right balance between home testing and site-based testing to reduce the risks associated with false negative results
- Continue to look at whether the system for locally controlled appointments at Local PCR Testing Sites would support testing in any other targeted priority groups
- Continue to work with care homes on the implementation of the revised care home visiting testing protocol, review in the context of vaccine uptake and transmission rates and continue to monitor staff and resident testing programmes
- Adapt our testing offer as new testing methods and programmes become available

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8 End-to-end COVID-19 Response: Contact Tracing

Our approach to local contact tracing is in the context of the Greater Manchester Integrated Contact Tracing model



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Local Contact Tracing Team



8 End-to-end COVID-19 Response: Contact Tracing

Achievements

- ✓ Successfully implemented a *locality-first, GM-supported* model for all contact tracing in Manchester. Our local team receives details of all complex cases in the city first and then has the ability to seek support from the GM team on a surge capacity basis. The strength and expertise in our broad, diverse and multi-organisational team has resulted in high quality response to local cases of COVID
- ✓ Delivered locally-led contact tracing and consequence management support for Manchester's schools and early years settings. By working closely with the council's Director of Education and headteachers we have embedded a clear, simple reporting mechanism for all cases of COVID, which has improved the quality of data and intelligence on COVID in educational settings. This, together with our local ability to offer clinical support from a team of nurses, has built a close working relationship with schools and early years settings
- ✓ Embedded the ability to search council databases for alternative contact details for the cases we receive for local follow-up which have incorrect or incomplete telephone numbers
- ✓ Ensured access to a comprehensive range of interpreter services to support contact tracing for people in their preferred language
- ✓ Used learning and intelligence from our local contact tracing activity to inform regional and national policy. Most recently we have shared detailed insights from contact tracing conversations to widen national understanding of the symptoms individuals may experience during COVID
- ✓ According to data shared by government to compare the successes of local contact tracing systems across the eight English Core Cities, Manchester Test and Trace reached both the greatest percentage of locally-offered cases relative to total cases offered, and the greatest percentage of locally offered cases versus overall cases in the city
- ✓ Provided bereavement and suicide awareness training to our local contact tracers to support conversations with distressed residents, including the families of residents who have sadly died as a result of COVID

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12 Responding to Variants of Concern

- Secured agreement with the national Test and Trace Contact Tracing Lead for the contact tracing of all positive cases from Variants of Concern testing to be led by the local team. We are the first area in the country to take a locality-led approach to Variants of Concern
- Identified a number of key benefits of a locally-led approach to contact tracing during surge testing. These include
 - Ability to reach cases who do not use the internet or a mobile phone to inform them of their test result and complete contact tracing immediately
 - Ability to answer any hyper-localised questions on the surge testing and tracing activity.
 - Local proximity to residents allows us to quickly identify locations they may have visited in the area. This means we can identify any links between cases and manage any clusters or outbreaks quickly
 - Ability to tailor contact tracing interview scripts for local use to ensure we collect as much information from confirmed cases as possible
- Developed a detailed Standard Operating Procedure of our locally-led tracing system to share with colleagues across Greater Manchester in order to develop a common understanding of responding to Variants Of Concern

Appendix 1, Item 5

8 End-to-end COVID-19 Response: Contact Tracing

14 Enhanced Contact Tracing

- Carried out backward contact tracing to identify contacts in their incubation period and forward contact tracing to identify contacts in their incubation period
- Used common exposures data and postcode coincidence alerts to inform our response
- Used local expertise to contact all cases that have not been reached by the NHS Test & Trace service within the first 24 hours of testing positive
- Piloted a 'door knocking' role testing whether attending the address of an individual who has not engaged in the contact tracing process, posting a letter requesting they urgently call us back and knocking on the door to offer any support to self-isolate would increase levels of engagement and adherence

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Next Steps

- Continue to develop the expansion of local contact tracing capacity to take on additional local cases from the national system and provide a timelier response. Our performance compared to other authorities highlights the good progress made
- Pilot the new locality-first 'Integrated Tracing System' which will allow us to pull down any Manchester COVID cases from the national system and lead contact tracing these locally. Conversations on this new system have already allowed us to shape functions and processes. We were selected as the first local authority to pilot this approach
- Continue to develop our own integrated Case Management System for contact tracing and consequence management which will be used across teams in the Council and Local Care Organisation
- Continue to develop a role for a Nurse from our local contact tracing team to visit residents' homes to carry out contact tracing work where required, e.g. to help with Variant of Concern cases

'Older residents report how pleased they are to speak to our Contact Tracing Team as it may be the only call they receive that day'

9 End-to-end COVID-19 Response: Support to self-isolate

Achievements

- ✓ Maintained the Shielded Patient List to ensure it is up-to-date, following up with phone calls via primary care to understand support needs
- ✓ Worked across organisations to ensure we are meeting the needs of people who are shielding, developing a neighbourhood model of care with coordination by teams around the neighbourhood
- ✓ Following the new national lockdown and reintroduction of shielding, letters were sent to all Manchester residents informing them of the local support available and systems were stood up again
- ✓ Phone calls were carried out via Manchester Active to all Clinically Extremely Vulnerable residents who received direct food support in the first period of shielding. This provided reassurance and a support offer
- ✓ Developed a targeted telephone support offer via the local contact tracing team to priority groups needing extra support to self-isolate that they cannot access through the national system
- ✓ Worked with the council's Revenues and Benefits team to deliver the NHS Test & Trace Support Payment to over 2,000 residents, widening the discretionary payment eligibility criteria
- ✓ Via our local contact tracing team ensured households who are required to self-isolate are signposted to the wide range of support on offer in Manchester, including food support, mental health support for adults and young people and bereavement support. The team further offer advice on nutrition and remaining active during periods of self-isolation
- ✓ Supported a number of households with emergency food provision, coordinating packages tailored to meet the needs of those who are isolating e.g. halal food and baby formula

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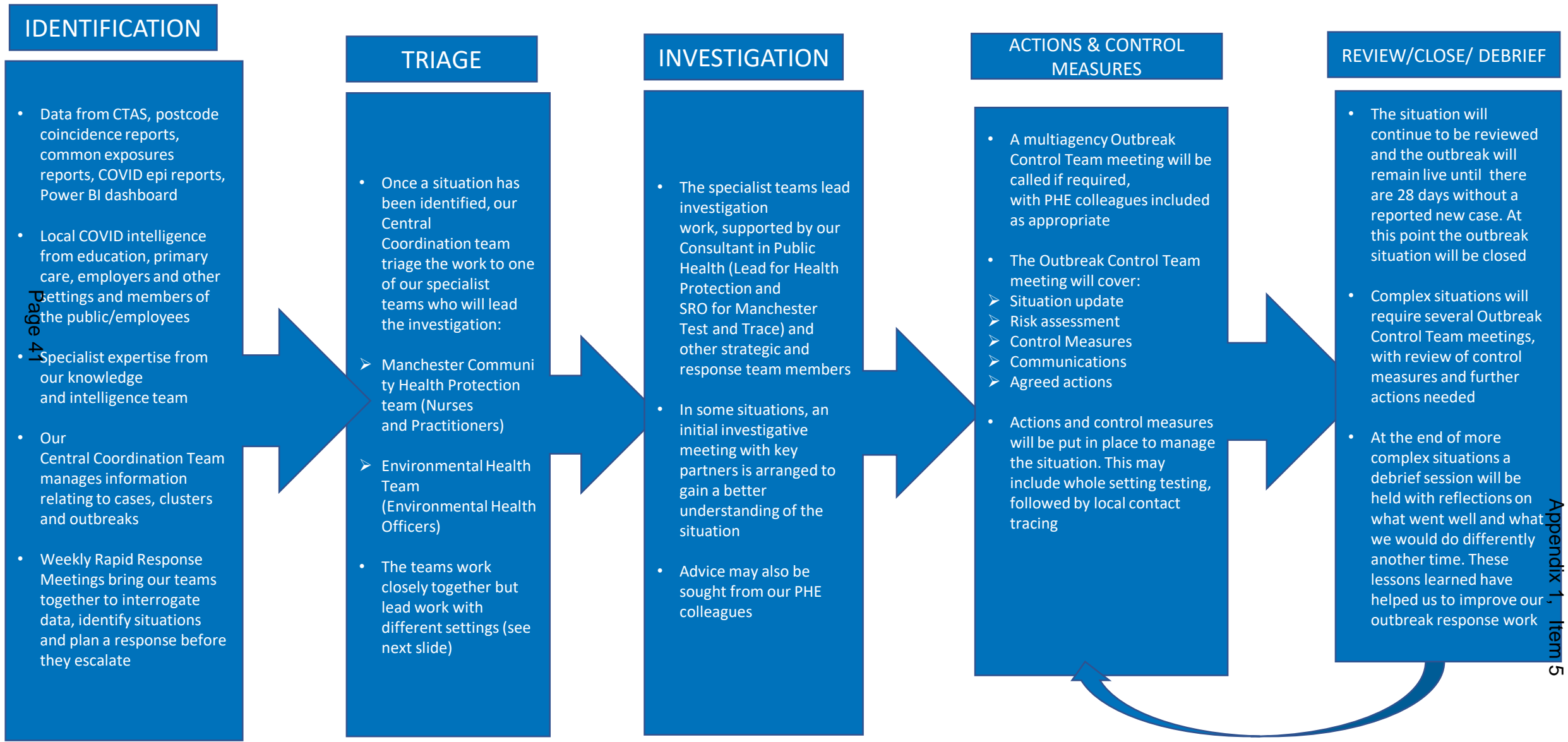
Next Steps

- Continue to work closely with DHSC on developing an enhanced package of support to enable residents to self-isolate where required
- Implement a recently revised framework for councils on delivering practical support for self-isolation
- Expand the NHS Test & Trace Support Payment to include parents and carers of isolating children



10 End-to-end COVID-19 Response: Outbreak Management

We manage outbreaks by following the process below:



10 End-to-end COVID-19 Response: Outbreak Management

Our specialist teams:

Outbreaks led by Community Health Protection Team	Outbreaks led by Environmental Health Team	Outbreaks led by Public Health England
Care Homes	Businesses and offices	Justice - Prison (with representation from the Community Health Protection Team)
Supported living accommodation	Manufacturing and warehousing	Aircraft
ExtraCare	Hospitality	Justice: approved premises (bail hostels)
Temporary homelessness council-commissioned accommodation	Temporary homelessness accommodation sites: private hostels (e.g. Bed and Breakfast, half-way houses)	
Temporary homelessness miscellaneous provision e.g. safe houses/asylum seeker 'dispersed' accommodation	Council-commissioned hotel accommodation for people seeking asylum	
People sleeping rough	Homes of Multiple Occupancy and high rise blocks	
Early Years and schools	Justice - Courts	
Colleges and Adult Education premises	Manchester Airport	
University/College settings, including university-owned halls	Private student accommodation blocks	
Primary Care (with Public Health England support)	Public transport and Home-to-School transport	
Vaccination sites	Sporting venues, theatres, events	

Outbreaks in Manchester City Council and Manchester Health and Care Commissioning offices would be led by either local team together with the Health and Safety Team and with Public Health England oversight

10 End-to-end COVID-19 Response: Outbreak Management

Achievements

- ✓ Invested in additional capacity across our Response Service, including:
 - additional roles within Environmental Health given the scale of workplace outbreaks and the need to provide COVID-secure advice to all employers. There are around 23,000 businesses within Manchester
 - a Lead Health Protection Nurse with Clinical Lead responsibility for Manchester Test and Trace
 - additional Infection Control Nurses for our Community Health Protection Team
 - a Strategic Lead for Manchester Test and Trace to lead the integrated response work between Environmental Health, Education, the Community Health Protection Team and the Manchester Local Care Organisation
- ✓ Strengthened the integrated response work between these teams as part of our branded Manchester Test and Trace Service
- ✓ Developed our understanding of outbreaks by geography and key demographics to be able to respond collectively in a flexible and targeted manner and monitored outbreak activity over time to be able to plan appropriate increases in capacity
- ✓ Established regular Internal Outbreak Control meetings to discuss current outbreaks and lessons learned
- ✓ Recruited a senior nurse to support additional Infection Prevention Control (IPC) training with Care Homes and other settings
- ✓ Established a Response Service Operations Group, bringing teams together to examine risks and issues and continually improve systems and processes

Next Steps

- Further strengthen our coordination of knowledge and intelligence between different parts of our Test and Trace system to identify and respond to situations at an earlier stage. This work will be enhanced when the new Integrated Tracing System allows us to pull down cases we want to manage locally
- Go live with the new case management system we have been developing to support joint working between different parts of our local Test and Trace system
- Agree new outbreak testing pathway to reflect options for using lateral flow testing in outbreak situations

CASE STUDY 2: Storm Christophe

This case study highlights the challenges of evacuation in a COVID-secure way and the importance of working flexibly and proactively with partners across the system

In January 2021 Manchester led a multi-agency response to manage flooding from rising water levels in the River Mersey due to Storm Christophe, resulting in the evacuation of households and settings in several areas of the city

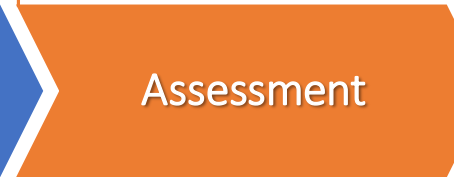
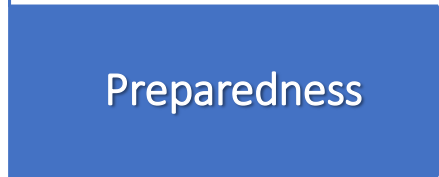
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The Greater Manchester shelter and evacuation plan was updated in 2020 to take account of COVID-19



Involved close partnership working including Public Health England, Manchester Test and Trace, Public Health Knowledge and Intelligence, Communications, Neighbourhood and Adult Social Care Teams, working with GM Resilience Teams, Environment Agency and Emergency Services - bringing together a wide range of skills, knowledge, experience and expertise



The work required to plan and execute a COVID-secure evacuation took place in the context of managing existing COVID response work; at the time, Manchester Test and Trace were overseeing 136 settings with cases (65 clusters and 30 outbreaks)

sed

CASE STUDY 2: Storm Christophe

Assessment

- Safeguarding life remains the priority of all emergency response, and in extremis, where there is an imminent threat to life from not evacuating, the priority is to evacuate safely and accept the risk of COVID transmission. In this case, we had time to plan a COVID-secure evacuation
- Due to high COVID rates and the lockdown in place, it was assessed that residents should not be advised to seek shelter with family and friends (as would normally be the case) but should be evacuated using COVID-secure transport to different hotels and rest centres depending on their needs
- Along with residential properties and businesses, three settings in the area housing vulnerable residents needed to be evacuated: a centre supporting people who are homeless, a supported living premise and a hotel housing people seeking asylum. There was an added complexity of a current COVID outbreak at the hotel for asylum seekers that also needed to be managed throughout the evacuation process
- It was assessed that residents in clinically vulnerable and extremely clinically vulnerable groups would require separate accommodation from residents deemed at high risk of infecting others i.e. COVID-positive or self-isolating due to a recent positive test result, symptoms of COVID or close contact with a confirmed case of COVID

- Consultant in Public Health liaised with Public Health England to discuss COVIDsecure options and approaches.
- The Public Health Knowledge and Intelligence Team interrogated Public Health England COVID datasets to identify residents in the evacuation area who were deemed at high risk of infecting others
- Three hotels were secured:
 - Hotel A for individuals/households deemed to be at high risk of infecting others
 - Hotel B for residents in clinically extremely vulnerable groups (high risk) and clinically vulnerable groups (moderate risk)
 - Hotel C for residents seeking asylum living in the hotel housing (with an ongoing outbreak)
- A Reception Centre was established and COVID-secure measures were put in place, including COVID checks for residents before entering the centre, social distancing, face coverings and arrangements for contact details to be taken for future contact tracing purposes if required

Planning

**CASE STUDY 2:
Storm Christophe****Communications**

- Residents who were COVID symptomatic without a test result (i.e. not on COVID databases) were encouraged to contact the council to arrange their hotel evacuation accommodation
- Consultant in Public Health worked with Neighbourhoods and Communications Teams to agree approaches for sharing information with clinically extremely vulnerable residents and those isolating due to COVID

Response

- Manchester Test and Trace Central Coordination Team telephoned and texted residents identified as COVID-isolating to alert them to the evacuation risk, checking that they were well enough to evacuate and providing clinical advice. They were provided with details of Hotel A and offered COVID-secure transport where required
- Residents in clinically vulnerable and extremely vulnerable groups were evacuated to Hotel B
- Residents seeking asylum living at the hotel with an ongoing outbreak were evacuated to Hotel C (see Case Study 3)
- Housebound residents with complex health and social care needs were provided with had 24-hour placements
- Other residents were evacuated to the COVID-secure Reception Centre

Outcome: The COVID-secure evacuations were successful. There were no reported cases of COVID in residents who attended the Reception Centre or stayed in the hotels used for clinically vulnerable and extremely clinically vulnerable groups following the evacuation.

CASE STUDY 3: Evacuation of a complex setting in outbreak

This case study demonstrates the importance of strong working relationships between organisations to manage an outbreak in a complex setting at local level

In January 2021, due to Storm Cristophe Manchester led a multi-agency response to manage the evacuation of asylum-seekers provided with hotel accommodation in the evacuation area. The setting was at that time in an outbreak situation



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The work required to plan and execute a COVID-secure evacuation was conducted in addition to managing existing COVID response work; at the time, Manchester Test and Trace were overseeing 136 settings with cases (65 clusters and 30 outbreaks).

CASE STUDY 3: Evacuation of a complex setting in outbreak

Preparedness

- The Migrant Health Team based at a nearby practice provide healthcare to residents and are frequently on site. The provision is managed by SERCO on behalf of the Home Office.
- At the start of the pandemic the setting was identified as vulnerable and relationships and working procedures were established between the Manchester Test and Trace Team, the Migrant Health Team, SERCO and the team running the hotel
- The Environmental Health and Community Health Protection Teams conducted a virtual walk round the premises and offered advice regarding COVID-secure procedures and Infection Prevention Control

Assessment

- The hotel exclusively accommodates people seeking asylum and has 259 residents, including 12 children. There is a wide age range of residents. Some residents have complex health needs, including post-traumatic stress disorder
- An outbreak was identified at the setting, initially involving 2 confirmed COVID-positive cases in residents and 3 positive staff members in the Migrant Health Team

Planning

- A multi-agency Outbreak Control Team (OCT) meeting was held to discuss the COVID situation at the hotel and the developing potential flood risk
- SERCO secured an empty hotel to transfer the residents and it was agreed that staff would work at the temporary hotel to provide continued support for residents
- COVID-secure transport on coaches was planned, with residents distanced and transported separately according to transmission risk

Communications

- Hotel residents were notified as a matter of priority, so they were prepared for evacuation in line with residents of the local area

CASE STUDY 3: Evacuation of a complex setting in outbreak



Response

- By the time of the evacuation, there were 2 confirmed COVID-positive cases in residents (in self-isolation), 6 residents in self-isolation with symptoms awaiting results (including a family of 5), 1 resident contact in self isolation and 3 positive staff members in the Migrant Health Team
- Through the night of 20th January, 140 residents were evacuated to the temporary hotel; due to an issue with space it was decided to prioritise the evacuation of the most vulnerable residents including families, positive COVID cases and self-isolating cases. Residents remaining were all on higher floors. Flood mitigations were in place if required including sandbags/water pump/generator etc. Advice was provided regarding food provision
- An Outbreak Control Team meeting was held the next day; more positive COVID test results had come through overnight. Given the outbreak and potential risk of transmission from the return move it was decided to use lateral flow testing to inform a safe journey back. Support from the military for testing was ruled out (given the associated trauma for some residents) and that testing was facilitated by Healthworks with support from the Migrant Health Team. Two residents had positive results, both were to have confirmatory PCR testing. Contact tracing was also carried out. Three days after return to the hotel further lateral flow testing was carried out to include residents that weren't evacuated, residents that had been evacuated and had a negative result on the first round of testing and all staff

Outcome: All self-isolating residents were contacted to discuss the evacuation process and to see if any concerns were raised regarding the transport or their stay at the hotel. Feedback from residents was very positive and they did not have concerns about COVID-secure breaches. One resident reported feeling safe through the process.

The Outbreak Control Team continued to meet regularly and managed the outbreak over a number of weeks. A number of enhanced control measures were put in place.

The evacuation was managed very well. The total number of positive cases was 21 residents (including a family of 5 and a family of 7), 3 Staff Members, 3 Migrant Health Team staff.

The outbreak was officially declared over on the 2nd March 21. A debrief meeting was held and processes/procedures will be tweaked to further improve our processes.

11 End-to-end COVID-19 Response: Surveillance

Achievements

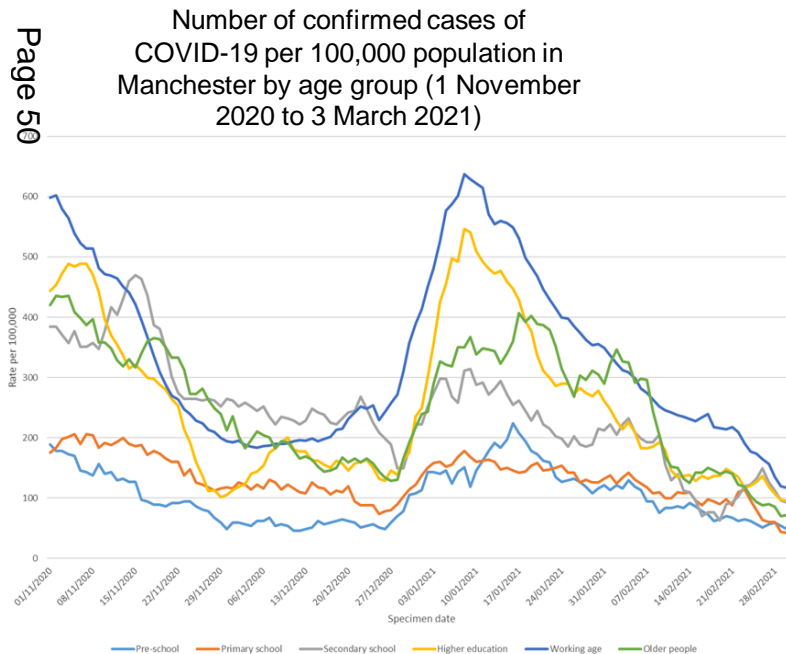
- ✓ Established the bi-weekly, high-level COVID-19 Strategy Group to interrogate available data, making decisions regarding the initiation of enhanced community engagement in areas of high transmission

Next Steps

- Review and adopt new sources of data and intelligence (e.g. wastewater epidemiology, Google mobility data, syndromic surveillance) as they become available, ensuring that these are considered alongside existing sources of data

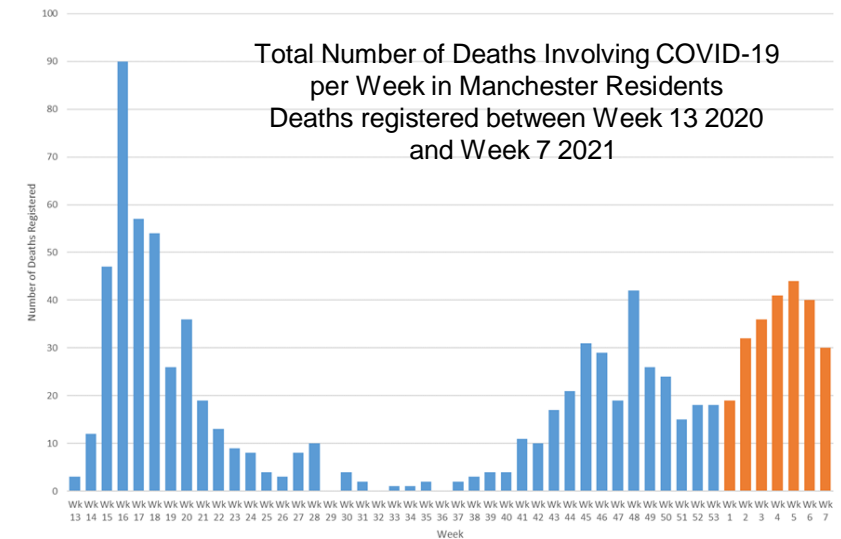
13. Action on enduring transmission

- Used available data to identify areas of the city with high rates of COVID
- Delivered intensive community engagement plans involving Neighbourhood Teams, Greater Manchester Police, voluntary sector providers and faith-based organisations. Implemented 'Making Every Contact Count' for all integrated neighbourhood teams in Manchester, mobilising front line staff to deliver COVID prevention messages.
- Used the data and evidence available to put in place appropriate engagement mechanisms for the 17-29 year age group and engaged with students and residents in the streets that have the highest concentrations of students to advise them of preventative messages



Number of confirmed cases of COVID-19 and 7-day rate per 100,000 population in Manchester: 25 February to 3 March 2020

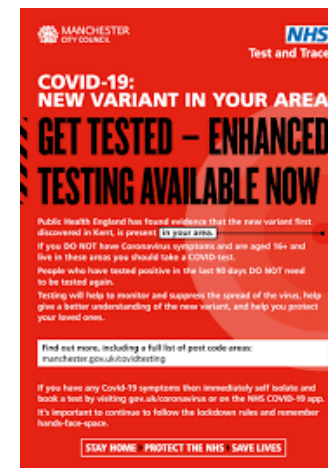
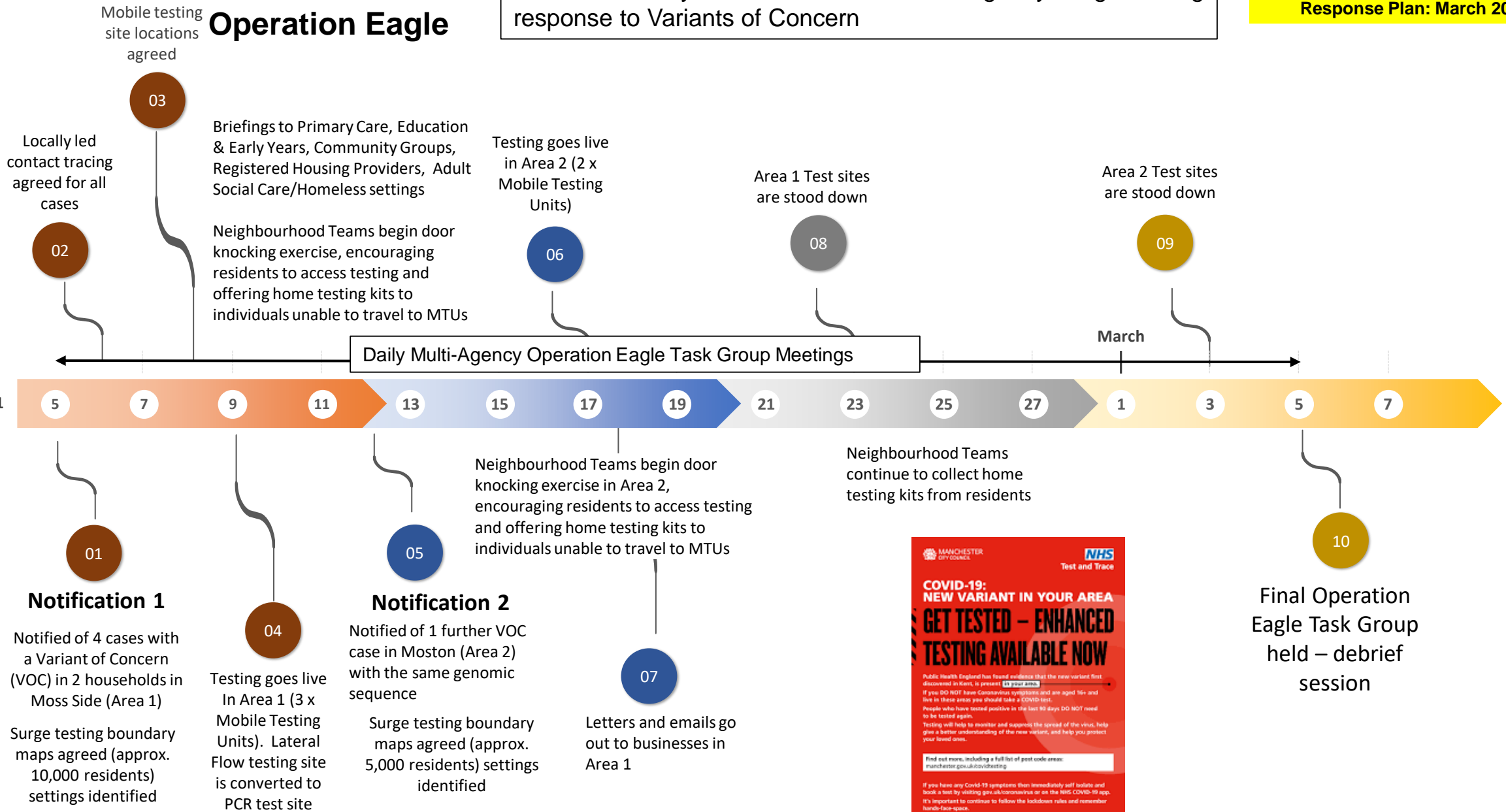
7-days ending...	Daily number of cases	7 day total number of cases	Rate per 100,000 population	7-day rate of change (%)
25/02/2021	86	790	142.9	-17.7%
26/02/2021	99	758	137.1	-19.9%
27/02/2021	73	717	129.7	-25.5%
28/02/2021	42	632	114.3	-34.6%
01/03/2021	58	555	100.4	-40.8%
02/03/2021	83	542	98.0	-37.8%
03/03/2021	60	501	90.6	-38.2%



CASE STUDY 4: Operation Eagle

This case study demonstrates our multi-agency surge testing response to Variants of Concern

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Feb 2021



CASE STUDY 4: Operation Eagle

Outcomes*

Area 1: Moss Side, Hulme, Whalley Range & Fallowfield



Local teams knocked on **6,130** properties
2,065 received a second visit



3,609 tests completed in Mobile Testing Units
64 positive tests



1,084 completed home testing kits
26 positive tests



72% positive cases successfully traced



120 contacts identified
97% contacted and supported to self-isolate



Local teams knocked on **2,750** properties



2,067 tests completed in Mobile Testing Units
37 positive tests



546 completed home testing kits
18 positive tests



96% positive cases successfully traced



42 contacts identified
95% contacted and supported to self-isolate

* At the time of writing it was not possible to fully report on the outcome of genomic sequencing for the Variant of Concern as some results were still outstanding

Learning

Feedback from Contact Tracers:

Younger people are often keen to complete the online tracing questionnaire but then fail to do so	Many people were feeling anxious and uncertain about the situation going on in their neighbourhood	People who are symptomatic often want to rest and be left alone and are therefore less inclined to answer questions	Older residents have said how pleased they are to speak to the team as it may be the only call they receive that day
On the whole, people testing positive through Operation Eagle have been more engaged with the tracing process – many were expecting the call from us	We guided a person through the Test & Trace Support Payment online application	Some people say they are unable to go back 14 days and remember what they were doing	Five people required the use of translator services to complete contact tracing

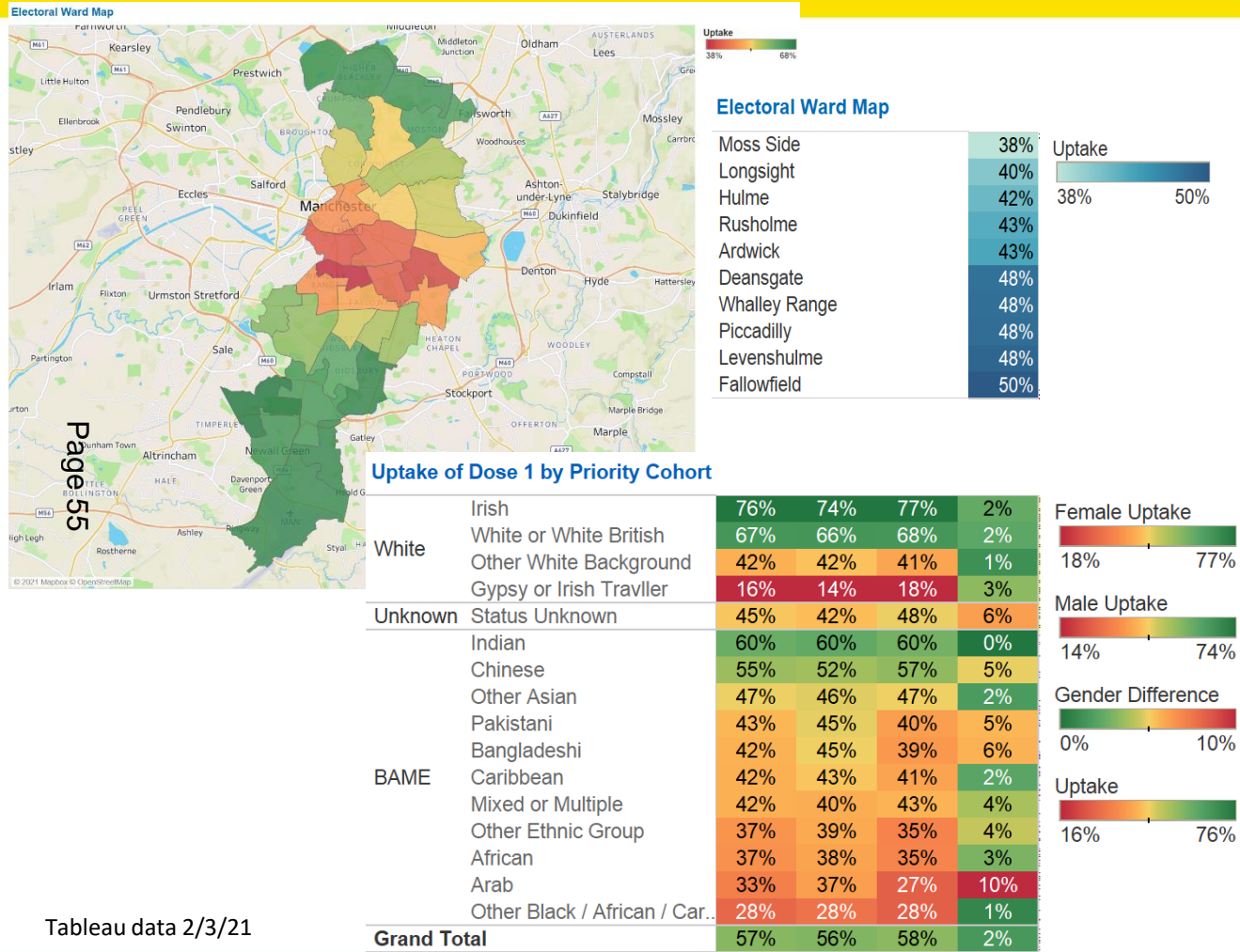
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Our revised approach to Surge Testing and Variants of Concern:

- Opportunity costs and actual costs from repeat surge testing are considerable
- Preference is to "switch on" genomic sequencing for positive tests in designated areas, alongside enhanced contact tracing led by the Manchester team in collaboration with Public Health England
- Consideration will also be given to wastewater sampling building on the approach taken in other parts of Greater Manchester

We are working with national colleagues to improve processes for responding to Variants of Concern, sharing our experiences and findings from our work

- **The plan focuses on improving vaccination coverage amongst people in Manchester** based on current data, in order to address inequalities as well as improve vaccination coverage overall
- Complements the **communications and engagement plan** to increase coverage focusing on target groups of people
- Focuses on **short to mid-term actions** whilst acknowledging that the issues underpinning low coverage are long-standing, not new to COVID-19 and require a long term plan.
- **Proactive and targeted design** of vaccination service offers and engagement approaches
- Informed by **data and intelligence**
- Supported by **monitoring and evaluation**



The **objective** is to improve coverage focusing on **three broad groups**

- **Ethnicity**
- **Disabled People**
- **Inclusion Groups (eg. Gypsies and Irish Travellers, Refugees and Asylum Seekers)**

Effective delivery will require diverse approaches, “communities within communities” and intersectional approach (e.g. gender, disability, LGBT, CEV, non/faith-based, occupation)

Aim to **provide information, increase motivation, and enable access** in order to increase coverage

Develop knowledge and deep understanding of the barriers to vaccination and how they can be addressed (one size will not fit all)

Tableau data 2/3/21

Action to date

Community-specific sessions e.g. South Asian webinar, community radio sessions with PCN/ Neighbourhood clinical leads, MEN Facebook Live event and social media work.

'Back to Practice' clinics for inclusion groups e.g. Longsight, Hulme & Rusholme

Community Languages clinic – patients who have not responded/declined to invitation contacted in their first language by community volunteers and booked into clinic and session including staff and volunteers who spoke appropriate languages – 120 vaccinated

Covid vaccination film made with 14 of Manchester's councillors from a range of backgrounds myth-busting and promoting vaccine: <https://youtu.be/fZXKsVLreCU>

Multiple **communications materials translated into 13 languages.**

Work with **VCSE to target messaging at specific communities** e.g. CAHN event.

Use of **community spokespeople** to promote messaging

Targeted communication and engagement with **refugees and asylum seekers**

Future plans

Community Partnership Fund programme.

Increased **engagement through schools and places of worship.**

Further recruitment of **volunteers /cultural connectors from specific communities** and building on learning in terms of contacting patients in their first language.

Further communications work with **BAME councillors and local MPs.**

Multi-faith film with **faith leaders.**

Focus on vaccination coverage within the **care workforce.**

Work within **neighbourhoods to identify 'hidden' groups.**

National Roadmap: Manchester Context

As evidenced in this plan we will align our monitoring and surveillance systems to provide a local analysis against the four Government tests namely:

- Vaccine deployment
- Hospital admissions and deaths
- Local community transmission rates
- Responding to variants of concern

Our initial Forward Plan set out on the next slides, reflects the first steps of the national roadmap and will be updated following the NW Roadmap and GM Contain Cell workshop being held on Friday 12 March

Manchester's plan for easing lockdown

Manchester has produced a plan for easing and exiting lockdown in February for the period to May 2021. This set out the priority actions required, the restrictions and measures that are likely to be needed, communications and engagement activity, and asks of Government. This should be considered along the Greater Manchester Six Month, Manchester's Twelve Point plan and other key documents

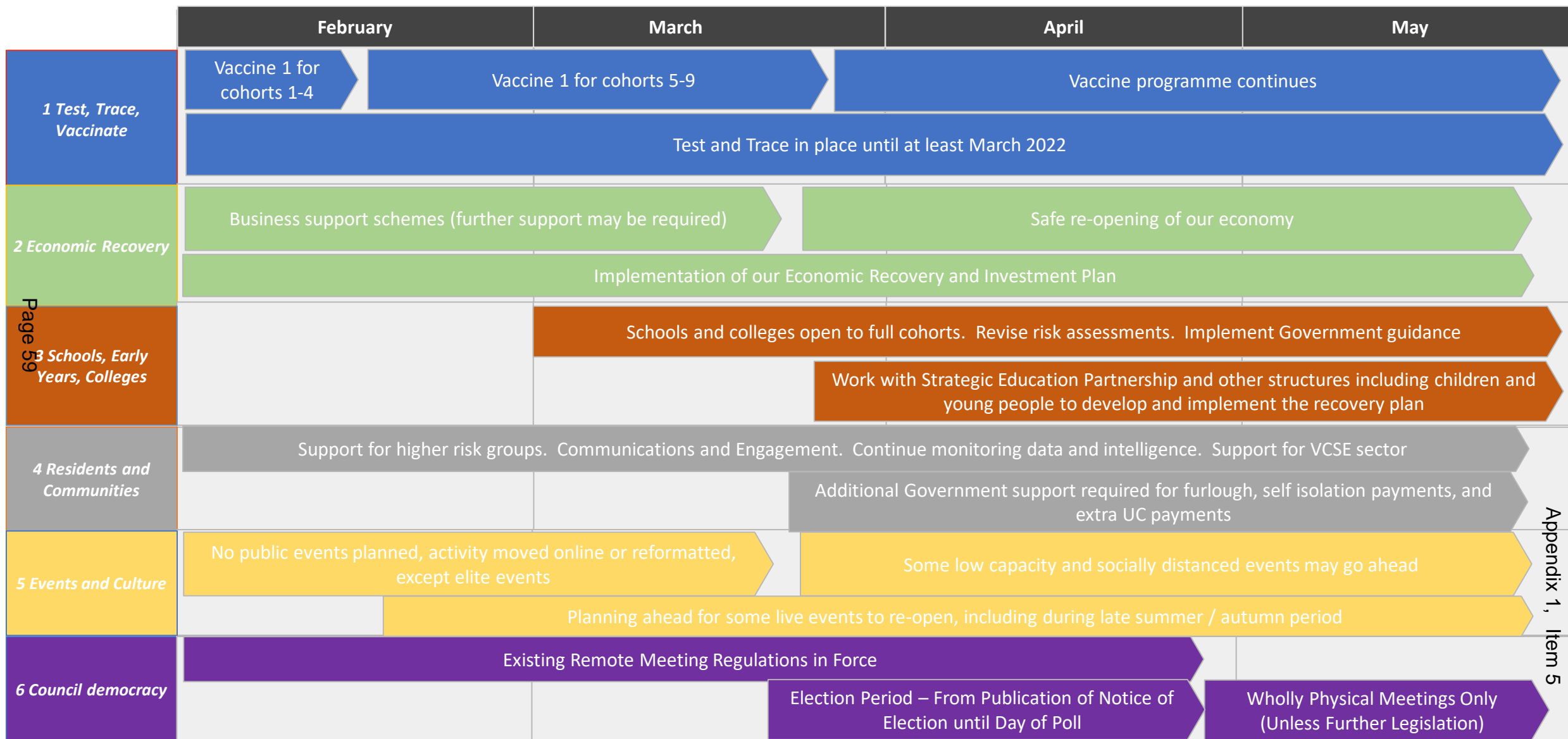
A very flexible approach will be required given the uncertainties and dependencies with the wider national COVID-19 situation, the evolving epidemiology of the disease, and national Government decisions

Our plan pre-dated the Government's national roadmap but many of the six themes in our plan do align:

1. Test, Trace and Vaccinate – phased vaccinations to key cohorts; deliver Manchester Community Testing, Targeted Testing at Scale, and Manchester Test and Trace; underpinned by effective data and intelligence
2. Economy – implement the [Powering Recovery](#) plan for our city; short term focus on business support including funded schemes; safe re-opening of our economy in April and May; longer-term planning for the recovery
3. Schools, colleges universities, early years – safe re-opening of our schools and educational settings to all cohorts; continued focus on supporting attendance; recovery planning and support provision for our children
4. Residents and communities – continued focus on support for higher risk groups and the extremely clinically vulnerable, communications and engagement with our communities, support for the VCSE sector, underpinned by effective data and intelligence
5. Events and culture – events moved on-line in the short term except elite sport, planning for some live events to safely re-open during the summer and early autumn, effective support and resourcing of events, management of risks
6. Democracy and governance – planning for an effective return from remote to physical meetings, significant planning for May local elections

Our asks of Government include a package of additional financial support to Manchester, more joined-up support from across Government, greater discretion for local targeting of support, and the longer term need for a sustainable, properly funded multi-year financial settlement from 2022/23

Manchester's forward plan for easing and exiting lockdown (Feb 2021)



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Appendix 1, Item 5

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Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 24 March 2021

Subject: Operation Eagle Update – Response to Variants of Concern

Report of: Director of Public Health

Summary

The Director of Public Health led a multiagency response to cases of Variants of Concern identified in Manchester in February 2021.

Responding to Variants of Concern is a key part of the government's four tests for moving through the Roadmap out of the pandemic.

This presentation describes the work that was undertaken to set up, manage and monitor Operation Eagle to respond to Variants of Concern in the city.

The presentation covers background, our approach and key messages, actions undertaken, outcomes, key learning and our future approach to managing Variants of Concern.

Recommendations

The Board is asked to note the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The evolving nature of the COVID-19 pandemic is having an impact on the delivery of all the Board priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

Name: David Regan
Position: Director of Public Health
Telephone: 0161 234 5595
E-mail: d.regan@manchester.gov.uk

Background documents (available for public inspection):

None.

Manchester City Council Health and Wellbeing Board

Report for Information

Operation Eagle – Response to Variants of Concern

Board Date 24th March 2021

Introduction (1 of 2)

On 8th February 2021 Manchester's first surge testing under Operation Eagle began (Area 1), predominantly covering Moss Side plus parts of Hulme, Whalley Range and Fallowfield. PCR testing sites were set up throughout the area via partnership work between multiple teams, Directorates and agencies and local enhanced contact tracing was carried out

The following week a second area within Manchester had been identified (Area 2), predominantly covering Moston plus an area of Harpurhey, and surge testing commenced shortly afterwards

In both areas, residents were encouraged to come forward for COVID-19 testing to help us understand if there were more people in those areas with a Variant of Concern (VOC)

Manchester's Operation Eagle response has been nationally recognised, and we continue to work with national and regional colleagues to shape processes and responses to VOCs

Responding to Variants of Concern is a key part of the government's four tests for moving through the Roadmap out of the pandemic.

Introduction (2 of 2)

This presentation lays out in brief the work that was undertaken to set up, manage and monitor Operation Eagle in each area, key outcomes and learning. Specifically, it will cover:

- Background
- Our approach and key messages
- What we did: Boundaries, testing, adult social care support, community engagement, communications, contact tracing
- Outcomes
- Key learning and future approach

Background

- On Friday 5th February, the Director of Public Health was notified of four Variant of Concern (VOC) COVID-19 cases in Manchester
- The cases all had VOC 202102/02, B.1.1.7 with E484K. This is the UK Kent variant (associated with increased transmission) plus the E484K mutation
- Our cases in Manchester had the same genomic sequence as a cluster of cases in Bristol
- Public Health England (PHE) completed enhanced contact tracing on the four Manchester cases and there were no established links to the Bristol cluster
- PHE need to investigate thoroughly all mutations of the variant to see whether they are more transmissible or whether vaccines will be less effective
- Operation Eagle is the national framework for overseeing and responding to VOCs
- At the start of Operation Eagle, areas were asked to carry out surge testing over a short period of time to identify other VOC cases quickly and carry out enhanced contact tracing.

Our approach

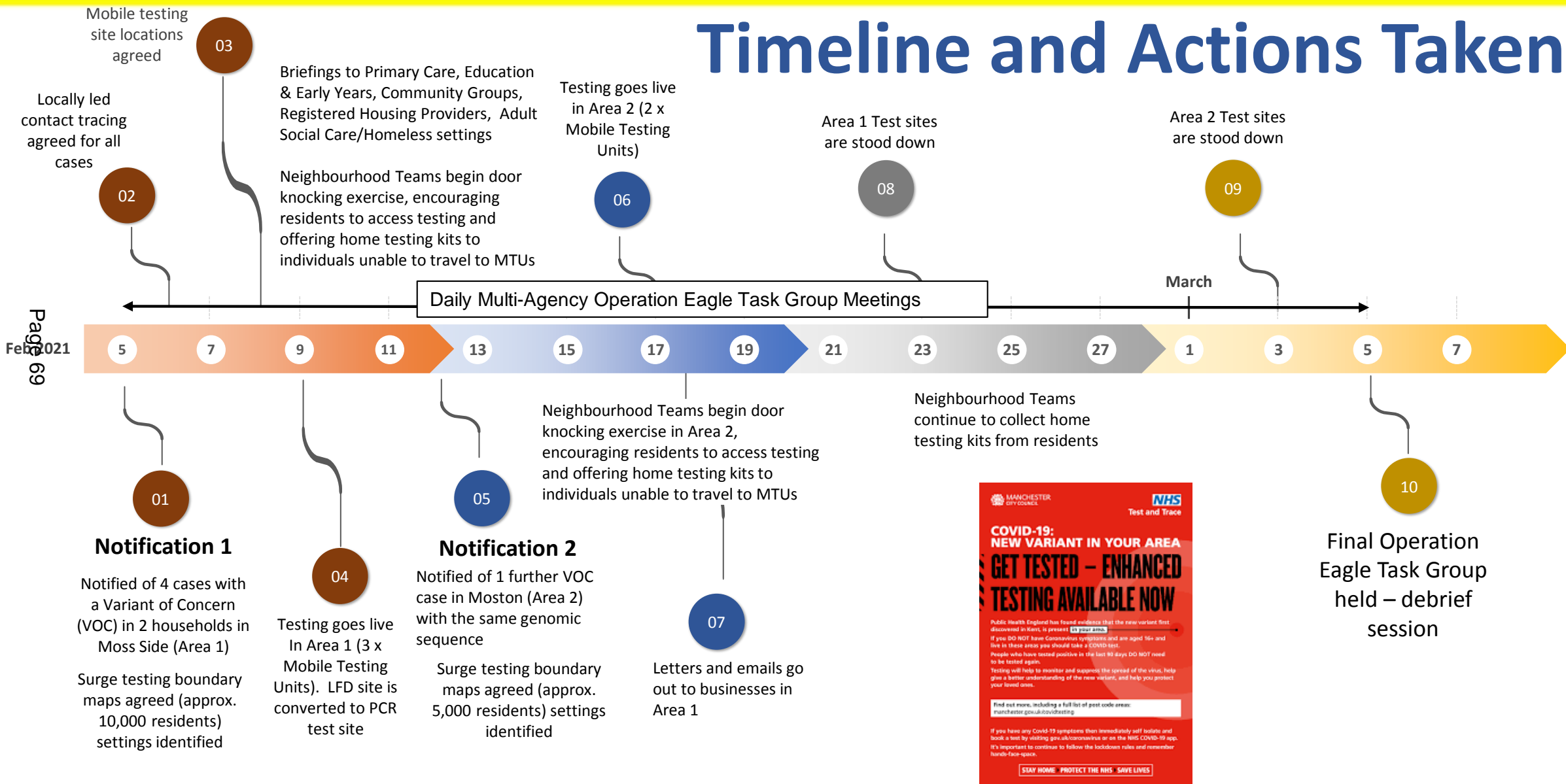
- The approach taken reflected the diverse community makeup of the areas affected. For example, there are many different languages spoken in area 1 and letters to residents were translated into 19 languages
- Our approach also needed to reflect our understanding of our residents and the communities in the areas identified, including existing socio-economic factors such as health inequalities, poverty, and digital exclusion.
- Delivery of Operation Eagle relied on a multi agency collaboration and co-production across key agencies and teams drawing on different skills and disciplines

Key messages

A set of key messages for those living and working in Op Eagle areas was developed:

- Everyone in this together
- All infection prevention control measures stay the same – hands, face, space
- No change in restrictions – continue under current lockdown restrictions
- Continue to attend health and vaccination appointments unless self-isolating
- No enhanced PPE needed

Timeline and Actions Taken



Boundaries

- Surge testing boundary were identified for each area
- Natural boundaries and housing stock considered
- Population estimated
- Settings agreed
- Postcodes and Lower Super Output Area details submitted to national Test and Trace to enable local enhanced contact tracing to be turned on

Area 1 Boundary

Approx 7,300 Homes. Pop. Est 17,500 population.

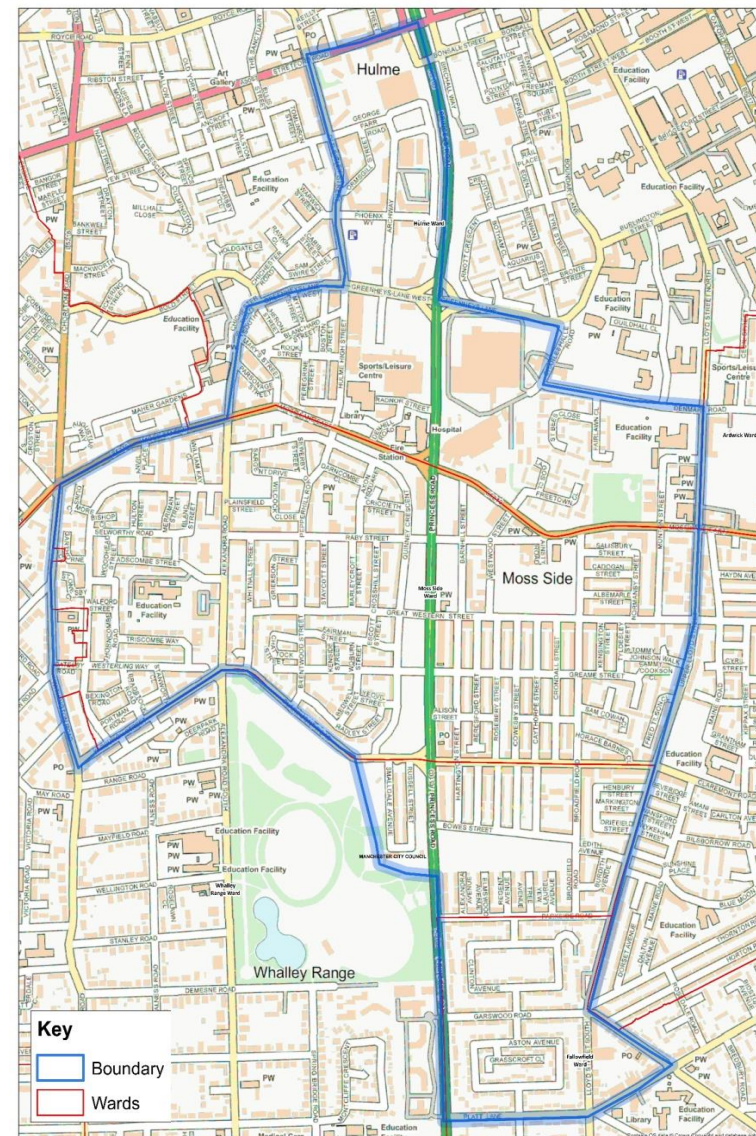
Approx 400 Commercial addresses, retail, business and other buildings.
Includes Hulme Precinct, Birley Fields Campus, ASDA & Aldi superstores.

3,000 homes owned by Housing Providers – majority of stock owned by
Mosscare SV, One Manchester and Adactus.

680 Clinically Extremely Vulnerable persons
Hulme c. 3% over 70
Moss Side c. 7% over 70

Area lies within Hulme and Moss Side Wards. Also includes small part of
Whalley Range between Claremont Road and Parkside Road and part of
Fallowfield to incorporate Fallowfield Triangle including the Aldi Supermarket.

The main part of the area is captured within two MSOA Areas – Manchester
019 (Hulme/University) and Manchester 024 Most Side West for statistical
purposes.



Area 2 Boundary

3,549 Homes.

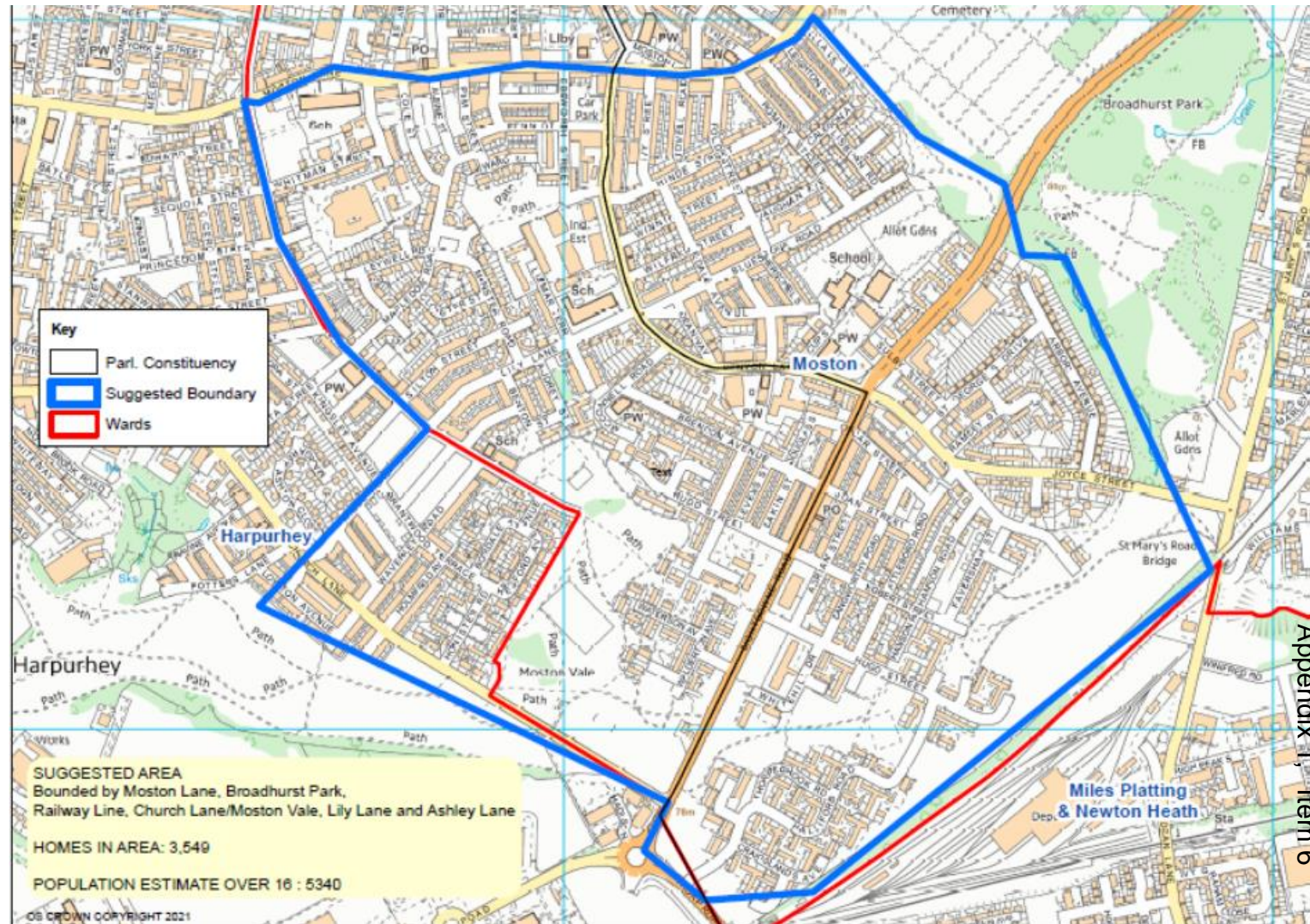
Population estimate 5,340.

Includes commercial properties including small shops.

Mixture of property tenure, many owned by Housing Providers.

868 Households identified as including Clinically Extremely Vulnerable persons, Housebound persons, and any who requested assistance to administer and/or register the tests from door knocking staff and volunteers.

Area lies within Moston, with a western corner of Harpurhey included.



Testing

- Testing offered to all people 16 years and over living or working in the boundary area who are asymptomatic
- People with symptoms to get tested at existing PCR testing sites
- Excluded people who have tested positive on PCR test in the past 90 days
- People who have tested Lateral Flow Device (LFD) positive in the past 90 days were asked to take part in this Surge Testing (LFD tests are not screened for the variant)
- Test results for COVID back usual time (approx 24-48 hours)
- Test results for the variants to take longer due to the need for genomic sequencing

Summary of testing offer

Area 1

3 Mobile Testing Units

- Our Lady's R C Church, Raby St
- The Guru Nanak Dev Ji Gurdwara, Sikh Temple, Monton Street
- Arrahman Islamic Cultural Association, Bedwell Street
- 1 additional testing site at Moss Side Leisure Centre (temporary conversion of LFD testing Centre)
- Drop and collect facility for businesses, schools and other settings at Moss Side Leisure Centre
- Home testing kits (and assisted swabbing if required) for clinically vulnerable and housebound residents and contacts of positive cases



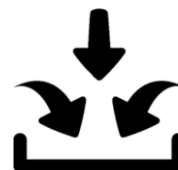
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Area 2

2 Mobile Testing Units

- Car Park Ebsworth Street
- Car park Thorp Road
- Drop and collect facility for businesses, schools and other settings at St Dunstan's Church Hall
- Home testing kits (and assisted swabbing if required) for clinically vulnerable and housebound residents and contacts of positive cases



Adults Social Care support

- Home care providers already working with people in the area assisted them to take and/or register their tests
- Programme-specific Standard Operating Procedure created for each Area
- Care Navigators visiting people (identified by door knocking) who cannot access testing sites but do not have home care etc in place, to support with test administering and registration
- Significant staff hours required to manage this effectively, resulting in overtime costs
- Partnership working between Manchester City Council, Manchester Local Care Organisation, local religious groups, GP practices, children's centres, VCSE organisations, social housing providers and local community groups.

Community Engagement and neighbourhood support

- Areas split into zones for ease of management/monitoring
- Door knocking exercise carried out across the entire boundary areas to encourage residents to get tested, answer questions and identify residents who may need further help to get tested
- Teams of experienced Neighbourhood staff working with partner organisations and volunteers including community leaders, elected members and local residents
- Support given to Mobile Testing Units to assist with marshalling and registration of tests
- Translated materials were available and where possible teams were multi lingual.

Communications

Communications strategy developed that included:

- Community briefing note
- Regular updates throughout testing period
- Education - Letter shared with schools and youth settings, briefing to headteachers. Letter of reassurance for parents
- Letter shared with all local businesses and follow up visits carried out
- Media
- Social Media
- Outdoor Media
- Exit comms
- Briefings given to elected members, Registered Housing Providers, GPs and Primary Care, Early Years Settings, Schools, Adult Social Care/Homeless settings

Contact Tracing (1 of 2)

All positive cases identified through Operation Eagle were managed by the local Manchester Test and Trace Contact Tracing Team rather than NHS Test and Trace

Key benefits:

- Cases came 24 hours earlier than usual
- Can reach "non digital" residents (can tell them their result and do index case work at same time – or they call 119 for result)
- Allowed identification of any links between cases and management of any clusters or outbreaks quickly

Other benefits include that the local team:

- Are based in and know the area/s
- Could answer questions residents had on the Operation Eagle work
- Could support residents to isolate, link to supermarket slots, food banks etc
- Speak variety of languages

Contact Tracing (2 of 2)

- Additional questions asked about any symptoms that are presenting in different way beyond standard 3 symptoms
- 14 day backward contact tracing carried out to identify where people had been and who they had contact with while they were incubating the virus
- The Greater Manchester Integrated Contact Tracing Hub picked up some of our business as usual work
- Enhanced Contact Tracing carried out by PHE for those who test positive with a variant of concern, with support from our local team if needed

Outcomes

data, learning, future approach

Outcomes

Area 1: Moss Side, Hulme, Whalley Range & Fallowfield



Local teams knocked on **6,130** properties
2,065 received a second visit



3,609 tests completed in Mobile Testing Units

64 positive tests



1,084 completed home testing kits

26 positive tests



72% positive cases successfully traced



120 contacts identified

97% contacted and supported to self-isolate

Area 2: Moston & Harpurhey



Local teams knocked on **2,750** properties



2,067 tests completed in Mobile Testing Units

37 positive tests



546 completed home testing kits

18 positive tests



96% positive cases successfully traced



42 contacts identified

95% contacted and supported to self-isolate

* At the time of writing it was not possible to fully report on the outcome of genomic sequencing for the VOC as some results were still outstanding

Genome Sequencing

- For a test specimen to be properly sequenced to identify the presence of a variant of COVID-19, the genetic material within that specimen must be of sufficient quality
- If the quality of the genetic material within the test specimen is poor, it is not possible to carry out the genetic sequencing process
- There may also be time delays in the sequencing process itself
- The Director of Public Health will provide a verbal update to the Health and Wellbeing Board on the current position in terms of the number of positive tests that have been successfully sequenced

Feedback from Contact Tracers

<p>Younger people are often keen to complete the online tracing questionnaire but then fail to do so</p>	<p>Many people were feeling anxious and uncertain about the situation going on in their neighbourhood</p>	<p>People who are symptomatic often want to rest and be left alone and are therefore less inclined to answer questions.</p>	<p>Older residents have said how pleased they are to speak to the Team as it may be the only call they receive that day</p>
<p>On the whole, people testing positive through Operation Eagle have been more engaged with the tracing process – many were expecting the call from us</p>	<p>We guided a person through the Test & Trace Support Payment online application</p>	<p>Some people say they are unable to go back 14 days and remember what they were doing.</p>	<p>Five people required the use of translator services to complete contact tracing</p>

Key Learning

Detailed lessons learnt sessions have taken place involving all partners and these will inform future operational and strategic approaches. Key learning points are:

- In both areas, households were largely welcoming to the teams, and happy to engage verbally.
- Conversations on the doorsteps resulted in feedback that there was a lack of awareness of the need to be tested even if you have been vaccinated
- Limited availability of suitable sites for mobile testing units in an area mean we may not be able to be as accessible to sections of the community as we would like
- The delivery of Operation Eagle was resource intensive across a number of agencies and partners

Future approach

Our revised approach to Surge Testing and Variants of Concern:

- Opportunity costs and actual costs from repeat surge testing are considerable
- Preference is to "switch on" automatic genomic sequencing for positive tests in designated areas, alongside enhanced contact tracing led by the Manchester team in collaboration with PHE
- Consideration will also be given to wastewater sampling, building on the approach taken in other parts of Greater Manchester

We are working with national colleagues to improve processes for responding to Variants of Concern, sharing our experiences and findings from our work

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**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 24 March 2021

Subject: Vaccination Programme Update and Vaccine Equity Plan

Report of: Director of Public Health
Medical Director, Manchester Health and Care Commissioning

Summary

This cover report summarises the approach the Covid-19 Vaccination Programme is taking to tackle health inequalities and support inclusion through a Vaccine Equity Plan. The Medical Director (MHCC) will provide an update presentation on the Vaccination Programme to the Board.

Recommendations

The Board is asked to note the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Covid-19 Vaccination Programme supports the city's response to the pandemic both in terms of the resilience of the health and care system, and the recovery of the population within education, employment and wider health and wellbeing priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning around the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

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Background documents (available for public inspection):

None.

Overview

The Vaccine Equity Plan aims to improve vaccination coverage amongst people in Manchester, based on current data, in order to address inequalities. It focuses on narrowing the gap between population groups with lower vaccine coverage and the rest of the population. It complements the Vaccination Programme's communications and engagement plan to increase coverage with the support of the COVID Health Equity Manchester programme (CHEM).

The Plan focuses on short to mid-term actions which support the on-going invitations for vaccination through the JCVI Cohorts, whilst acknowledging that some of the issues underpinning low coverage are long-standing, not new to COVID-19 and require a long-term plan. This includes the proactive and targeted design of vaccination service offers and engagement approaches, informed by data and intelligence and supported by monitoring and evaluation.

Approach

The objective is to improve coverage focusing on three broad groups

- **Ethnicity**
- **Disabled People**
- **Inclusion Groups (e.g. Gypsies, Irish Travellers, Refugees and Asylum Seekers, homeless people and rough sleepers)**

The aim is to provide information, increase motivation, and enable access in order to increase vaccine coverage. This requires us to develop knowledge and deep understanding of the barriers to vaccination and how they can be addressed (one size will not fit all).

Effective delivery will require diverse and inclusive approaches, consideration of the "communities within communities" and an intersectional approach (e.g. consideration of gender, disability, LGBTQ+, clinically extremely vulnerable, faith and occupation within and across different groups). Taking an intersectional approach will enable us to understand and address the ways in which multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that are not always understood within conventional ways of thinking and or delivery.

Neighbourhood and Primary Care Network vaccination inclusion and engagement plans are in place setting out how practices, working with neighbourhood teams and people with lived experience, will remove barriers to vaccination and actively engage with patients who cannot or do not respond to contact from practices and need support with access.

City-wide thematic approaches are evolving based on existing, and new partnerships which will work alongside PCN models e.g. provision for homeless people, people with learning disabilities, and refugees and asylum seekers.

Current action

A wide range of activity is taking place encompassing engagement, communication and targeted work through vaccination clinics to reach target populations. This includes:

- Targeted communication with tailored information through a range of media e.g. multi-faith leaders film, film with local councillors of diverse ethnic backgrounds, videos with information in different languages
- Use of community influencers – videos, webinars, community led activities and events
- Pop-up and mobile vaccination clinics are taking place e.g. at mosques, with further work being planned to reach other inclusion groups such as people who are not registered with a GP
- “Back to practice” offers where people can be vaccinated at their GP surgery
- ‘Quiet clinics’ for people with learning disabilities or those requiring additional support
- Pop up booking clinics in community settings to enable people to book their vaccination appointment.
- A broad range of engagement activities at neighbourhood and citywide level to inform the approach

Progress to date

Data and intelligence are reviewed weekly to inform and drive action. Vaccine coverage describes the proportion of people eligible for a vaccine who have been vaccinated. There is evidence of positive progress in equitable vaccine coverage in key areas* (*All figures are for people registered with a Manchester GP practices and based on data from GP records on Wednesday 16th March 2021. Figures change daily as more people are vaccinated each day.)

- Coverage for people with learning disability increased by 14% in recent weeks with the gap between people with learning disabilities and the whole eligible population narrowing by 6.7%
- Significant increase in coverage and narrowing of gap for Bangladeshi people (coverage 64% for cohorts 1 to 6)
- Coverage also increased and gap narrowed for African people (coverage 51%), and Pakistani people (coverage 56%)
- Coverage for patients with Severe and Enduring Mental Illness increased by 12% with the gap reducing by 4.6%

There are key areas geographically and by population group where there are vaccine equity challenges which will remain the focus of ongoing activity

- There remain large differences in coverage for Black African, Black Caribbean and Pakistani people and people with mixed heritage. Coverage is also lower among Arab people although total numbers are much smaller
- There is lower coverage across the central belt of the City with a coverage of lower than 60% for cohorts 1 to 6 in Moss Side, Hulme, Longsight, Whalley Range, Ardwick, Rusholme, Levenshulme, Deansgate and Fallowfield

- Coverage among older people appears to have plateaued - this may represent low vaccine uptake among older people in the groups that continue to have low coverage overall

Conclusion

The Vaccination Programme will continue to focus on improving coverage and reducing inequalities as a priority throughout the lifetime of the programme. The accompanying stakeholder slide pack provides a summary of data and intelligence and an overview of the neighbourhood level and citywide actions taking place to support the Vaccine Equity Plan.

COVID-19 Vaccination programme update

22 March 2021

Summary

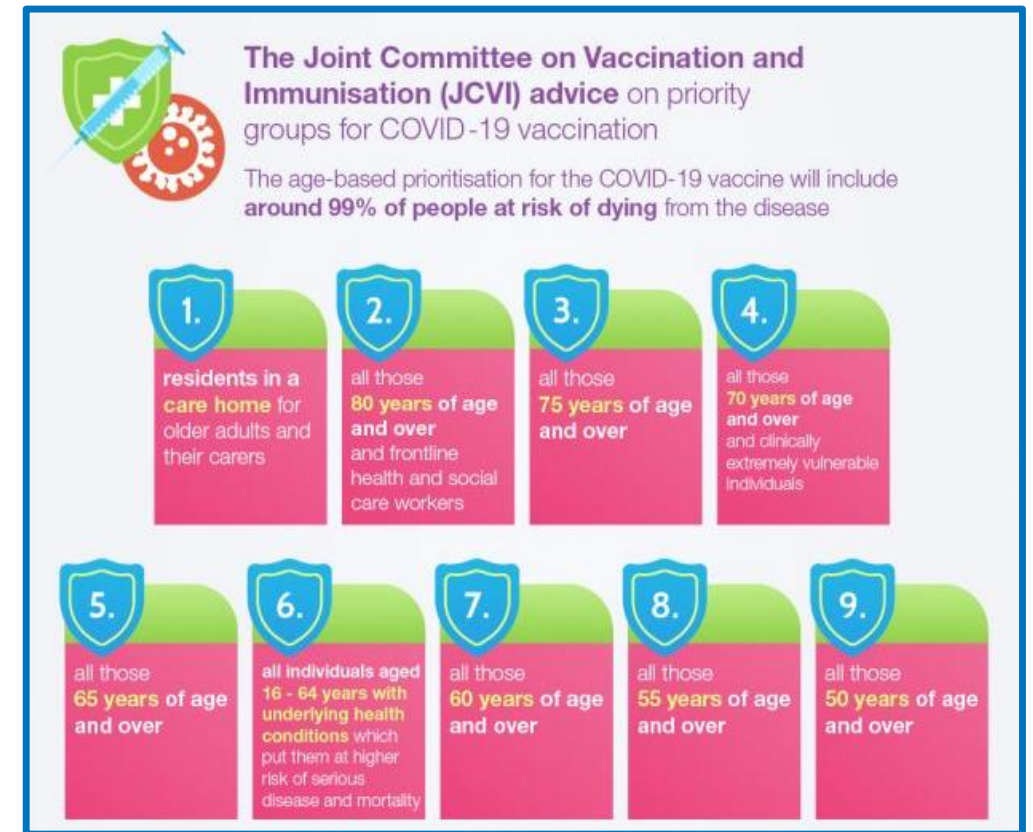
- Covid-19 vaccination coverage continues to increase rapidly in Manchester with 177,641 people having received the first dose of the vaccine as at 22nd March.
- Given the younger age profile of Manchester's population, we anticipate the rate to increase more quickly over the coming weeks, subject to any constraints with national supply.
- Partnership working is at the heart of the programme, supported by c. 3000 local people who have volunteered to play their part.
- Significant progress has been made in the last few weeks in addressing inequalities. For example, there has been a decrease of 3.6% (as at 22nd March) in the gap in coverage between white and BAME communities. However, there remains more to do, so this remains a priority.
- We continue to work with all stakeholders and communities to maximise coverage in order to get our City open for business and Covid-free as soon as possible.

COVID-19 Vaccination Programme

Overview

- This slide set presents Manchester's vaccination programme, using current data to show the coverage across the city and within communities.
 - This data is presented to provide our stakeholders with an up-to-date picture of vaccine coverage. It is not meant for use in public communications and should not be presented without the caveats on slide 7, and the explanatory text on each slide.
- The Vaccination programme continues to develop at speed, subject to national supply. Over the next month, there will be a focus on inviting people for their second dose.
- Addressing inequalities in coverage continues to be a focus for the programme. Over the last few weeks we have been concentrating on increasing coverage within specific communities. The following 3 slides provide details of improvement between 8th March and 22nd March for JCVI cohorts 1 - 6.

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Targeting inequalities – Cohorts 1 - 6, March 8th to March 22nd

Over the last 2 weeks .. Coverage for Patients in Priority Cohorts 1 - 6 has increased by 7.1% (+11,232 patients vaccinated)

Increases in Coverage by Ethnicity

Percentage increases:

Volume increases:

Bangladeshi	16.9% (+304)	English, Welsh, Scottish, Northern Irish or British	6.3% (+5,485)
African	11.1% (+802)	Pakistani	10.1% (+1,521)
Arab	11.1% (+86)	No record of ethnicity status	5.7% (+965)
Chinese	10.1% (+172)	African	11.1% (+802)
Pakistani	10.1% (+1,521)	Any other White background	6.7% (+356)

Coverage Difference between White and BAME Patients

The difference in first dose vaccination coverage between White and BAME patients has **decreased** by 3.6% over the last 14 days. This has **decreased** the inequalities gap across Manchester.

Coverage Difference by Gender in BAME Patients

The difference in first dose vaccination coverage between Gender in BAME patients has **decreased** by 0.2% over the last 14 days. This has **decreased** the inequalities gap across Manchester.

Coverage for patients with a *Learning Disability (LD)* has increased by **12.5% (413 additional patients vaccinated)**. This is compared to a 7.8% increase for all patients in Priority Cohorts 1 - 6.

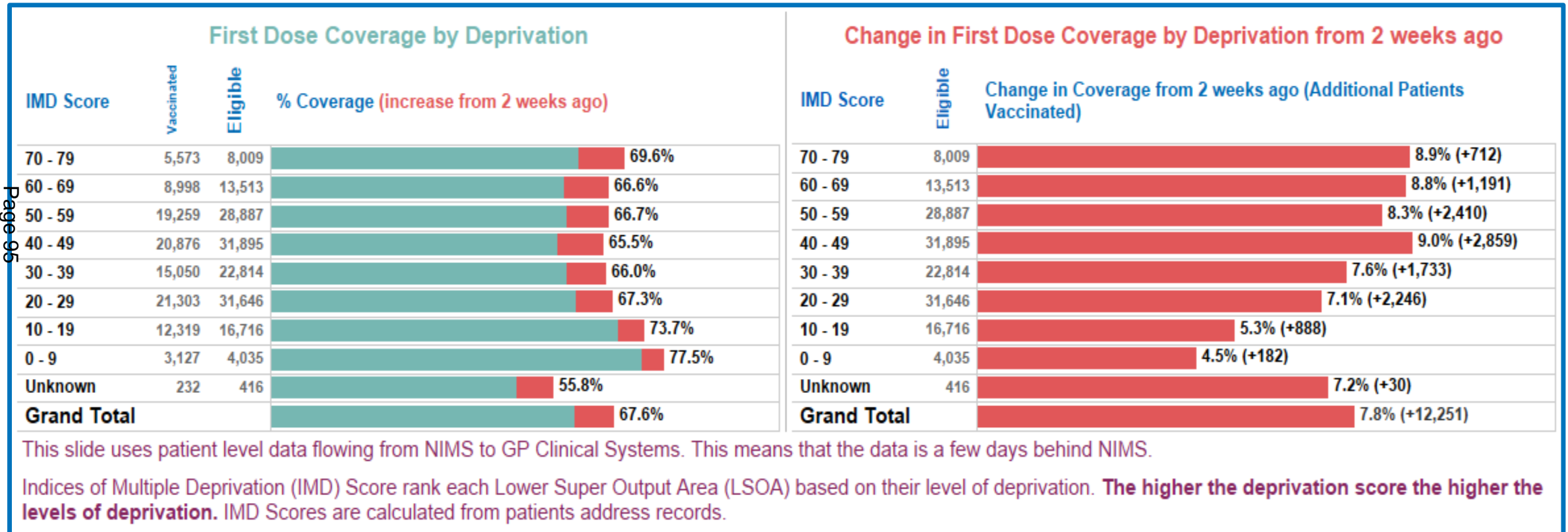
The difference in first dose vaccination coverage between patients with LD and the general population in Cohorts 1 - 6 has **decreased** by 4.7% over the last 14 days. This has **decreased** the inequalities gap across Manchester for patients with LD.

Coverage for patients with a *Serious Mental Illness (SMI)* has increased by **11.4% (476 additional patients vaccinated)**. This is compared to a 7.8% increase for all patients in Priority Cohorts 1 - 6.

The difference in first dose vaccination coverage between patients with SMI and the general population in Cohorts 1 - 6 has **decreased** by 3.6% over the last 14 days. This has **decreased** the inequalities gap across Manchester for patients with SMI.

COVID-19 Vaccination Programme

Targeting inequalities – Deprivation: Cohorts 1 - 6, March 8th to March 22nd



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COVID-19 Vaccination Programme

Targeting inequalities – Ward coverage: Cohorts 1 – 6, March 8th to March 22nd

Ward	Eligible	Change in Coverage from 2 weeks ago (Additional Patients Vaccinated)	Ward	Eligible	Change in Coverage from 2 weeks ago (Additional Patients Vaccinated)
Longsight	5,576	12.8% (+716)	Piccadilly	1,278	6.5% (+83)
Rusholme	4,103	12.2% (+499)	Charlestown	5,150	6.3% (+324)
Clayton & Openshaw	5,162	11.4% (+587)	Higher Blackley	5,124	5.8% (+295)
Ardwick	4,481	11.1% (+496)	Woodhouse Park	4,930	5.6% (+277)
Miles Platting & Newton Heath	5,585	10.3% (+575)	Chorlton Park	5,075	5.6% (+282)
Hulme	3,093	10.2% (+315)	Chorlton	3,633	5.3% (+191)
Levenshulme	4,980	9.8% (+488)	Baguley	5,058	5.2% (+262)
Moss Side	4,720	9.3% (+437)	Brooklands	3,607	4.9% (+175)
Harpurhey	5,452	8.5% (+461)	Cheetham	4,444	4.8% (+215)
Gorton & Abbey Hey	5,402	8.3% (+449)	Crumpsall	4,713	4.6% (+219)
Deansgate	1,078	8.3% (+89)	Sharston	4,912	4.6% (+228)
Moston	5,180	8.1% (+417)	Old Moat	3,756	4.4% (+167)
Fallowfield	3,253	7.6% (+248)	Northenden	4,744	4.4% (+207)
Ancoats & Beswick	3,178	7.4% (+236)	Withington	3,521	4.3% (+150)
Whalley Range	4,086	6.9% (+283)	Didsbury West	3,986	4.1% (+165)
Burnage	5,483	6.5% (+358)	Didsbury East	4,318	3.5% (+149)

Data overview

The data presented on the following slide is from the National Immunisation Management System. For the slides after that, the data is taken from GP records and is the most detailed data set available. They detail coverage for JCVI cohorts 1 – 9.

The data covers people registered with Manchester practices who have received the first dose of the vaccine - no matter where they received it.

It is important to note that:

- There is a short time lag between the data being captured nationally, and it appearing on the GP record.
- We are not yet able to identify which sites people have been vaccinated at.
 - The data does not include Manchester residents who are not registered with Manchester GP practices.
 - Some data sets are incomplete. For example, we have ethnicity recorded for only c.80% of registered patients.
 - We don't have sufficient data to analyse the data by disability status (apart from learning disability), language spoken or religion.
 - The cohorts have been vaccinated in order so coverage in the lower priority groups is less than in the higher priority groups.

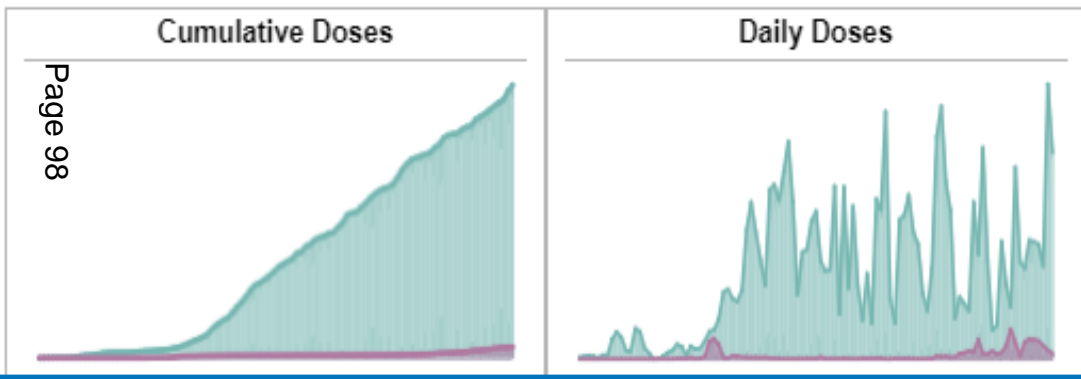
COVID-19 Vaccination Programme

Headline figures – All cohorts, 22 March 2021

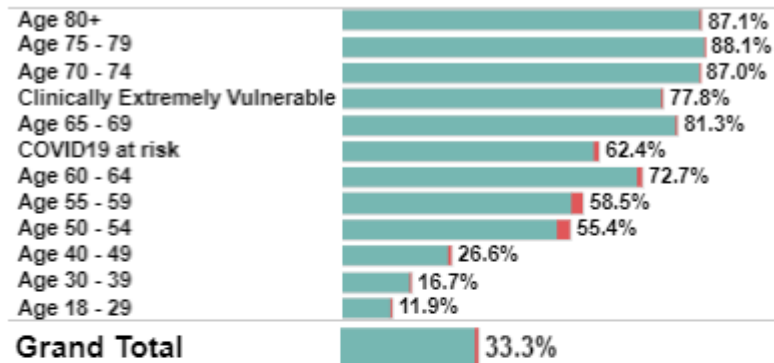
For patients registered with a Manchester GP Practice:

177,641 patients given their first dose ▲ 4,173

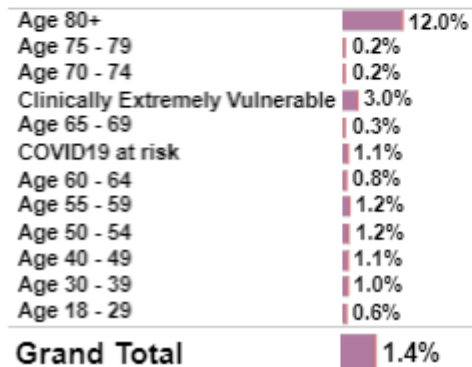
7,151 patients given their second dose ▲ 108



First Dose Uptake by Age (previous day achievement)



Second Dose Uptake by Age (previous day achievement)



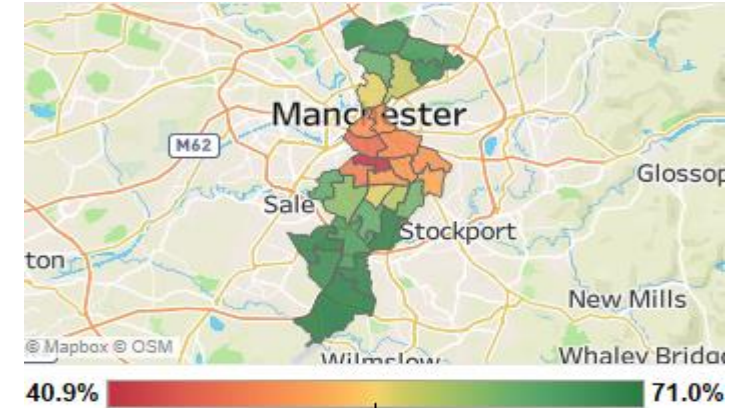
This is data taken from the National Immunisation Management System (NIMS) – the data source used for the national daily reporting.

Please note there is double counting within the cohorts. For example, if you are 81 years old and 'Clinically Extremely Vulnerable' you will appear in the figures for both.

COVID-19 Vaccination Programme

Coverage by electoral ward – Cohort 1-9, 22 March 2021

Ward	Vaccinated	Eligible	% Coverage (increase from 2 weeks ago)	Ward	Vaccinated	Eligible	% Coverage (increase from 2 weeks ago)
Woodhouse Park	4,563	6,527	69.9%	Clayton & Openshaw	4,081	7,174	56.9%
Sharston	4,547	6,537	69.6%	Withington	2,668	4,692	56.9%
Brooklands	3,290	4,798	68.6%	Cheetham	3,447	6,116	56.4%
Didsbury East	4,251	6,229	68.2%	Ancoats & Beswick	2,319	4,208	55.1%
Higher Blackley	4,712	6,923	68.1%	Gorton & Abbey Hey	4,014	7,400	54.2%
Moston	5,046	7,431	67.9%	Old Moat	2,769	5,134	53.9%
Baguley	4,609	6,793	67.8%	Levenshulme	3,516	6,905	50.9%
Charlestown	4,679	7,021	66.6%	Fallowfield	2,207	4,387	50.3%
Northenden	4,223	6,372	66.3%	Rusholme	2,701	5,519	48.9%
Miles Platting & Newton H..	4,860	7,570	64.2%	Deansgate	745	1,524	48.9%
Crumpsall	3,993	6,262	63.8%	Longsight	3,679	7,572	48.6%
Chorlton	3,517	5,534	63.6%	Piccadilly	854	1,764	48.4%
Didsbury West	3,695	5,936	62.2%	Whalley Range	2,768	5,864	47.2%
Burnage	4,526	7,424	61.0%	Ardwick	2,940	6,241	47.1%
Chorlton Park	4,296	7,218	59.5%	Hulme	2,055	4,505	45.6%
Harpurhey	4,304	7,507	57.3%	Moss Side	2,560	6,509	39.3%



Manchester GP records have been used to identify addresses. Ward residents not registered with a Manchester practice will therefore not be included in these figures

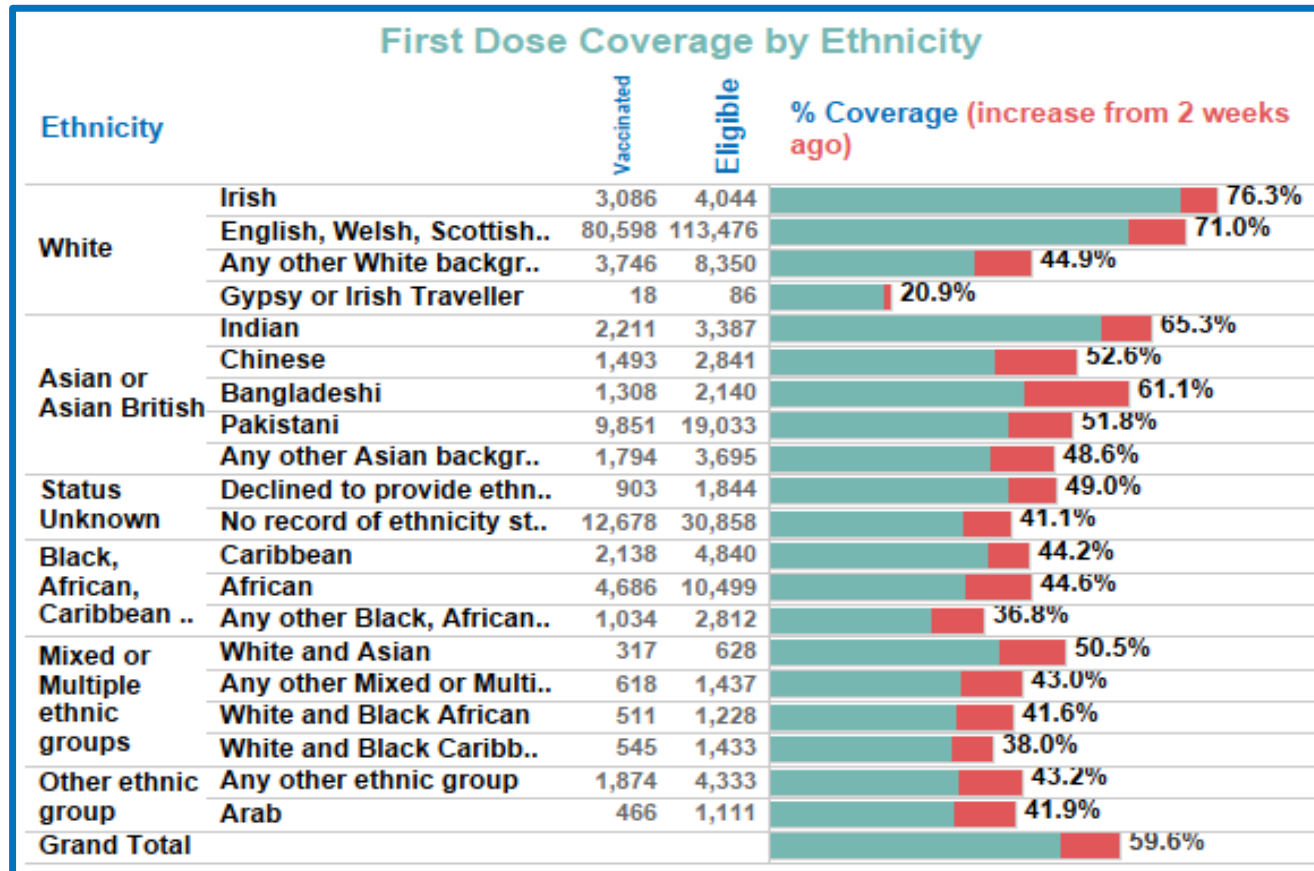
As a result of the way people have been vaccinated in order of age, wards with a younger population be showing lower coverage rates.

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COVID-19 Vaccination Programme

Coverage by ethnicity – Cohorts 1–9, 22 March 2021



Ethnicity data is based on information stored within GP practice records.

Approximately 20% of patients do not have their ethnicity recorded. These people are included in the 'Status unknow' category. Work is ongoing to improve the recording of ethnicity, and other protected characteristics, on GP records.

COVID-19 Vaccination Programme

Coverage by gender / ethnicity – Cohorts 1–9, 22 March 2021

Ethnicity	Gender	Vaccinated	Eligible	% Coverage (increase from 2 weeks ago)		
Asian or Asian British	Indian	Female	1,146	1,700	67.4%	
		Male	1,099	1,687	65.1%	
	Bangladeshi	Female	641	1,014	63.2%	
		Male	723	1,126	64.2%	
	Chinese	Female	875	1,472	59.4%	
		Male	711	1,369	51.9%	
	Pakistani	Female	4,975	9,286	53.6%	
		Male	5,164	9,747	53.0%	
	Any other Asian backgro..	Female	879	1,647	53.4%	
		Male	982	2,048	47.9%	
Black, African, Caribbean or Black British	African	Female	2,434	5,225	46.6%	
		Male	2,438	5,274	46.2%	
	Caribbean	Female	1,155	2,618	44.1%	
		Male	1,034	2,222	46.5%	
	Any other Black, African ..	Female	590	1,481	39.8%	
		Male	485	1,331	36.4%	
Other ethnic group	Any other ethnic group	Female	943	2,013	46.8%	
		Male	1,010	2,320	43.5%	
	Arab	Female	190	458	41.5%	
		Male	295	653	45.2%	
	Mixed or Multiple ethnic groups	White and Asian	Female	167	311	53.7%
Male			162	316	51.3%	
Any other Mixed or Mul..		Female	324	758	42.7%	
		Male	316	679	46.5%	
White and Black African		Female	277	625	44.3%	
		Male	253	603	42.0%	
White and Black Caribb..		Female	330	831	39.7%	
		Male	239	602	39.7%	
Status Unknown		Declined to provide ethni..	Female	469	864	54.3%
			Male	474	980	48.4%
	No record of ethnicity stat..	Female	6,788	12,948	52.4%	
White	Irish	Female	1,569	1,988	78.9%	
		Male	1,546	2,056	75.2%	
	English, Welsh, Scotti..	Female	44,000	59,066	74.5%	
		Male	38,304	54,404	70.4%	
	Any other White backgr..	Female	2,110	4,465	47.3%	
		Male	1,772	3,883	45.6%	
	Gypsy or Irish Traveller	Female	11	55	20.0%	
		Male	7	31	22.6%	

COVID-19 Vaccination Programme

Coverage for people with a learning disability – Cohorts 1–9, 22 March 2021

Priority Cohort	Vaccinated	Eligible	% Coverage (increase from 2 weeks ago)	Ethnic Category and Gender	Vaccinated	Eligible	% Coverage (increase from 2 weeks ago)	
01: Care Home Resident Age 6..	Care Home Resident ..	68	77	88.3%				
02: Age 80 and over	Age 80 and over	11	14	78.6%				
03: Age 75 - 79	Age 75 - 79	28	36	77.8%				
04: Age 70 - 74 OR Shielding OR QCOVID	Age 70 - 74	69	76	90.8%				
	QCOVID	178	242	73.6%				
	Shielding	384	473	81.2%				
05: Age 65 - 69	Age 65 - 69	55	68	80.9%				
06: Higher Risk	Higher Risk	1,279	2,324	55.0%				
Grand Total							62.6%	
				White	Female	663	888	74.7%
					Male	927	1,387	66.8%
				Other than White	Female	150	298	50.3%
					Male	223	479	46.6%
				Status Unknown	Female	32	68	47.1%
					Male	77	190	40.5%
				All	Female	845	1,254	67.4%
					Male	1,227	2,056	59.7%

This slide shows the coverage for people with a learning disability, recorded in GP practice registers, within each cohort, and by ethnicity and gender.

Due to the small numbers of patients in some categories, the analysis is restricted to prevent patient identification.

The term 'QCOVID' refers to the cohort of people who have been added to the national 'Shielding' list on account of their increased risk factors.

COVID-19 Vaccination Programme

Coverage for people with serious mental illness– Cohorts 1–9, 22 March 2021

Priority Cohorts	Vaccinated	Eligible	% Coverage (increase from 2 weeks ago)	Ethnic Category and Gender	Vaccinated	Eligible	% Coverage (increase from 2 weeks ago)	
01: Care Home Resident Age 65+ o..	Care Home Resident ..	144	171	84.2%	White	Female	1,593 2,467	64.6%
02: Age 80 and over	Age 80 and over	107	137	78.1%		Male	1,617 2,872	56.3%
03: Age 75 - 79	Age 75 - 79	129	158	81.6%	Other than White	Female	493 1,018	48.4%
	Age 70 - 74	218	266	82.0%		Male	504 1,238	40.7%
04: Age 70 - 74 OR Shielding OR QCOVID	QCOVID	493	763	64.6%	Status Unknown	Female	101 191	52.9%
	Shielding	401	512	78.3%		Male	102 332	30.7%
05: Age 65 - 69	Age 65 - 69	227	305	74.4%	All	Female	2,187 3,676	59.5%
06: Higher Risk	Higher Risk	2,691	5,807	46.3%		Male	2,223 4,442	50.0%
Grand Total								54.3%

This slide shows the coverage for people with a Serious Mental Illness recorded in GP practice registers. 'Serious Mental Illness' is defined as a mental, behavioural, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Due to the small numbers of patients in some categories, the analysis is restricted to prevent patient identification.

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COVID-19 Vaccination Programme

Spotlight on 'Declines', 22 March 2021

Priority Cohort	Declining	Eligible	% Declining Vaccination	
01: Care Home Res..	Care Hom..	20	1,672	1.2%
02: Age 80 and over	Age 80 an..	532	14,320	3.7%
03: Age 75 - 79	Age 75 - 79	241	10,708	2.3%
04: Age 70 - 74 OR Shielding OR QCOVID	Age 70 - 74	398	16,216	2.5%
	QCOVID	332	14,828	2.2%
	Shielding	574	12,652	4.5%
05: Age 65 - 69	Age 65 - 69	396	16,894	2.3%
06: Higher Risk	Higher Risk	1,025	70,642	1.5%
07: Age 60 - 64	Age 60 - 64	112	14,028	0.8%
08: Age 55 - 59	Age 55 - 59	128	20,146	0.6%
09: Age 50 - 54	Age 50 - 54	147	25,969	0.6%
Grand Total				1.8%
Gender	Declining	Eligible	% Declining Vaccination	
Female	2,210	108,825	2.0%	
Male	1,695	109,241	1.6%	

Ethnic Category	Declining	Eligible	% Declining Vaccination	
Black, Caribbean	282	4,840	5.8%	
African, Any other Black, A..	108	2,812	3.8%	
Caribbean .. African	290	10,499	2.8%	
Mixed or Multiple ethnic groups	White and Black C..	47	1,433	3.3%
	White and Black A..	39	1,228	3.2%
	Any other Mixed o..	27	1,437	1.9%
	White and Asian	10	628	1.6%
Other ethnic group	Arab	24	1,111	2.2%
	Any other ethnic g..	78	4,333	1.8%
	Any other Asian b..	76	3,695	2.1%
Asian or Asian British	Pakistani	374	19,033	2.0%
	Chinese	46	2,841	1.6%
	Indian	44	3,387	1.3%
	Bangladeshi	21	2,140	1.0%
Status Unknown	Declined to provid..	42	1,844	2.3%
	No record of ethni..	491	30,858	1.6%
	Gypsy or Irish Tra..	3	86	3.5%
White	Any other White b..	208	8,350	2.5%
	Irish	59	4,044	1.5%
	English, Welsh, Sc..	1,636	113,476	1.4%

This slide shows the numbers and percentages of people who have actively declined the offer of a vaccination. It does not include those who have not responded to an offer.

We are in the middle of inviting people from Cohorts 7, 8 and 9 for vaccination so not all those in the 'eligible' column will have been invited yet.

Work is ongoing to understand the reasons for declines or non-response. All people in these categories will receive a follow-up invitation.

Actions to improve coverage

Work continues to increase coverage across the city, with a particular focus on those communities with lower rates of coverage so far:

- Learning Disability and Autism-friendly 'calm clinics'
- Joint planning with Greater Manchester Mental Health NHS Foundation Trust and voluntary sector organisations to increase uptake for those with 'Serious Mental Illness'
- Work with Deaf Centre, Breakthrough UK and Manchester City Council's Sensory Team to pilot sessions in April.
- 'Pop up clinics' at alternative venues e.g. mosques, churches and supermarkets
- Language-specific based approaches e.g. Portuguese
- Mobile van/ 'pop up clinics' at trusted venues for asylum seekers, refugees, migrants, and with Roma, Gypsies, and Irish travellers
- Roll out of the successful homelessness pilot, working with Urban Village Medical Practice
- Bespoke communications targeted at specific communities e.g. faith leaders video [available here](#)

How stakeholders can support the work

- Take every opportunity to encourage colleagues, friends and family to get vaccinated.
- Adhere to the national 'lockdown' guidance and keep behaving in a Covid-safe way – wash hands frequently, wear a mask, and keep a safe distance from others when outside of your home.
- If you know people who are struggling to access a vaccination clinic, or have any positive vaccination stories you are aware of, please email mhcc.mhccovid.vaccine@nhs.net
- If you have any questions about the data in this pack, please email mhcc.mhccovid.vaccine@nhs.net
- Please email communicationsmanchester@nhs.net to let us know of any communication or promotional materials you need to support your work or your local conversations. In addition, if you know of individuals, community groups, or other organisations, who can help us improve coverage, please get in touch.

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 24 March 2021

Subject: Vaccination Programme Revised Governance Arrangements

Report of: Director of Public Health

Summary

This report outlines recent changes made to the governance arrangements for the Covid Vaccination Programme.

Recommendations

The Board is asked to:

- Note the establishment of a Vaccination Steering Group (VSG) and related reporting lines;
 - Approve the establishment of a Vaccination Partnership Board (VPB).
-

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Although not specifically related to any of the HWB Strategy priorities, the delivery of a successful Covid Vaccination Programme will contribute to their achievement by allowing health and care services to re-focus, in time, on pre-pandemic priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning around the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

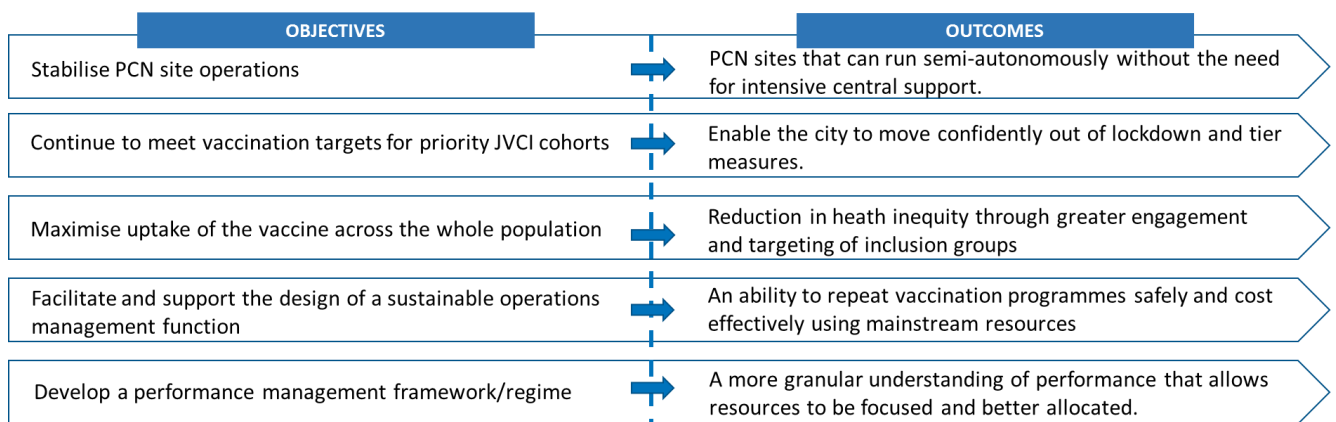
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Background documents (available for public inspection):

None.

1. Introduction

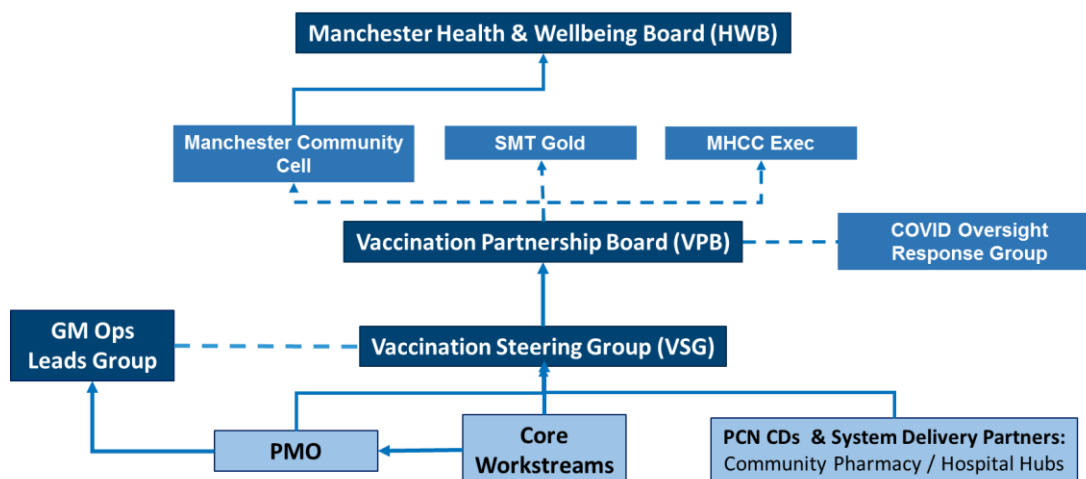
- 1.1 This report outlines recent changes made to the governance arrangements for the Covid Vaccination Programme.
- 1.2 Over 177,000 people in the city have now been given their first Covid vaccination dose and the programme is on track to meet national targets for coverage.
- 1.3 The programme has moved from a ‘set up’ phase in which the delivery infrastructure was established, to a ‘scale up’ and ‘sustain’ phase to ensure whole population vaccine coverage. This new phase requires revised governance arrangements to enable the programme to meet its objectives and outcomes over the coming months, as outlined below:



- 1.4 The Board is asked to:
 - Note the establishment of a Vaccination Steering Group (VSG) and related reporting lines;
 - Approve the establishment of a Vaccination Partnership Board (VPB).

2. Revised arrangements

- 2.1 The diagram below outlines the new governance structure, as agreed by the MHCC Executive in February 2021:



2.2 The Vaccination Steering Group (VSG) occurs fortnightly and brings together programme and workstream leads to update on progress against plans and share experience and learning. The inaugural meeting took place at the end of February 2021.

2.3 The VPB now requires HWB endorsement before being established. The recommended purpose of the VPB is as follows:

- Ensure ‘whole system’ ownership of the Covid Vaccination Programme in Manchester.
- Bring together senior representatives from each of the main vaccine delivery models to ensure strategic fit and coordination of approach.
- Discuss, and make recommendations to MHCC Executive, on whole system responses to pressures on the successful completion of the vaccination programme, which could include resource constraints and supply chain issues, for example.
- Play a lead role in assuring winter planning from the perspective of Covid vaccinations, ensuring a coordinated system response to challenges related to the potential delivery of Covid booster vaccinations alongside winter service pressures and the delivery of the flu vaccination programme.
- Lead the development and delivery of the long-term strategy for delivering Covid vaccinations. This will include sharing learning about increased ‘vaccine confidence’ amongst the population and how this can translate to other vaccination programmes.

The VPB will occur on a six week cycle from April, to cover the period over which the vast majority of Covid vaccination will have taken place. Following the September 2021 meeting a review of the VPB will be undertaken to determine whether it should stop, continue in its current form, or continue with a different remit, particularly considering the proposed changes to the national health protection system and the implications for local health protection boards and functions.

2.4 The proposed core membership of the VPB is as follows, with other members to be invited onto the Board as required:

Who	Responsibility
MCC Co-Chair to be nominated by MCC after the local elections	Co-Chair
CAO MHCC	Co-Chair
Director of Population Health	Deputy Chair
Medical Director, MHCC	Deputy Exec SRO
Strategic Lead, Population Health Programmes, MHCC	Operational SRO
Head of Policy & Planning, MHCC	Deputy Operational SRO
Senior Public Health Consultant, MHCC	Maximising Coverage workstream lead
Director of Corporate Affairs, MHCC	Communications & Engagement Lead
MFT Representative	Hospital Hub vaccination programme lead
Mass Vacc Site Representative	Mass Vacc site (Etihad Tennis Centre) lead
Pharmacy Delivery Model Representative	Representing the Pharmacy sites
Primary Care Networks (PCN) Clinical Director - Delivery Model Representative	Representing the PCN sites
MACC Representative	Volunteer management lead
MLCO Representative	Coordination with MLCO service delivery

3. Next Steps

- 3.1 Upon endorsement the Covid Vaccination Programme Management Office will schedule the inaugural VPB for the end of April 2021.

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**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 24 March 2021

Subject: Manchester Single Hospital Service – update on current position

Report of: Peter Blythin, Executive Director, Workforce and Corporate Business, and David Furnival Group Director of Facilities and Estates, Manchester University NHS Foundation Trust

Summary

This report provides an update on the progress of the Manchester Single Hospital Service (SHS) Programme. In particular, it outlines the work being undertaken to complete the proposed acquisition of North Manchester General Hospital (NMGH) by Manchester University NHS Foundation Trust (MFT).

Recommendations

The Board is asked to note the current position within the Manchester Single Hospital Service Programme.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Single Hospital Service Programme will optimise the provision of healthcare services to young people across Manchester and so minimise any adverse effects.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	The acquisition of North Manchester General Hospital will enable MFT to be an employer of choice, providing access to employment opportunities for local people and excellent training and career paths for a broad range of healthcare professionals.
Enabling people to keep well and live independently as they grow older	The Single Hospital Service will ensure effective standardisation of hospital services in Manchester so that residents are able to access the best and most appropriate healthcare, regardless of where they live.
Turning around the lives of troubled families as part of the Confident and Achieving Manchester programme	

One health and care system – right care, right place, right time	The Single Hospital Service will help to facilitate development and implementation of the most appropriate care provision.
Self-care	

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Background documents (available for public inspection):

None.

1. Introduction

- 1.1. The purpose of this paper is to provide an update for the Health and Wellbeing Board on the Single Hospital Service (SHS) Programme. It sets out the current position in respect of the proposal for Manchester University NHS Foundation Trust (MFT) to acquire North Manchester General Hospital (NMGH). The delivery of this transaction will mark the completion of a five-year long strategy to create a Single Hospital Service for Manchester and Trafford.

2. Background

- 2.1 The proposal for a Single Hospital Service (SHS) was originally developed through an independent review in 2016 that identified the potential to achieve a wide range of benefits by bringing together clinical and non-clinical services into extended teams. The first stage of this programme was delivered through the merger of Central Manchester University NHS Foundation Trust (CMFT) and University Hospitals of South Manchester NHS Foundation Trust (UHSM) and the creation of MFT, in 2017. The second stage of the strategy always envisaged the subsequent incorporation of North Manchester General Hospital (NMGH) into MFT. The acquisition of NMGH is planned for 1st April 2021.
- 2.2 On 1st April 2020, MFT took responsibility for NMGH under the terms of a management agreement with the Board of Pennine Acute Hospitals NHS Trust (PAHT – its parent organisation), and the Hospital has operated effectively as part of MFT throughout 2020/21. Managing NMGH has allowed MFT to become familiar with the hospital site and the way services are delivered. In addition, the period of the management agreement has enabled a new MFT Leadership Team to become embedded at NMGH, and for productive and supportive working relationships to be developed between NMGH staff and teams across MFT's existing service portfolio.
- 2.3 These factors have supported delivery of effective care at NMGH throughout the period of the Covid-19 Pandemic and have also facilitated the preparation for a seamless transition to NMGH formally becoming part of MFT on 1st April 2021. The management agreement between PAHT and MFT will conclude on 31st March 2021 when the NMGH transaction is completed.

3. Transaction Process

- 3.1 NHS England / Improvement (NHS E/I) established a process to dissolve Pennine Acute NHS Hospitals Trust (PAHT) in such a way that MFT acquires North Manchester General Hospital (NMGH) and the remaining PAHT sites transfer to Salford Royal NHS Foundation Trust (SRFT). MFT is committed to the acquisition of NMGH and work to deliver this objective, in collaboration with SRFT and PAHT, has progressed well.
- 3.2 In late February it was confirmed that SRFT had requested a deferral of the acquisition of the Bury, Oldham and Rochdale sites and services. This

transaction will not now proceed on 1st April 2021 and so PAHT will remain in place as a statutory organisation. SRFT's stated intention is to complete its transaction by 1st October 2021.

- 3.3 These changes will not affect the timing or completion of the MFT acquisition of NMGH. Although a different legal route to the one originally planned will now be required, MFT expects to proceed with the NMGH transaction, as planned on 1st April 2021.
- 3.4 The legal mechanism for the transfer of NMGH to MFT will be by a prior commercial transaction, rather than the statutory transaction originally envisaged. The subsequent acquisition of the Bury, Oldham and Rochdale sites and services by SRFT and the dissolution of PAHT will be completed through a statutory mechanism, and MFT will also be a party to this process.

4. Progress to Date

- 4.1 Throughout 2020/21, MFT has worked collaboratively with partner organisations on the 'disaggregation' of PAHT clinical and corporate services. This means that MFT has a clear understanding of the services, staff, equipment and contracts that will be transferring with the NMGH site and that robust plans to start to integrate the NMGH services into MFT have been produced.
- 4.2 A NMGH Transaction Business Case was developed during autumn 2020 and, following engagement with a range of key stakeholders including the MFT Council of Governors, this was approved by the Board of Directors on 14th December 2020.
- 4.3 The first iteration of the NMGH Post Transaction Integration Plan (PTIP) was finalised in December 2020 and set out the work needed to safely deliver 'Day 1'. As with the creation of MFT in October 2017, a conscious decision has been taken to minimise the change that is experienced by NMGH staff or patients on 1st April. Instead, change will be limited to those areas where it is needed to maintain patient safety, meet statutory requirements or maintain business critical functions.
- 4.4 A second iteration of this document (PTIP v2) has just been finalised, and this provides assurance that all necessary activities to safely deliver 'Day 1' remain on track. It also sets out the work that will be undertaken, across all clinical and corporate areas in the days, weeks and months after 1st April to start to integrate NMGH fully into the MFT Group.
- 4.5 Detailed processes to identify the members of the PAHT workforce that will transfer to MFT have been completed and plans are in place to ensure this process happens smoothly for 'Day 1'. This work has been undertaken with the necessary engagement from staff side representatives.

- 4.6 The NMGH transaction is being undertaken on an 'as-is' basis with MFT, PAHT and SRFT agreeing that existing patient pathways, across the North East Sector, should be maintained on 1st April 2021, despite the service disaggregation that will have taken place. To deliver this commitment a series of Service Level Agreement (SLA) documents has been produced which articulate the service that is being provided by one organisation to the other and also identify the recharges required to maintain these arrangements.
- 4.7 All legal documentation required to enact the transaction is nearing completion and will go through the relevant signatory processes in the coming week.
- 4.8 MFT continues to actively contribute to the PAHT-led transaction communications and engagement group, engage with staff at NMGH through presentations at monthly 'Team Talk Extra' meetings, and work with NMGH's communications manager to ensure messages across MFT are shared throughout NMGH's internal channels. Specific Group Chief Executive and Chairman welcome messages are being planned for 31st March / 1st April as NMGH is formally welcomed into the MFT Group.

5. NMGH Redevelopment Update

- 5.1 The MFT Board endorsed both the Redevelopment and Digital Outline Business Cases (OBCs) at their meeting on the 11th January 2021 and the OBCs were subsequently submitted to the NSHEI and DHSC on the 29 January 2021 for appraisal. The Preferred Way Forward for the Redevelopment Case identifies a need for £587m capital investment with a further £96m to deliver digital capabilities.
- 5.2 The Trust has been formally notified that the NMGH redevelopment is one of eight HIP schemes that will be taken forward as 'frontrunners' within this current spending review, with the other HIP schemes being eligible for funding from 2025 onwards only.
- 5.3 As part of the national New Hospitals Programme, the Trust has signed a Collaboration Agreement which sets out how the Trust will work with the new national team. The NHS E/ I and Department of Health & Social Care central team and their technical advisors will now review each of the eight frontrunner schemes against the emerging central priorities such as design standardisation and modern methods of construction.
- 5.4 The public consultation period for the Strategic Regeneration Framework formally closed on 29th January 2021. In terms of engagement capture, the MFT website provided the focus for information and feedback, backed up and promoted via press and social media coverage summarised as:
- Over 5,500 page views of the project website
 - Wide-press coverage in MEN/BBC/PNW/Industry titles
 - Over 75,000 social media impressions (Twitter, Facebook, LinkedIn)
 - 100s of staff /patient engagements

- 90 feedback forms (fully/partially completed) via MFT website
- 96 votes on the social media polls

5.5 Feedback has been overwhelming positive with 86% of respondents indicating their support for the proposals. The draft final version of the Strategic Regeneration Framework was considered by the City Council's Executive Committee on 17th March 2021 and was formally endorsed, representing a significant milestone in the redevelopment journey.

5.6 The redevelopment programme achieved a start on site in December 2020 with the commencement of enabling works. The following areas of activity continue to progress funded by the approved enabling works packages:

- The proposed multi-storey car park and cycle hub planning application was submitted in December 2020. Procurement for the contractor to construct this facility and deliver the required external works has also been completed.
- The decant accommodation required to provide ongoing office space for those affected by the commencement of enabling works will be located by the current estates building. This four-storey modular block has been procured and planning permission granted.
- The Trust is working closely with Greater Manchester Mental Health NHS Foundation Trust to prepare to commence the enabling works on the Pennine Acute Hospitals NHS Trust HQ site in preparation for the New Park House development.

6. Conclusion

6.1 MFT remains committed to the realisation of the plan to fully establish the Single Hospital Service for Manchester and Trafford by transferring NMGH to MFT on 1st April 2021. On this basis, MFT will continue to engage with all key stakeholders and in particular, work with NHS E/I in its role to oversee the plan to dissolve Pennine Acute Hospitals NHS Trust.

6.2 It is clear that the inclusion of NMGH within MFT has the potential to deliver significant benefits for patients and staff, alongside wider strategic opportunities for North Manchester. The transaction and subsequent capital redevelopment offer a positive future for NMGH as a busy and vibrant general hospital providing excellent care to the local community and acting as an anchor institution for economic regeneration and community development.