



## **Health and Wellbeing Board**

Date: Wednesday, 9 December 2020

Time: 10.00 am

Venue: Virtual meeting - [https://youtu.be/W690xl\\_KVnk](https://youtu.be/W690xl_KVnk)

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

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

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

## **Membership of the 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

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Jim Potter, Chair, Pennine Acute Hospital Trust

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 Angus Murray-Browne, South Manchester GP federation

Dr Vish Mehra, Central Primary Care Manchester

Dr Amjad Ahmed, Northern Health GP Provider Organisation

## Agenda

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- 1. Urgent Business**  
To consider any items which the Chair has agreed to have submitted as urgent.
- 2. Appeals**  
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.
- 3. Interests**  
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.
- 4. Minutes** 5 - 8  
To approve as a correct record the minutes of the meeting held on 26 August 2020.
- 5. COVID-19 Update: Manchester's 12 Point Plan - to follow**
- 6. COVID-19 Governance Update - to follow**
- 7. Manchester Partnership Board - Presentation - to follow**
- 8. Children and Young People's Plan 2020 - 2024** 9 - 16  
The report of Strategic Director of Children's and Education Services is enclosed.

## Information about the Committee

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The Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the health and social care services for Manchester. Its role includes:

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;
- providing advice, assistance or other support in connection with the provision of health or social care services;
- encouraging organisations that arrange for the provision of any health related services to work closely with the Board; and
- encouraging those who arrange for the provision of any health or social care services or any health related services to work closely together.

It is the Council's policy to consult people as fully as possible before making decisions which affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Members of the public are requested to bear in mind the current guidance regarding Coronavirus (COVID-19) and to consider submitting comments via email to the Committee Officer rather than attending the meeting in person. The contact details of the Committee Officer for this meeting are listed below.

Agenda, reports and minutes of all Council meetings can be found on the Council's website [www.manchester.gov.uk](http://www.manchester.gov.uk)

Joanne Roney OBE  
Chief Executive,  
3<sup>rd</sup> Floor, Town Hall Extension,  
Lloyd Street,  
Manchester, M60 2LA

## Further Information

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

Andrew Woods  
Tel: 0161 234 3011  
Email: [andrew.woods@manchester.gov.uk](mailto:andrew.woods@manchester.gov.uk)

This agenda was issued on **Tuesday, 1 December 2020** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA.

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## **Health and Wellbeing Board**

### **Minutes of the meeting held on 26 August 2020**

#### **Present:**

Councillor Craig, Executive Member for Adult Health and Wellbeing (Chair)  
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning  
David Regan, Director of Public Health  
Bernadette Enright, Director of Adult Social Services  
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning  
Kathy Cowell, Chair, Manchester University NHS Foundation Trust  
Mike Wild, Voluntary and Community Sector representative  
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust

#### **Apologies:**

Councillor Richard Leese, Leader of the Council  
Councillor Bridges, Executive Member for Children's Services and Schools  
Vicky Szulist, Chair, Healthwatch  
Dr Tracey Vell, Primary Care representative - Local Medical Committee

#### **Also in attendance:**

Councillor Nigel Murphy, Deputy Leader  
James Binks, Director of Policy, Performance and Reform, MCC

### **HWB/20/16 Minutes**

The minutes of the meeting held on 8 July 2020 were submitted for approval.

#### **Decision**

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 8 July 2020.

### **HWB/20/17 Manchester's 10 Point COVID-19 Action Plan - August 2020**

At their meeting of 8 July 2020 the Board had given consideration to the report of the Director of Population Health that presented the detailed COVID-19 Manchester Prevention and Response Plan. At the beginning of this month the Director of Public Health, working with key partners, produced the attached action plan for the month of August.

In addition to the report the Director of Public Health delivered a presentation that included the latest available comparative data and intelligence. He stated that the positive cases of COVID-19 identified were predominantly amongst younger people and these had not resulted in a corresponding increase in hospital admissions, however this situation would continue to be monitored.

In response to questions from the Board regarding measures to protect children returning to education the Director of Public Health stated that consideration was being given to keeping school 'bubbles' as small as practically possible to minimise the impact if pupils were required to self-isolate, adding that he recognised the challenge this represented to larger schools. He stated that positive existing relationships already existed between Public Health and local schools and contingency planning was underway to minimise the potential disruption to a young person's education.

The Director of Public Health stated that work was progressing across Greater Manchester, in line with all relevant medical and public health guidance to ensure a consistent approach was adopted and capacity was available to support schools in the event of an outbreak, including mobilising mobile testing units and home testing if required.

The Chair acknowledged the concerns regarding the return to schools and advised that it was important to build confidence amongst parents and support them with appropriate communications that would be delivered around this message, noting that the wider benefits to children attending school was recognised.

A member of the Board suggested that GPs should be able to refer people for COVID-19 testing, similar to the way they would refer a patient for other routine testing, especially noting that the winter flu season was approaching. The Director of Public Health acknowledged these comments and informed the Board that discussions around this issue were ongoing.

The Chair welcomed the 10 Point COVID-19 Action Plan, noting that it presented a framework to enable the monitoring of progress and that this item would continue to be reviewed as a regular agenda item for the Board. She further thanked all those who had contributed to the production of the Plan.

## **Decision**

The Board note the report.

## **HWB/20/18 The Our Manchester Strategy Reset**

The Board considered the report of the Director of Policy, Performance and Reform that provided an overview of the Our Manchester Strategy reset and invited the Board to comment on how health and wellbeing priorities should be reflected within the Strategy reset.

The Chair stated that it was important when considering the reset to have regard for the individual rather than systems and process, adding that it was essential that the appropriate language was used when engaging with residents on this issue. She further commented that it was important to recognise that the Our Manchester Strategy was not a Council policy but rather a strategy that belonged to the whole of the city and this work would complement the refresh of the Locality Plan.

Members of the Board discussed the need to recognise and address the wider determinants of health, including employment opportunities; environmental factors and the use of decision making to influence change, such as planning powers to promote greener environments and air quality. In addition, it was essential to acknowledge and address inequalities in all forms, with an emphasis on prevention work and the commissioning of services having an emphasis on 'whole life story' work to deliver improved health outcomes for residents.

Members acknowledged the scale of this challenge, noting that a redesign of services would be required with due consideration given to the allocation of resources.

The Director of Policy, Performance and Reform acknowledged the comments raised and stated that an update report would be submitted for consideration by the Board at an appropriate time. He further commented that if Partners would welcome further discussions and engagement on this subject sessions could be organised if they contacted him directly.

### **Decision**

The Board note the report.

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

**Report to:** Manchester Health and Wellbeing Board – 9 December 2020

**Subject:** Manchester's 12 Point COVID-19 Action Plan

**Report of:** Director of Public Health

### Summary

In July the Board received the detailed COVID-19 Manchester Prevention and Response Plan. To accompany this document, the Director of Public Health (DPH) and his team and partners have produced and updated a 10 Point Action Plan each month. This is now a 12 point plan that incorporates all key programmes of work and the DPH will deliver a presentation to the Board on the latest available data and intelligence (point 1) and the latest information on Targeted Testing at Scale (TTaS) (point 2) and Mass Vaccination (point 12).

### Recommendations

The Board is asked to:

- 1) Note the report

### Board Priority(s) Addressed:

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
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):**

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.

## Manchester's 12 Point COVID-19 Action Plan:

### Winter 2020 – December

(Version 4.0 - Produced November 2020)

#### Introduction

This plan for Winter 2020 is an integral part of the Manchester Prevention and Response Plan, endorsed by the Health and Wellbeing Board on 8<sup>th</sup> July 2020. The plan has been updated every month since August 2020.

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

1. Data and intelligence (point number 1)
2. Testing (point number 2)
3. Contact tracing (point number 3)
4. Contain measures (points 4-11)
5. Mass Vaccination (Point 12)

Sir Richard Leese	Leader of the Council, Chair of the Manchester Health and Wellbeing Board
Councillor Bev Craig	Executive Member for Adult Health, Manchester City Council
Joanne Roney OBE	Chief Executive, Manchester City Council
David Regan	Director of Public Health, Manchester City Council
Fiona Worrall	Strategic Director for Neighbourhoods, Manchester City Council
Katy Calvin-Thomas	Acting Chief Executive, Manchester Local Care Organisation
Ian Williamson	Chief Accountable Officer, Manchester Health and Care Commissioning
Sir Mike Deegan	Chief Executive, Manchester University NHS Foundation Trust
Neil Thwaite	Chief Executive, Greater Manchester Mental Health Trust
Paul Savill	Chief Superintendent, GMP

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

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

<b>Progress against objectives in the previous period</b>
We continued to develop and disseminate the daily Manchester COVID-19 Dashboard to include new data on cases of COVID-19 in care home residents and staff reported to Manchester Test and Trace and deaths within 28 days of a confirmed diagnosis of COVID-19
We expanded our routine monitoring to include a more detailed age breakdown of the number and rate of new cases of COVID-19
We undertook a further 'deep dive' analyses of new cases of COVID-19 in older working age and later life (50 years of age and over) and in BAME groups, including South Asian/Pakistani communities, in order to understand better the epidemiology and geographical distribution of cases within the population
We worked with the City Council's Performance Research and Intelligence (PRI) Team to develop a draft COVID-19 Neighbourhood Risk Matrix to support the targeting of engagement activities and other work in different parts of the city
We engaged with MLCO Neighbourhood Leads and Health Development Coordinators to raise awareness of the COVID-19 Neighbourhood Profiles and other sources of data relating to the coronavirus in local areas and communities
We developed a COVID-19 Testing Dashboard to make data relating to the patterns of testing activity in the city more readily available

<b>Priorities for the next period</b>
Support the work of the COVID Health Equity Manchester (CHEM) group through the production of further 'deep dive' analyses and more routine monitoring of trends in BAME communities and other protected characteristics
Further develop and disseminate the COVID-19 Neighbourhood Risk Matrix in partnership with the PRI Team in Manchester City Council
Support the development of a Care Homes Dashboard and other processes for monitoring cases and outcomes of COVID-19 (including hospital admissions and deaths) in people living in residential and care home settings
Continue to explore and make use of the models and data supplied through the PHE COVID-19 Situational Awareness Explorer, including the outputs of the new epidemic phase modelling and the Common Exposures Report
Work with universities in Manchester to develop improved surveillance systems to monitor levels of COVID-19 in the student population on an ongoing basis
Explore behavioural insight research and evaluation to inform actions that enable people to follow COVID-19 guidance

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

2. Continue to deliver the community testing model with a focus on Targeted Testing at Scale (TTAs) from 30<sup>th</sup> November 2020



Progress against objectives in the previous period
We implemented most of the key components of the Manchester Community Testing Model (illustrated above)
We increased testing uptake over the past few months despite the limitations in national testing laboratory capacity
We successfully deployed Mobile Testing Units (MTUs) at FC United and the Ukrainian Cultural Centre throughout August, September, October and November
We ensured that the capacity at the Etihad and Manchester Airport regional testing centres was fully utilised
We assessed the effectiveness of different approaches to managing workplace outbreaks by using Manchester Local Care Organisation (MLCO) Swabbing Team for a bakery outbreak and a MTU for an outbreak at a delivery office
We undertook a thorough needs analysis on the best location of walk-in Local Testing Sites (LTS) across the city
We stood up five Local Testing Sites through a phased approach in collaboration with DHSC and Deloitte including: <ul style="list-style-type: none"> <li>Abraham Moss Leisure Centre, Crumpsall (indoor LTS)</li> <li>Denmark Road Sports Hall, Moss Side (indoor LTS)</li> <li>Central Retail Park, Ancoats (outdoor LTS)</li> <li>Belle Vue Sports Village (outdoor LTS)</li> <li>Brownley Road Car Park, Wythenshawe (outdoor LTS)</li> </ul>
We successfully tested different approaches to mass testing for outbreaks in University settings
We ensured pathways are in place for essential frontline health and care workers and designated teaching staff to have priority access to testing whilst demand is outstripping capacity and laboratory constraints limit slots available
We continued to reinforce messages and communications about when to get a test in order to manage demand and expectations for testing

<b>Priorities for the next period</b>
Promote the use of home testing kits with key target groups who cannot access a regional or local testing site or who may find this route easier by directing them to gov.uk site or by phoning 119
Further develop and implement approaches that ensure access to testing for people who are unable to access the national programme using a locally supported system including; <ul style="list-style-type: none"> <li>• assisted swabbing for residents that need it</li> <li>• locally provided swabbing for essential workers at times when demand outstrips capacity</li> <li>• supporting high risk/vulnerable groups to book and access testing</li> </ul>
<b>Develop and deliver a Targeted Testing at Scale (TTaS) Programme for Manchester as part of the GM and national approach to using Lateral Flow Devices for point of care testing (see Appendix 1).</b>

**Leads: David Regan, Director of Public Health, Dr Cordelle Ofori (Consultant in Public Health Medicine), Christine Raiswell (Strategic Response Lead), Sharon West (Population Health Programme Lead Testing)**

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

<b>Progress against objectives in the previous period</b>
We recruited a Strategic Lead for Manchester Test and Trace to lead the integrated response work between Environmental Health, Education, Community Health Protection Team (Infection Control) and the Manchester Local Care Organisation
We recruited a Lead Health Protection Nurse with Clinical Lead responsibility for our Manchester Test and Trace work and recruited additional Infection Control Nurses to increase capacity in our local Community Health Protection Team (start dates in December 20/January 21)
We invested in additional capacity for Environmental Health (EH) given the scale of workplace outbreaks and the need to provide COVID secure advice to all employers
We took the lead role for all consequence management and contact tracing work with businesses that cover the hospitality sector as well as ongoing work with other employers including factories, offices, retail and public sector
We 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
We worked with Information Governance and Democratic Services to develop robust and secure arrangements for sharing of information to support the Manchester Local Enhanced Case Finding/Contact Tracing Service
We worked with the GM Fire and Rescue Service on a pilot to increase capacity for us to make contact with cases that the National NHS Test and Trace Service have not been able to reach within 24 hours (level 2 index case finding work)
We introduced a new GM wide case management system to manage information relating to local Test and Trace work

<b>Priorities for the next period</b>
Reflect on how best to use the additional funding for Tier 3 Test and Trace work to increase local resources and ensure that we can support residents efficiently, effectively and safely
Take the lead role for all consequence management and contact tracing work with schools and early years settings (from 16 <sup>th</sup> November)
Monitor and evaluate the pilot with the GM Fire and Rescue Service
Work to ensure that the new case management system is adapted to work more effectively to meet our local needs
Continue to collate all lessons learnt from outbreaks in various settings to inform ongoing service developments with a specific focus on care homes and other care settings in preparation for autumn/winter. Outbreak Control Team (OCT) meetings will always be held following significant outbreak in non-care settings and actions recorded
Deliver more training sessions to enable organisations to independently manage lower risk and smaller outbreaks with support from non-specialist staff

**Leads: Sarah Doran (Consultant in Public Health, Health Protection), Leasa Benson (Clinical Lead Health Protection), Sue Brown (Principal Environmental Health Officer), Diane Cordwell (COVID Response Service Lead, MLCO), Christine Raiswell (Strategic Lead, Manchester Test and Trace)**

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

<b>Progress against objectives in the previous period</b>
<p>We delivered successful community engagement activities in Cheetham/Crumpsall, New Islington and Miles Platting, Moss Side, Ardwick and Levenshulme North, Longsight, Gorton, Fallowfield, Whalley Range and Chorlton. This involved:</p> <ul style="list-style-type: none"> <li>• MLCO and MCC Neighbourhood Teams</li> <li>• Greater Manchester Police</li> <li>• VCSE Providers</li> <li>• Faith-based organisations</li> </ul> <p>This work comprised of face to face (socially distanced) door knocking conversations in streets with clusters of cases. This was supported by other conversations with local retailers, food establishments and the dissemination of printed and audio materials in different languages. Community conversations are continuing across neighbourhoods within the city</p>
<p>We established the COVID-19 Health Equity Group to ensure that we are able to reach and put in place appropriate engagement practices with those that are most at risk of contracting COVID-19. The group includes representatives from the VCSE, including Caribbean and African Health Network (CAHN), Black Health Agency, Breakthrough-UK (disability organisation) and the South Asian Community</p>
<p>We established sounding boards with certain communities e.g. the Pakistani community to ensure messages are culturally competent and reach widely within the community</p>
<p>We used the data and evidence available to put in place appropriate engagement mechanisms for different age groups</p>
<p>We undertook a partnership approach to engagement in district and local centres, reiterating the simple messages of “wear a mask, wash your hands, keep your distance, and stay at home and get a test if you have COVID-19 Symptoms”</p>
<p>We engaged with students and residents in the top 12 streets that have the highest concentrations of students in the Fallowfield/Withington to advise them of preventative messages (see point 10)</p>

<b>Priorities for the next period</b>
<p>Establish the Targeted Community Engagement Grant for COVID-19 Health Equity to enable voluntary and community groups to support the work of COVID-19 Health Equity Manchester</p>
<p>Continue to monitor the data to understand other areas of, and communities within the city where enhanced engagement may be required</p>
<p>Meet with Neighbourhood Leads on a weekly basis to ensure they have the up-to-date information and have the support and materials required to be able to engage in a meaningful way</p>
<p>Create local ‘COVID stories’ and use them to support the city-wide campaign, enabling a more localised approach</p>

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

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



**5. Reinforce basic public health messages and amplify key communication messages in relation to COVID-19**

<b>Progress against objectives in the previous period</b>
We delivered targeted and effective campaigns in advance of religious festivals and significant community events throughout August to November
We designed and produced sets of materials that have been used as part of the community engagement work described under point 4 and these are used across target neighbourhoods and sectors in Manchester
We designed, produced and distributed a stakeholder toolkit made up of posers, social media content, sharable videos etc that can be easily shared between members of community groups. All the information is also available in the online resource hub on the council website
We produced bespoke leaflets for care home staff and hospitality sector workers and managers
We boosted social media messaging in target 'hotspot' areas with concentrations of cases in addition to wider messaging
We worked with partners and local groups to ensure consistent messaging. Communications reps from across the Manchester system (MCC, MHCC, LCO, voluntary sector, MFT) have met weekly to ensure consistency and to share channels
We enhanced media work to raise the profile of enforcement against premises which are flouting the restrictions. This has included news releases on closures and a feature in which the Manchester Evening News (MEN) accompanied licensing compliance officers on patrol
We developed a joint campaign with universities targeted at students coming to Manchester, with supporting messages for residents in key areas
We delivered supporting material for return to school and for schools to use in term time
We built on the materials described above and increase accessibility for all partners and VCSE groups to use them via the resource hub ( <a href="http://www.manchester.gov.uk/resourcehub">www.manchester.gov.uk/resourcehub</a> )
We developed a hearts and minds video-based campaign which is being used to help ensure people stick to the key guidelines, featuring a care worker, a young girl who wants to see grandparents etc. This campaign is now being rolled out
We delivered a weekly email to those who subscribe to information on COVID and on news (more than 20k email addresses) with the latest guidance and support
We developed information and online access to support businesses in applying for grants/support
We conducted focussed work for students work across both universities in response to outbreaks
We held a press conference - re R number, hospital figs and Tier 3 organised for DPH and Jane Eddlestone for regional and national media on our data
We promoted the local system - re new test capacity and how and where to get a test
We focused on vulnerable groups or those more at risk of COVID through neighbourhood-level approach.
<b>Priorities for the next period</b>
Continue to enhance the Greater Manchester and National COVID-19 campaigns with specific Manchester messages
Continue to deliver specific communication campaigns in relation to events
Continue to support the Director of Public Health and Executive Member for Adult Health and Wellbeing with proactive media work in relation to Manchester outbreaks

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

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

<b>Progress against objectives in the previous period</b>
We conducted joint operations between GMP and MCC Compliance and Enforcement Team targeting the hospitality sector in the city - this is happening on a weekly basis
We took enforcement action on premises who are repeatedly not complying with advice including the use of directions to close premises in the worst cases. Since 4th July we have served: <ul style="list-style-type: none"> <li>• 18 Health and Safety at Work Act Improvement Notices (to require risk assessments and implement COVID secure arrangements)</li> <li>• 9 Directions to close premises where COVID secure arrangement not in place and public health put at risk</li> <li>• 6 Prohibition Notices on premises not allowed to open (e.g. Nightclubs and Sexual Entertainment Venues)</li> </ul>
We acted against individuals and households who have broken the law by organising parties/gatherings in residential areas
We held virtual Q&A's with licensed premises and circulated, via business groups, a letter from the Director of Public Health to all licensed premises with advice, guidance and reference links
We used regular social media comms as necessary when new regulations have been introduced
We launched a regular e-bulletin for licensed premises to directly target messages to licensed premises and ensure they receive all updated guidance and requirements quickly
We 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

<b>Priorities for the next period</b>
Continue with the joint GMP/MCC operations
Continue to take swift enforcement and preventative action (e.g. warn and inform) against businesses and households that do not comply with the restrictions and publicise intent to act
Continue to work with government departments to provide further effective enforcement powers
Strengthen capacity and involvement by other partners to increase the level of support for regulatory services
Ensure those businesses who are exemplars for COVID-19 secure working practices are recognised
Use simple targeted comms, aimed at businesses and customers, using graphics, which clearly outline all the updated requirements they must follow. These will be pushed out through a range of channels and partners

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

**7. Continue to support residents and patients who are at high risk and ensure health equity issues are addressed**

<b>Progress against objectives in the previous period</b>
We established the COVID-19 Health Equity Manchester (CHEM) group to address the disproportionate adverse impact of COVID-19 on communities in Manchester with a focus on Black, Asian Minority Ethnic communities, disabled people, people in high-risk occupational groups and other inclusion health groups
We developed a plan for CHEM addressing four main themes; culturally competent, targeted public health messaging; protecting people in high-risk groups from contracting the virus; preventing severe disease and death in high-risk groups and addressing the immediate indirect consequences of COVID-19 for high-risk groups
We developed an infrastructure for reaching and engaging with the CHEM priority ethnic groups and disabled people including the use sounding boards, community influencers and cultural connectors
We worked together across organisations to ensure we are meeting the needs of people who are shielding
We wrote to all patients who are shielding advising them about the new restrictions
We prioritised the care of the Clinical Extremely Vulnerable (CEV) in our Manchester Primary Care Standards, to ensure GP review of long-term conditions, mental health and flu immunisation for this group
We developed a neighbourhood model of care coordination by teams around the neighbourhood for people who are shielding

<b>Priorities for the next period</b>
Continue to develop and share culturally competent tailored and targeted messaging through the CHEM programme
Establish the work of the place based cultural connectors focussing on ethnic groups that are most at risk in Manchester (South Asian/Pakistani, Black African and Black Caribbean)
Continue to develop a targeted engagement approach with the other ethnic groups at higher risk including other South Asian communities and White Irish communities
Work with partners to develop a whole system approach to protecting high risk occupational groups
Focus 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
Prepare joint health and council comms targeted at people who are on the revised list for shielding
Plan and prepare to provide humanitarian support to those that are shielding should it be reinstated
Focus on children who may have to shield to ensure coordinated holistic support is in place
Work with partners on mental wellbeing offer for people who have been/are shielding

**Leads: Dr Manisha Kumar (Medical Director, Manchester Health and Care Commissioning), Shefali Kapoor (Head of Neighbourhoods), Dr Cordelle Ofori (Consultant in Public Health Medicine), Sharmila Kar (Director of Workforce and OD, MHCC)**

**8. Provide advice to organisers of events that are planned for Winter**

**Progress against objectives in the previous period**

We consolidated the Safety Advisory Group approach to review event applications and risk assessments, strengthening the integration of Public Health into the process to support the ongoing review of event plans and proposals against a backdrop of changing regulations and guidance

We ensured that any event taken forward can be an exemplar of best practice in meeting and surpassing the standards laid out in the UK government guidance and seeking to utilise events to promote, not challenge the social distancing and hygiene directives and to influence and change people's behaviours

We supported the PSA Squash (Sept) 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 that provided live broadcast and highlights packages on TV, website and social media platforms

We 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

We 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

**Priorities for the next period**

Continue to support Lightopia to confirm plans to host their light festival in Heaton Park – reacting to and adjusting approach against changing backdrop of regulations and guidance

Provide a suitable festive environment and support the pragmatic development of event opportunities that emerge in the post lockdown city centre recovery period from 3<sup>rd</sup> December

Continue to advance partnership opportunities during the winter months that can be delivered within the envelope of local and national restrictions including International Swimming (Feb 2021) and Para Powerlifting World Cup (March 2021).

Develop an agreed approach to support event organisers to plan for April 2021 and beyond.

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

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

<b>Progress against objectives in the previous period</b>
---

We worked with schools on the remote learning offer in the event of pupils being at home following an outbreak
--

We provided regular communications with schools and other settings to respond to their concerns
---

We completed a stock take in October half term to inform best practice and any changes required to the delivery of the Manchester Test and Trace Service for schools, with a focus on access to testing
---

<b>Priorities for the next period</b>
---------------------------------------

Work with Public Health and the Health and Safety team to redesign the testing and tracing offer for schools based with MCC, disseminate new guidance and implement
---

Plan and implement an approach for contact tracing with schools over the Christmas break
--

Provide an overview of the remote learning offer across all schools and identify gaps/issues in offer, targeting support where appropriate
--

<b>Consider the potential use of Lateral Flow Tests for secondary school pupils and college students as part of the Manchester TTaS Programme.</b>
--

**Leads: Amanda Corcoran (Director of Education), Fiona Worrall (Strategic Director Neighbourhoods), Sarah Doran (Consultant in Public Health), Christine Raiswell (Strategic Lead, Manchester Test and Trace), Isobel Booler Education Department MCC)**

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

<b>Progress against objectives in the previous period</b>
We introduced a regular strategic meeting between the two Manchester Universities and Director of Public Health and the Public Health Team
We agreed DfE Tier 3 arrangements in Manchester to continue to control transmission
We put a plan of action in place with the Student Strategy Partnership
We put in place daily multi agency tactical meetings (including GMP, Universities, MCC Neighbourhood Teams and Compliance) to review data and evidence in relation to breaches of restrictions and put in place relevant action
We agreed the Local Outbreak Response Plan including contact tracing with the two Manchester universities and ensured that students are aware that they need to register with local GPs and give a local address when having a COVID test
We increased testing options by having mobile testing units near to Universities and University accommodation to manage outbreaks and established more local testing sites near to the Universities to make it easier for students and residents to get tested
We implemented a proportionate Outbreak Control Team (OCT) response to deal with a significant increase in positive cases across several accommodation sites in the city
We ensured all universities and accommodation providers have systems in place to support students to self-isolate with humanitarian support where required

<b>Priorities for the next period</b>
Continue to hold regular strategic meetings between the two Manchester Universities and Director of Public Health and the Public Health Team
Continue to work with Manchester Student Homes, particularly in relation to Off Campus accommodation and engagement with landlords and the local community
Continue to work with independent accommodation providers in the city centre to ensure restrictions are understood in relation to household contacts and COVID secure arrangements for shared living spaces
Undertake further engagement activity in areas of the city where there are high numbers of students living in private rented accommodation
Learn from the first phase of outbreak management incidents to inform the approach going forward and share our learning with others nationally
Work with the Universities and PHE to develop a local surveillance system to triangulate information from different reporting systems and support our response to clusters and outbreaks
<b>Work with Universities to deliver mass asymptomatic testing programme for students as part of the national approach from DHSC/DfE to using Lateral Flow Devices for point of care testing with students</b>

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

**11. Continue with the Winter planning and support to Care Homes**

<b>Progress against objectives in the previous period</b>
We have appointed Dale Ward (Equilibrium) as the provider representative on the Care Homes Board in order to develop its work in line with the needs of providers
We have issued Initial guidance on window visiting issued providers and further guidance is being refined
Completed and submitted an MLCO and Adult Social Care Winter Plan in line with new national guidance to DHSC
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 we ordered 91 iPads for care homes and will begin rolling out applications in Nov2020
We refined the care home dashboard to cover capacity, infection rates, clinical outcomes.
As part of our work with local Health Protection Teams and PHE to identify and fill gaps in testing we have a MDT for Outbreak Control Meeting in operation
We are developing an enhanced approach to risk identification and risk management across the care market and have completed an options paper to take to the Care Homes Board

<b>Priorities for the next period</b>
Continue to distribute Infection Control Fund (ICF) funding in a timely fashion through to March 2021
Continue to monitor care home stability and target those with deteriorating positions
Improve communication with care providers through more regular webinars using Microsoft teams following the implementation of NHS.net in all care homes and the LA transition to a Microsoft environment
Engage providers in strategic decision-making regarding the care market
Develop and enhance our Discharge 2 Assess pathway to streamline hospital discharge into community settings and will be reviewing supplier submissions shortly
Rollout the Health in Care Homes Directly Enhanced Service (DES)
Work with the Manchester and Trafford Personal Protective Equipment (PPE) Hub to support the government commitment of 'free PPE for care providers'
Continue to seek innovative ways of supporting care providers (for example through a carer / nursing bank for staffing issues) and have a meeting scheduled with DHSC
<b>Work with care homes to support the roll out of the national programme for Lateral Flow Testing for care home visitors</b>

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

**12. Develop and deliver the Mass Vaccination Programme in Manchester**

Each local area in the country is required to develop plans that demonstrate their ability to deliver a mass vaccination programme for their resident and registered populations from 1<sup>st</sup> December 2020. A formal mass vaccination programme for Manchester has now been established and a summary of the current plans for the programme is attached as Appendix 2. In the next iteration of the 12-point plan there will be a report on progress against agreed objectives and priorities for the next period.

**Lead: David Regan (Director of Public Health), Dr Manisha Kumar (Medical Director, Manchester Health and Care Commissioning), Jenny Osborne (Strategic Lead Population Health Programmes), Leigh Latham (Manchester Health and Care Commissioning)**



## Appendix 1 – Targeted Testing at Scale: The Manchester approach

### 1. Introduction

The following national programmes are about to commence in Manchester:

#### 1.1 Universities

The University of Manchester, Manchester Metropolitan University and the Royal Northern College of Music (RNCM) have all formally signed an agreement with DHSC to deliver mass testing to non-commuting students before the 9<sup>th</sup> December. The plan is to test students twice between 30<sup>th</sup> November and 9<sup>th</sup> December. Any students who test positive will need a confirmatory PCR test via pillar 2 and it is anticipated that the Denmark Road and Armitage Centre Local Testing Sites (LTS) will have enough capacity to meet demand.

Both universities have now sourced the staff and volunteers required to deliver the programme and across five designated sites. These are University Place Oxford Road, UMIST building on Sackville Street and two facilities on the Fallowfield campus. The Man Met site will be the Brooks Building at the Birley Fields campus. The RNCM will be part of the University of Manchester programme and there is now agreement to include Manchester College students living in Unite buildings and students from the University Football College as well.

A request has been agreed by Greater Manchester Strategic Co-ordination Group (SCG) that students should access a PCR test via pillar 2 in their home locality if they plan to return to Manchester in January. The students will be able to guarantee access to pillar 2 by ticking the box on the online portal that states “advised to take a test by your Local Authority or Health Protection Team”.

#### 1.2 NHS Trusts

Manchester University NHS Foundation Trust (MFT) and Greater Manchester Mental Health Foundation Trust (GMMH) commenced asymptomatic testing of frontline staff in the final week of November. This is a different approach in that staff will take Lateral Flow Testing (LFT) kits home with them and self administer the test twice a week. The Manchester Local Care Organisation community health staff will be included.

#### 1.3 Schools

The North West STAR Academy Trust is participating in the national pilot and one of their schools, Eden Academy, is in Cheetham Hill. This pilot will be delivered by the Military and the DPH, Director of Children’s Services and Director of Education have been informed and will support the pilot locally so that learning can be taken into the wider schools’ programme.

#### 1.4 Care Home Visitors

There has been a pilot for care home visiting in Devon and Cornwall and a national programme will now be rolled out from early December and care homes in Manchester will be supported to implement locally.

## 2. **Aim and objectives of the Manchester TTaS Programme**

- 2.1 The strategic aim of the programme is to coordinate the roll out of targeted rapid antigen testing at scale that prioritises the following approaches:
- 1) To deploy rapid antigen testing to identify asymptomatic, COVID-19 positive individuals in settings of higher risk of transmission or where the consequence of infection is higher
  - 2) To explore the deployment of rapid antigen testing to speed up the process of identification of asymptomatic, COVID-19 positive, individuals in outbreak settings
  - 3) To explore ways to use rapid antigen testing as an enabler – potential for ‘test and release’ to reduce isolation of contacts and to enhance community engagement activities in localities
- 2.2 The initial core team will be led by David Regan, Director of Public Health, Manchester City Council (MCC) supported by a Deputy SRO Sharon West (Public Health) and a Clinical Lead, Dr Paul Wright, Deputy Clinical Director, Manchester Health and Care Commissioning (MHCC).
- 2.3 The scale of this programme will require the deployment of significant resource from Manchester City Council and the following lead roles have been identified:
- Communications Lead
  - Engagement Lead
  - Workforce Lead
  - Data and Intelligence Lead
  - Finance Lead
  - Estates Lead
- 2.4 Greater Manchester has submitted proposals for TTaS to the Government and if these are agreed there will be additional resources provided and Army logistic support available. It is anticipated that Manchester will be asked to mobilise the first phase of the programme before the Christmas break.

## 3. **The priority cohorts**

- 3.1 The Director of Public Health in Manchester has identified the following priority settings and groups pending confirmation of additional funding support (see 2.4):

### Schools with a focus on secondary school pupils and teaching staff

In order to deliver a safe and effective targeted programme we will take the lessons from the mass testing pilot in Liverpool and consider whether a targeted approach with special schools can be progressed first.

### High risk workplace settings

Building on the work of the Manchester Test and Trace Service and the Environmental Health Team, there will be a targeted programme for high-risk settings (e.g. food processing) and businesses.

### High risk occupational groups

The local data collected over the last four months has highlighted that several groups such as taxi drivers, security guards and bus drivers have been disproportionately affected by COVID-19.

Care home visiting

As stated above we will support the roll out of the national programme, however, we will ensure integrated approach between the use of LFTs linked to confirmatory PCR testing. The DPH and DASS will ensure the local work is governed through the Care Homes Board and aligned to the Greater Manchester Framework agreed by the SCG.

Communities and localities with high transmission rates

There are several Manchester wards and MSOA areas that have had persistently higher than average rates of COVID-19 since July. This intelligence has informed the location of walk-in local testing sites for PCR tests and the same approach will be used to identify the best location for Asymptomatic Testing Sites (ATSS). The areas of the City that will be considered for the first phase of the Manchester TtAS programme are based on an analysis of areas that have had high positivity rates and low testing uptake and high positivity rates and high testing uptake:

- Ancoats and Beswick
- Baguley
- Charlestown
- Cheetham
- Crumpsall
- Gorton and Abbey Hey
- Levenshulme
- Longsight
- Miles Platting and Newton Heath
- Moss Side
- Moston
- Woodhouse Park

It is important to note that the high rates for Fallowfield and Hulme in September and October were related to the university outbreaks affecting students and there is a specific testing programme for students described above. The list will be added to once further analysis of recent testing rates and trends has been completed and it is envisaged that the community programme will commence in early January.

#### 4. **The service model**

4.1 The service model will be developed by the programme team based on the following:

- Clinical protocols including Single Operating Procedures (SOP)
- Site identification and management using the same approach for local testing sites and intelligence received from the Liverpool pilot. An initial list of potential sites is provided below although there are several processes to be completed with DHSC and other stakeholders before any of these can be agreed:
  - FC United, Moston (Large)
  - Ukranian Centre, Cheetham (Large)
  - University sites (Large)
  - Convert planned PCR Testing sites to Asymptomatic Testing sites x 2 (Large)
  - Medium sites in other community locations (x 10)

- Storage and distribution of testing kits with the New Smithfield Market identified as the main storage hub
- Workforce requirements drawing on Council resources, support from partner agencies and an agreement with the universities on the potential use of medical and nursing students once the university programme has been completed. The workforce requirements based on the DHSC blueprint would be approximately 370 wte staff. The workforce blueprint proposes 45 staff for each large testing site, 11 staff for each medium testing site and 2 staff for small testing sites. In addition, staff would also be required to enhance community engagement activities to ensure there is a take up of the offer by residents living in high prevalence areas. The key unknown variable is the amount of funding that will be available to commission external agencies to staff some of the sites supported by Army logistics personnel.
- Digital solutions for the efficient operation of the programme including booking tests, managing test centres, providing results and ensuring positive test results are logged on the national test and trace system.

It is also envisaged that a Train the Trainer Model will be used for some settings (e.g. schools)

4.2 Initial maximum estimated cohort numbers in bold are:

- University students **25,000** (University of Manchester 20,000 and Man Met 5,000)
- NHS Trust staff (MFT and GMMH) **24,000**
- Teaching and other school staff **14,250** (Teachers 5,400)
- Secondary School pupils **29,500**
- Care Home residents 2,157 (visitors x 2: **4314**)
- Priority geographical areas, eligible adult population in phase one **145,700** (high positivity low testing rates) and phase two, 85,400 (high positivity and high testing rates)
- **Sub Total - 242,764**

In addition, we will complete an assessment of the number of local residents and residents from other boroughs working in different high-risk occupational groups, in the first phase these will include:

- Council waste management staff and other contractors
- Taxi drivers
- Security guards
- Catering and other support staff working with schools and care homes

Finally, Manchester would like to design an incentive scheme and associated support package that removes the barriers that currently prevent people from coming forward for testing. If we ensure that people will not be economically disadvantaged when they follow self-isolation advice, we will be able to address the endemic COVID-19 challenge that has been evident in our most deprived communities since March 2020

## 5. Next steps

- 5.1 A detailed programme plan will be developed that will be updated on a weekly basis
- 5.2 The DPH will chair a weekly Task Group, there will also be daily operational meetings
- 5.3 The governance of the programme will be incorporated into the refresh of the overarching governance of Manchester's response to COVID-19.

## Appendix 2 – The Manchester Mass Vaccination Programme

### 1. Introduction

1. A COVID – 19 vaccine is being developed and ultimately the vaccine should help **reduce mortality , improve population health** by reducing serious disease, and protect the NHS and social care system.
2. Part of a **national programme** and the objective is to enable the safe administration of any COVID – 19 vaccine as soon as possible once made available in the UK.
3. Lots of work already **underway** with local systems across several workstreams: **Data and Tech; Modelling; Estates, Logistics and Consumables; Workforce & Training; Commercial and Contracting; Finance and Communications**
4. The Joint Committee on Vaccination and Immunisation (**JCVI**) advises the UK health departments on immunisation and has produced interim advice on vaccine priority groups and the initial cohorts are:
  - Older adults resident in a care home and care home workers
  - All those 80 years of age and over and health and social care workers
5. The requirement is that we are ready to deploy the vaccine from **1 December 2020**

### 2. Current Overview

- 2.1 The Pfizer vaccine was approved by the MHRA on 2<sup>nd</sup> December 2020 and the AstraZeneca vaccine is now at the final stage of approval. NHS Trusts are now ready to vaccinate their workforce and vaccination sites have been mobilised from 1st December 2020. The Pfizer vaccine will be suitable for these settings and MFT have confirmed that the MLCO workforce will be in their vaccine implementation plan.
- 2.2 It has also been confirmed that the Primary Care Network (PCN) designated sites/community models are expected to mobilise and at least one PCN site will be operational this month. The first stage of the formal sign off for sites serving the 14 PCNs has now been completed.
- 2.3 The GM Mass Vaccination Site at Manchester Tennis Centre will also be operational in December and significant support has been provided from the Manchester team (MHCC and MCC) to enable the site to be ready.
- 2.4 The Programme Management Office (PMO) is reviewing all initial workstream plans, risks and issues to ensure resources are in place in advance of receiving any vaccines. An overall Programme Plan has been produced and the governance into GM is being finalised.
- 2.5 The PCN Enhanced Service Specification and Collaboration Agreement has been considered and sign off of the Directly Enhanced Service (DES) contract is expected by mid December.

- 2.6 The finance and workforce modelling and plans are being developed and being shared regularly with the Greater Manchester Health and Social Care Partnership to ensure a consistent approach. The initial Manchester-specific priority cohort and vaccination delivery modelling has been produced by MHCC Business Intelligence Team and can be adjusted as more information becomes available (e.g. changes to the national JCVI cohort priority list). It appears likely that along with healthcare workers, residents aged over 80 years and care home staff and residents will be part of the first phase of the delivery programme in December/early January.



Manchester Health & Care  
Commissioning

A partnership between Manchester  
City Council and the NHS



MANCHESTER  
CITY COUNCIL



Manchester  
Clinical Commissioning Group

# COVID-19 Update

David Regan, Director of Public Health

Manchester Health and Wellbeing Board

9 December 2020

## Current COVID-19 indicators

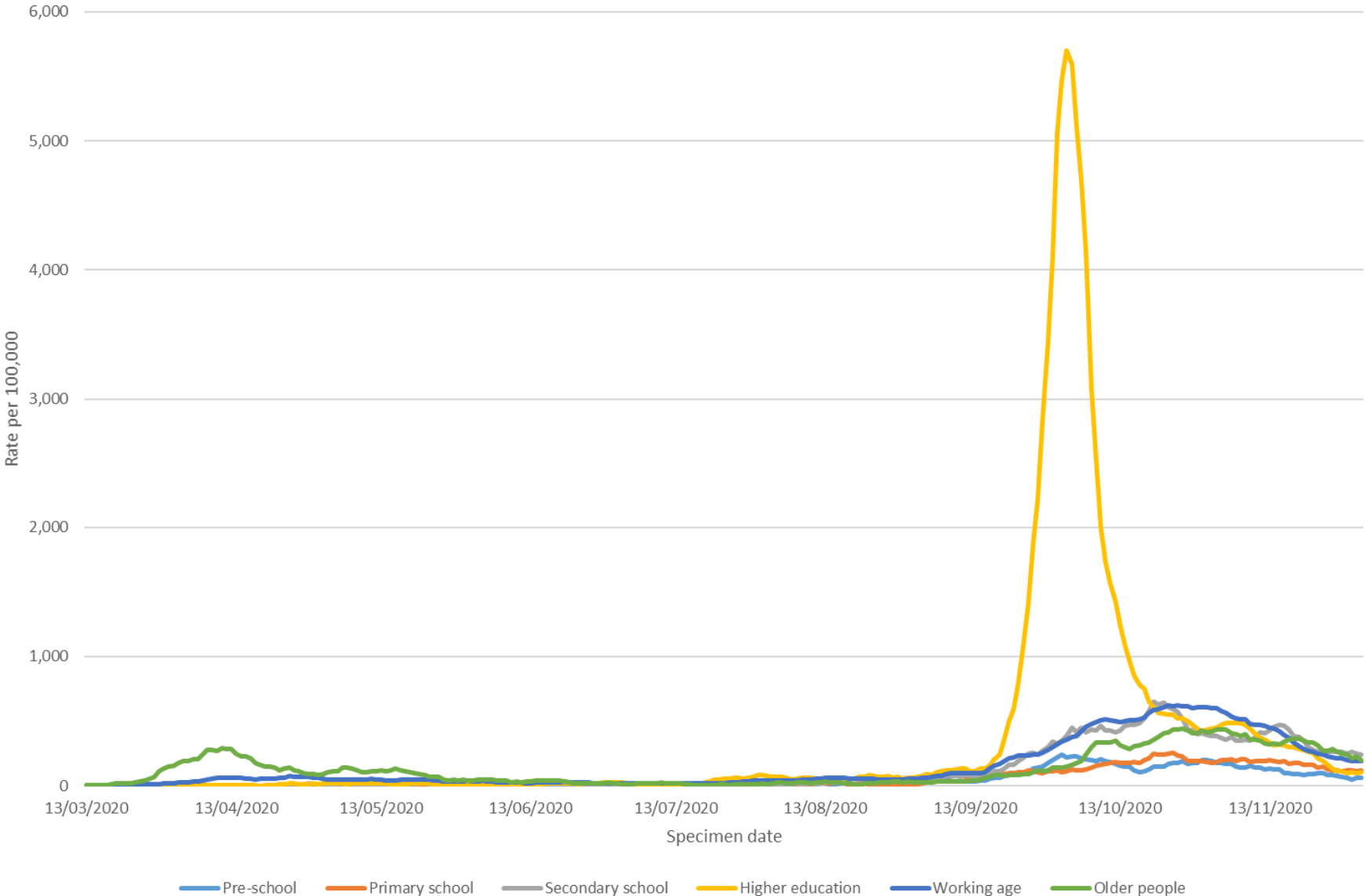
- Manchester headline rate per 100,000 population up to and including 4 December –164 per 100,000 (ranked 5th in Greater Manchester)
- Over 60s weekly incidence rate- 189.7 per 100,000 (ranked 3<sup>rd</sup> in GM)
- Positivity rate (Pillar 2 tests only) – 5.8 % (ranked 6<sup>th</sup> in GM)

Please note the headline rate on 3rd October was 583.5 and there has been a significant downward trend over the past 10 weeks.

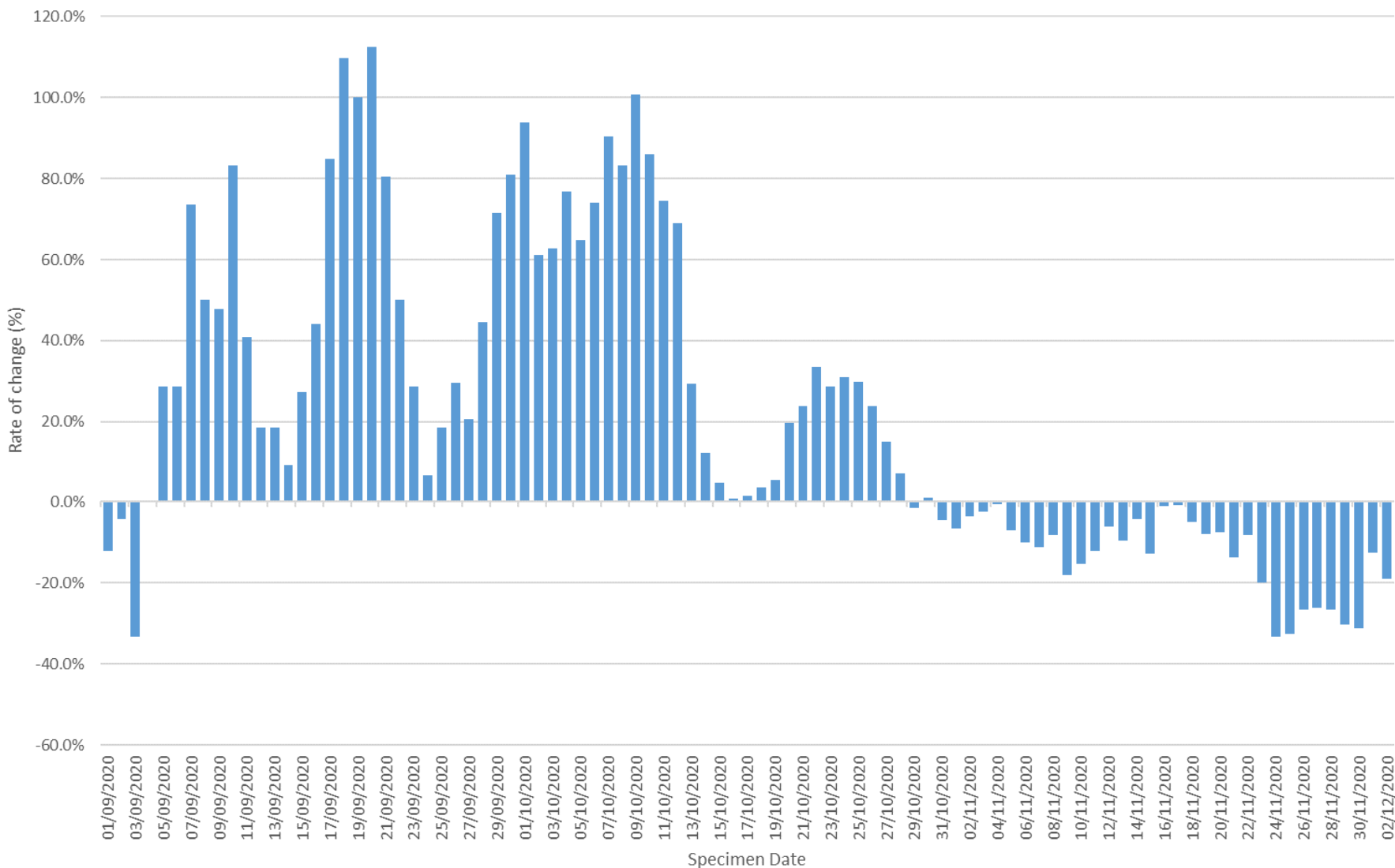
There has also been a welcome decrease in the over 60s rate since the end of October



# Number of confirmed cases of COVID-19 per 100,000 population in Manchester by age group (3 March to 2 December 2020)



# Rate of change in detection rate of COVID-19 in persons aged 60 and over per 100,000 population in Manchester by specimen date (01 September to 2 December 2020)



# Targeted Testing at Scale (TTaS)

- Manchester University NHS Foundation Trust (MFT) and GMMH have commenced the asymptomatic testing of frontline staff using Lateral Flow Testing (LFT) kits
- The first phase of the University LFT programme will be completed by 9 December 2022 and both Manchester universities, RNCM and Manchester College have participated
- A national school programme pilot is now underway involving one local school and a national workplace pilot has involved Manchester organisations
- Planning is at an advanced stage for a Manchester TTaS programme and the priority focus is Care Home Visitors

# Manchester Mass Vaccination Programme

- Pfizer vaccine approved on 2 December 2020, AstraZeneca at final approval stage and Moderna vaccine in the approval pipeline
- Manchester Project Management Office (PMO) has been established and leads identified and workstreams set up
- Vaccination sites to serve the 14 Primary Care Networks (PCNs) and Greater Manchester mass vaccination site at the Etihad Tennis Centre
- MRI in tranche 2 of the hospital roll out programme from 14 December 2020 (over 80s, care home staff, health care staff)
- Wave 1 PCN site in Wythensahwe to go live the week commencing 14 December and up to three other sites to be part of Wave 3 (from 21<sup>st</sup> December 2020) with a focus on over 80s and care home staff
- Pfizer vaccine suitability for “mobile use” with care home residents and staff currently being assessed

## Summary and next steps

- Review of tiers and announcement expected on Wednesday 16 December
- TTS and Mass Vaccination Programme are now incorporated into the Manchester COVID-19 12 Point Plan, there will be regular updates on these parts of the Plan following the weekly task group meetings for both programmes
- Recognition of the scale and complexity of what is required over the next few months



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

**Report to:** Manchester Health and Wellbeing Board – 9 December 2020

**Subject:** COVID-19 Governance Update

**Report of:** Director of Public Health (DPH)

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**Summary**

This report provides a brief update on the revised governance arrangements to incorporate the plans for delivering the Mass Vaccination and other COVID-19 programmes in Manchester.

**Recommendations**

The Board is asked to:

- 1) Note the report;
  - 2) Approve the governance arrangements for the delivery of the Manchester Mass vaccination Programme as set out in section 2
- 

**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	The COVID-19 pandemic has had a major impact on the delivery of all Board priorities and as part of the ongoing recovery work plans are being developed to address inequalities.
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):**

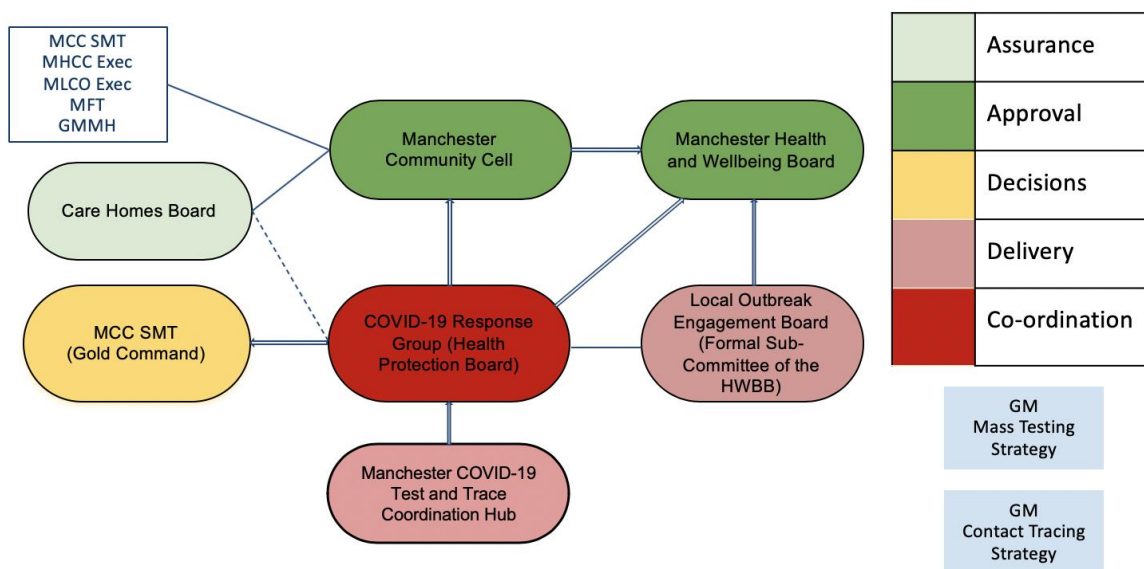
The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.



1. Introduction

- 1.1 In March the Board agreed the revised terms of reference for the Manchester Health Protection Group (renamed Manchester COVID-19 Response Group) and these were updated again in July when the Board approved the Local Prevention and Response Plan. The membership of the COVID-19 Response Group is currently being reviewed in recognition of changes to the key workstreams and additional programmes of work.
- 1.2 The Local Prevention and Response Plan also described the relationship between all the various groups under the overarching governance of the Health and Wellbeing Board (see Figure 1 below).

Figure 1: Governance Structure Chart



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

1.3 The COVID-19 Test and Trace Hub has recently taken on the specific responsibility for the delivery of the Targeted Testing at Scale (TTaS) Programme in Manchester and the DPH now chairs weekly task group meetings.

1.4 However the most significant development in recent weeks relates to the availability of a safe and effective vaccine that will be delivered through a co-ordinated national programme. This will be one of the largest and most complex programmes ever undertaken and there needs to be effective governance at all levels (i.e. national, regional, sub-regional and local). The next section sets out how the programme will be governed in Manchester.

## 2. Manchester COVID-19 Mass Vaccination Task Group

### 2.1 Purpose of Group

The purpose of the Task Group is to monitor and assure the delivery of the COVID-19 Mass Vaccination Programme

### 2.2 Responsibilities

- Provide the main forum for the coordination of planning and delivery activities related to the Programme. A programme management approach has been adopted, whereby the standardised approach adopted is the use of highlight reports by both the programme and by workstreams to communicate progress and barriers to delivery.

- Share intelligence and information, emerging locally, regionally and/or nationally that will impact upon the delivery of the Programme.
- Identify and clarify the main risks and issues that are impacting upon delivery, that need escalating up through the governance structure for mitigation or resolution.

### 2.3 Programme Management

A Programme Management Office (PMO) has been established to support the delivery of the programme in Manchester. All workstreams are represented at the Task Group by the workstream lead and/or their deputy and the workstreams including cross cutting issues are set out below (see Figure 2).

The lead roles for the Programme are:

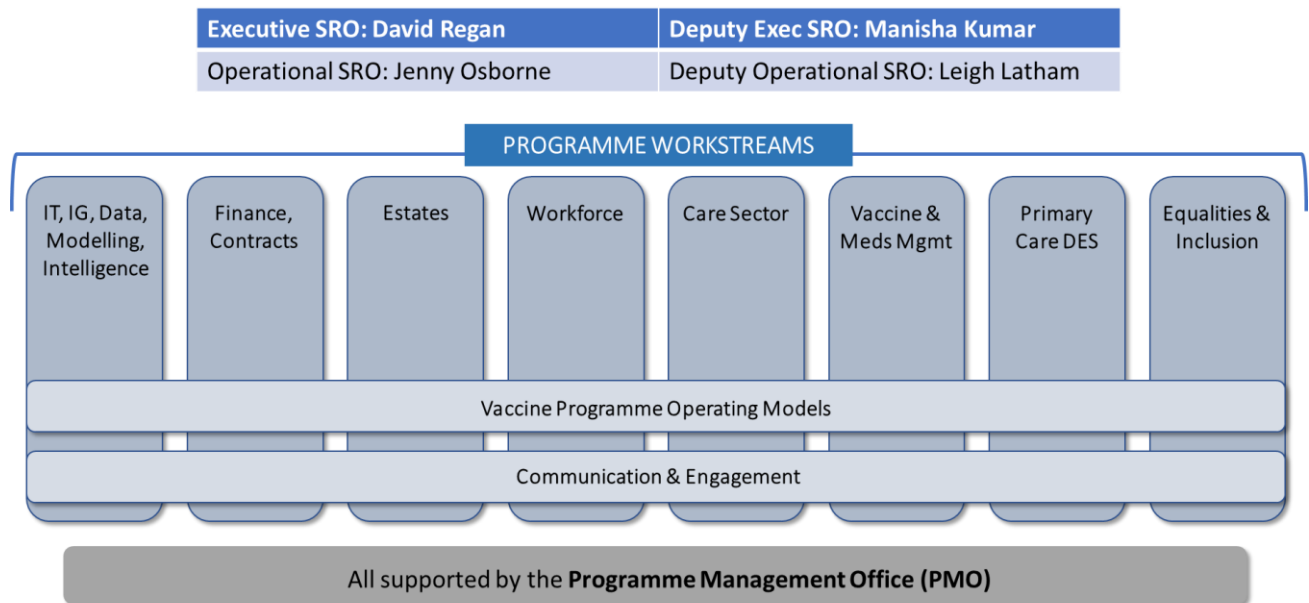
David Regan, Director of Public Health, Executive SRO

Dr Manisha Kumar, Medical Director MHCC, Clinical Lead and Deputy SRO

Jenny Osborne, Strategic Lead Public Health, Operational SRO

Leigh Latham, Director of Planning MHCC, Deputy Operational SRO

**Figure 2; Manchester Mass Vaccination Programme**



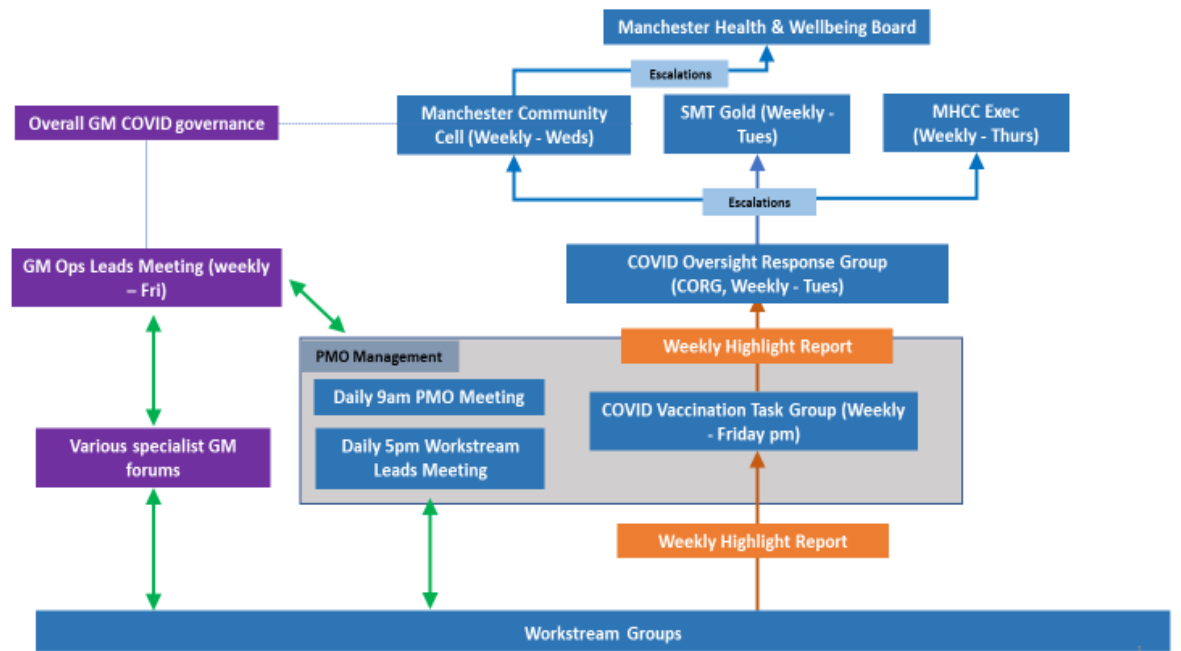
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### 2.4 Programme Governance

The proposed governance for the Programme is set out in Figure 3 . It highlights the important overarching role of the Health and Wellbeing Board given the partnership approach that will be required for the effective delivery of the Programme. The Manchester COVID-19 response Group which has met weekly since the start of the pandemic will continue to ensure there is a co-ordinated approach across all COVID-19 programmes through the Manchester 12 Point Plan.

**Figure 3: Governance of the Manchester Mass Vaccination Programme**

**COVID-19 Mass Vaccination Programme Governance** (as at 24/11/20)



# Integrating health and social care – next steps



## The last 5 years

**There has been significant progress made in integrated working across health and social care in the last 5 years:**

- MHCC
- MLCO
- MFT
- GMMH
- Locality Plan
- Population Health plan
- New care models
- NMGH Site redevelopment programme

## Rationale for change

**There are a number of reasons why this is the right time to reset the way we work as a health and care system in Manchester:**

- Building on our successes
- Learning from our approach to COVID
- Health outcomes and inequalities
- Primary Care Networks
- VCSE sector
- Financial sustainability
- GMHSCP review
- Proposed national legislation

## Ongoing work

**Following a review by Mike Farrar, the work has begun to further strengthen our local arrangements:**

- Manchester Partnership Board
- 'Supercharging' MLCO
- Clinical/Professional leadership and influence
- Integrating financial arrangements
- Informing GM developments
- Preparing for April 2022



## NHSE proposals

**On 26 November, NHS England launched an engagement exercise on their vision for the next steps for integrated care systems. Proposals include:**

- Statutory footing for Integrated Care Systems
- Strong place-based arrangements
- Provider collaboratives
- Changes to commissioning arrangements
- Enhanced use of data and digital innovation
- Future financial arrangements

## Likely changes

**As a result, our overall vision and ambition will stay the same but our ways of delivering it will change:**

### Remains the same

- Working collaboratively as part of the health and care system
- A focus on place
- Locality and GM as building blocks of governance
- A drive toward integrated and proactive care
- The need to create financial sustainability within the public sector
- Clinical, political and managerial leadership – working together

### Changes

- The commissioner / provider split
- More provider collaboration at Locality and GM
- Organisational form i.e ICS and likely disestablishment of some or all GM CCGs.
- Reduction to barriers of integration
- Shift away from competition and toward collaboration
- Clinical leadership shift toward PCN influence

## HWBB considerations for 2021

How does the HWBB want to receive assurance from the Manchester Partnership Board?

What will be required for the HWBB to receive assurance from the future Integrated Care System?

Should the proposed changes, and new structures, lead to a change in membership of the HWBB?

What's the best way to come to an answer to the above questions?

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

**Report to:** Manchester Health and Wellbeing Board – 9 December 2020

**Subject:** Children and Young People’s Plan 2020 - 2024

**Report of:** Strategic Director of Children’s and Education Services

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### **Summary**

The purpose of this report is to present the refreshed Children and Young People’s Plan 2020 – 2024.

Guided by the Our Manchester Strategy that sets the sustainable economic growth and success of the city as a place of choice to live and work. Children and young people matter in Manchester and it is vital that we invest in the next generation to build a successful, world class city that is full of opportunities. Manchester’s Children and Young People’s Plan has brought together key partners and agencies to develop and deliver a series of priorities to build a safe, healthy, happy and successful future; whilst the key areas of focus (safety, health, employment, education, training and welfare) remain relevant today, the consensus amongst the partnership is that we can go further in our collective ambition for the city’s children and young people; driven by their views/voice and engagement.

The report provides an overview of the process that was undertaken in collaboration with children and young people in Manchester and members of the Children’s Board. The report highlights how the final product is aligned to other strategic plans and identifies a sharper and more ambitious focus. Key priorities, ways of working and measures of success are all identified which have young people and relationships at the heart of the approach. Our Manchester behaviours/principles are intertwined to ensure that together we will continue *‘building a safe, happy, healthy and successful future for children and young people’* in Manchester.

### **Recommendations**

The Board is asked to:

1. Note the completion of the Children and Young People’s Plan.
  2. Acknowledge the strategic importance of the document and consider the contents therein (plan on a page).
  3. Seek an annual progress report.
  4. Provide their continued support to promote the plan to the wider Council and its partnerships, thus promoting a safe, happy, healthy and successful future for Manchester’s children and young people.
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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	Providing the best start in life is a vital area in the plan and there will be a key focus on improving outcomes in the first 1,000 days of a child's life.
Improving people's mental health and wellbeing	Key priorities include children and young people being able to: - have a better education around physical and mental health issues - have quick and accessible access to emotional and mental health support
Bringing people into employment and ensuring good work for all	A thread running through the plan is to improve the education offer for children and young people and provide opportunities for high level skills to be developed which will ultimately result in a highly skilled, home grown and motivated workforce.
Enabling people to keep well and live independently as they grow older	The plan focuses on developing skills for life and providing access to high quality careers advice and support. This, aligned to a commitment to reducing the number of young people not in education, employment or training, will provide the foundations that enable young people to successfully transition into adulthood.
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	The aim of the Children and Young People's Plan is for everyone in the city to have the same opportunities, life chances and potential to lead safe, healthy, happy and fulfilled lives, no matter where they are born or live.
One health and care system – right care, right place, right time	
Self-care	

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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.

Manchester's Children and Young People's Plan 2016 - 2020.

## 1.0 Introduction

- 1.1 The Children and Young People's Plan articulates the Children's Board collective vision for children across Manchester and it underpins the work of the key stakeholders and agencies as the constituent membership. The refreshed plan provides a clear direction, priorities and outlines the measurable goals that need to be reached if the children's services partnership is to deliver its vision; Our Manchester – building a safe, happy, healthy and successful future for children and young people'.
- 1.2 Before starting work on the plan members of the Children's Board discussed what we wanted to achieve from the plan. The previous plan had been very well written and, from a strategic perspective, it covered all key areas and clearly outlined the Board's vision. However, it had less of an impact in the wider community that we would have anticipated and when research was undertaken to evaluate the effectiveness of how the plan had been communicated to stakeholders it became apparent that we had struggled to reach our intended audience – children and young people.
- 1.3 Given the above the Board challenged itself to come up with a document that not only helped us achieve our vision but was something that key stakeholders were not only aware of but were actively involved in promoting; connecting better to the views and aspirations of the city's children and young people. There was also the desire from the Board to not only move away from the previous format but also to produce a plan that was much more ambitious than the previous plan and one, which when implemented, would demonstrate the increasingly visionary and innovative nature of the Board and the wider partnership. The Children's Board has continued to challenge itself, develop and mature into a strong strategic partnership and the new Children's and Young People's Plan is reflective of the good work the Board has undertaken over the past couple of years.
- 1.4 To achieve our aim the Board agreed that rather than produce a plan in a more traditional format we would focus on a 'plan on a page' This one page plan would be precise and targeted and it would consist of our priorities, how we were going to implement them and the outcomes we were looking to achieve. The key decision as to why to take this approach was that the Board wanted this document to be a visual aid that was public facing and on display in schools, youth centres, Sure Starts and other prominent locations where young people frequent; a message that they have been listened to and a commitment to deliver what matters to them and improves their future. Through using this approach we will also ensure that the Children's Board will be held accountable by children and young people on the delivery of the priorities.
- 1.5 The development of the new plan was undertaken through a strategic planning process which fostered collegiality and created an opportunity for discussion on the direction of the plan and central to this was the input of children and young people.
- 1.6 Over a period of three months (towards the end of 2019) a number of workshops took place with groups of young people who represented a broad spectrum of youngsters from across Manchester. Groups, including the Pupil's Parliament, The



Youth Council and the Youth Forum at Manchester Children's Hospital, identified what they wanted to be the key priorities for the plan under the headings happy, healthy, safe and successful. A vast number of ideas were proposed and the most popular suggestions were selected and these have formed the basis for the priorities that are core to the refreshed Children and Young People's Plan.

- 1.7 The priorities chosen were carefully selected to ensure close alignment with the Our Manchester Youth Offer Strategy 2020 - 2023 and during the consultation period a key emphasis was placed on providing young people with a platform to engage in the democratic process and affect change.
- 1.8 We had originally intended to launch the Children and Young People's Plan in early 2020 but the onset of Covid-19 impacted significantly on the timescales for the project and this has resulted in a slight delay in the relaunch. Despite the unexpected events the Children's Board have continued to discuss, amend and finalise aspects of the plan to ensure that the final version provides a document that will ultimately enable us to achieve our vision for the children and young people in Manchester.

## **2.0 Background - The Children and Young People's Plan**

- 2.1 The identified priorities were chosen after a significant period of consultation with partners and children and young people and they cover a wide spectrum of key issues that need to be addressed across social care, education and health. Having priorities that cover these areas highlights the broad range of work that falls under the remit of the Children's Board and it emphasises the strategic importance and value of the Board.
- 2.2 The value placed on the opinion and input from young people is clearly evidenced in priorities that focus on key issues such as e-safety, the environment and a significant focus on emotional and mental health provision. Through listening to and acting on the wishes of children and young people we have been able to develop a plan that not only can they relate to but one where they can also feel a sense of 'ownership'.
- 2.3 Involving children and young people is central to not only the plan but to all the work undertaken by the Children's Board. Board meetings are regularly co-chaired by a representative of the Youth Council. This enables the voice of children and young people to not only be heard but to also provide the platform to enable them to input into key strategic decisions that are being made that will ultimately impact on their peers.
- 2.4 Whilst identifying the key priorities the Board also wanted to challenge itself to identify a small number of 'passions' that would remain central and drive the work of the Board throughout the duration of the plan. The key criteria for the areas that we would be passionate about were:
- it must be achievable and measurable
  - it would be something that would not be accomplished in the first year - it would need to run for the majority/duration of the plan
  - it would 'make a difference' to children and young people in Manchester.

After much discussion we agreed on the 4 areas that have been identified in the plan. Whilst the aims are ambitious the Board believe that there is the collective skill, experience and determination within the partnership to ensure that we can work towards successfully achieving our goals.

- 2.5 Throughout the duration of the plan the Board will work steadfastly to ensure that we can implement strategies that will enable us to achieve our priorities and passions. The 'How we will do it' section on the plan highlights the key principles that will be followed which will allow us to translate our vision into reality.
- 2.6 The principles follow a strength based approach and they align closely to the strategic direction and methodology that is being adopted across the Council. There is a clear acknowledgement from the Board that we cannot achieve our aims through working in isolation and it will require the input from all stakeholders to ensure we reach our goals. Given this we have incorporated the 'Our Manchester' behaviours into the plan as these will help us to achieve buy in from others and help us to ensure we can make a difference.
- 2.7 As well as the alignment to the 'Our Manchester' strategy the Children and Young People's Plan has been developed to ensure that it also dovetails with other key strategic plans that have been developed, such as the refresh of the Manchester Locality Plan – Our Healthier Manchester 2019/2020. In addition, recognising the challenges for many families associated with disadvantage and poverty; brought into greater focus as a result of the Covid-19 pandemic.
- 2.8 The Calibration with the Manchester Locality Plan – Our Healthier Manchester 2019/2020 was done specifically to ensure that, at a strategic level, key partnerships across Manchester are working to achieve similar outcomes. This will enable the work of organisations to dovetail and provide the opportunity to pool resources and work as a collective to address the issues that are impacting on children and young people in Manchester.
- 2.9 A key focus of the Children and Young People's Plan is the 'How do we know if we have made a difference' section. In essence the metrics in this form the Outcomes Framework that will be used by the Board to measure progress against our key priorities and passions.
- 2.10 Working closely with the performance and research teams from Manchester City Council, Manchester Population Health Team and Manchester Health and Care Commission we were able to identify a significant number of key metrics that could be used to track the progress against our set targets. The metrics identified were presented to the Board and the members were then tasked with selecting the metrics that they wanted to form the basis of the Outcomes Framework.
- 2.11 A key rationale behind the board's decision making on which metrics to chose was wanting to focus our energies on outcomes which could be clearly measured and if achieved would make a positive and significant difference for children and young people. As a result of this it was agreed that the refreshed framework would be a significantly slimmed down version when compared to its predecessor.

- 2.12 Although there are less metrics in the new Framework, the ones selected will enable us to track and provide regular updates on progress. Another significant difference is that the metrics chosen will be listed on the C & YPP and therefore the work of the Board will be open to the scrutiny of children, young people and families in Manchester.
- 2.13 The Children's Board meets six times a year and at each of these meetings the latest data will be monitored and specific action plans will be designed and implemented to ensure we have a rigorous process in place that will enable the Board to monitor progress.

### **3.0 Recommendations**

- 3.1 The Children and Young People's Plan is ready to be launched. Originally the plan was to have a big launch event, which involved schools, members of the Children's Board and local media. However, the current situation has meant that this has had to be put on hold for the foreseeable future. Instead the plan will undergo a 'soft' launch before the end of this year, with the intention of having a full launch event, Covid-19 permitting, in 2021.
- 3.2 The immediate priority will be to get the new plan launched and shared within Manchester City Council, amongst the wider partnership and distributed to schools, colleges, youth centres and other identified locations. The ask of the Health and Wellbeing Board is that they fully endorse the Children and Young People's Plan and provide their strategic support throughout the duration of the plan.

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