



## **Health Scrutiny Committee**

Date: Wednesday, 26 May 2021

Time: 10.00 am

Venue: Council Chamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

### **Access to the Public Gallery**

Access to the Public Gallery is on Level 3 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. **There is no public access from any other entrance.**

### **Filming and broadcast of the meeting**

Meetings of the Health Scrutiny Committee are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

## **Membership of the Health Scrutiny Committee**

**Councillors** - Membership of the Committee will be determined at the Council AGM on Wednesday 19 May 2021

## 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**

To approve as a correct record the minutes of the meeting held on 9 March 2021.

5 - 12

**5. COVID-19 Update**

Report of the Director of Public Health, Manchester City Council and the Medical Director, Manchester Health and Care Commissioning

13 - 14

The Director of Public Health (DPH) will deliver a presentation on the latest available data relating to Manchester with a particular focus on the plans to respond to Variants of Concern (VOCs) including the B.1.617.2 (Indian) variant. A key element of the prevention response to VOCs will be the ongoing and accelerated roll out of the Manchester Vaccination Programme. The Medical Director, Manchester Health and Care Commissioning will therefore provide the Committee with an overview of the current Spring Action Plan and a look ahead at how the programme will continue throughout the summer and autumn.

**6. Overview Report**

Report of the Governance and Scrutiny Support Unit

15 - 18

This report includes a summary of key decisions that are within the Committee's remit as well as an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked

to amend or agree as appropriate.

The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission (CQC) within Manchester since the Health Scrutiny Committee last met.

**7. Exclusion of Press and Public**

The officers consider that the following item contains exempt information as provided for in the Local Government Access to Information Act and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. The Committee is recommended to agree the necessary resolutions excluding the public from the meeting during consideration of this item.

**8. Scrutiny Committees' work on cross-cutting themes of the Our Manchester Strategy**

19 - 22

Report of the Deputy Chief Executive and City Treasurer

This report provides an overview of how cross-cutting themes in the Our Manchester Strategy – Forward to 2025 reset document are covered by the Council's Scrutiny Committees during the 2021/22 municipal year.

**The report is to form part of the Work Programming session at the rise of this meeting for Committee Members only.**

## Information about the Committee

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Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.. .

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public.

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

Smoking is not allowed in Council buildings.

Joanne Roney OBE  
Chief Executive  
Level 3, Town Hall Extension,  
Albert Square,  
Manchester, M60 2LA

## Further Information

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

Lee Walker  
Tel: 0161 234 3376  
Email: [l.walker@manchester.gov.uk](mailto:l.walker@manchester.gov.uk)

This agenda was issued on **Tuesday, 18 May 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension, Manchester M60 2LA

## Health Scrutiny Committee

### Minutes of the meeting held on 9 March 2021

**This Scrutiny meeting was conducted via Zoom, in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.**

#### **Present:**

Councillor Farrell – in the Chair  
Councillors N. Ali, Clay, Curley, Doswell, Hitchen, Holt, Mary Monaghan, Newman O’Neil, Riasat and Wills

**Apologies:** None received

#### **Also present:**

Councillor Craig, Executive Member for Adults, Health and Wellbeing  
Councillor Ilyas, Assistant Executive Member for Adults, Health and Wellbeing  
Councillor Russell, Member for Northenden ward  
Dr Manisha Kumar, Executive Medical Director, Manchester Health and Care Commissioning (MHCC)  
Karen Connolly, Chief Executive, Saint Mary’s Hospital  
Dawn Pike, Director of Nursing, Manchester Royal Infirmary  
Caroline Davidson, Director of Strategy, MFT  
Veronica Devlin, Chief Transformation Officer, MFT

### **HSC/21/12 Minutes**

#### **Decision**

To approve the minutes of the meeting held on 9 February 2021 as a correct record.

### **HSC/21/13 COVID-19 Update**

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director Manchester Health and Care Commissioning that provided an update on COVID-19 activity that included the latest available information on data and intelligence.

Some of the key points that arose from the Committee’s discussions were: -

- How successful had the door knocking been to encourage residents to get tested during the mass testing exercise;
- Had there been any delays in schools obtaining test results for pupils returning to schools;

- Noting the two week delay in obtaining the results of testing for Variants Of Concern and the potential impact this could have on infection rates;
- What work was being done with the local Universities to ensure the safe return of students;
- Noting the key stages and dates of the roadmap announced to ease the lockdown restrictions;
- The Committee paid tribute to all staff and volunteers for delivering the vaccination programme, with particular reference to the Woodhouse Park Lifestyle Centre;
- Members provided personal accounts of their positive experience when receiving the vaccination;
- The importance of engaging with and encouraging the uptake of vaccinations amongst specific groups such as the traveller community, asylum seekers and others who may not be registered;
- What activity was being undertaken to ensure that all housebound residents received the vaccination; and
- Noting the relationship between social and economic deprivation and the need for appropriate consideration being given to the location of vaccination sites.

The Director of Public Health responded to questions by stating that the door knocking undertaken as part of the mass testing exercise had been undertaken by Council staff and partners and had been very successful in encouraging residents to take a test, he further stated that whilst this work was very labour intensive it had provided an opportunity to speak and engage with residents and the learning from this would inform future engagement and communications work.

The Director of Public Health commented that the key dates and lifting of measures announced to ease the lockdown would continue to be closely monitored to understand the impact of these on infection rates. He stated that the delays between the dates would allow for any impact to be understood prior to the implementation of the next stage. He stated that he was not aware of any issues relating to school testing and the time taken to obtain the results, however if Members were aware of any issues to alert him to this. He further stated that he shared the concern raised by the Member regarding the delays in the testing for Variants of Concern and he continued to escalate these concerns.

The Director of Public Health stated that regular meetings were held with the local Universities to plan for the return of students, including the provision of Covid secure arrangements to deliver learning. He advised that the advice to students was to test prior to returning to their place of study and then again when they arrive in the city, adding that the testing site at the Armitage Centre would be retained.

The Executive Medical Director MHCC stated that positive work was underway with partners to engage with specific community groups, such as asylum seekers and travellers to promote and facilitate the take up of the vaccination. She stated that using trusted community figures and voices would help support this activity and overcome barriers that existed. In addition, she described that a pilot project was being developed to specifically address the issue of non-registered residents, using

the learning obtained both nationally and internationally. In response to a specific question regarding Eastern European residents raised by a Member she stated that she would look into this following the meeting.

The Executive Medical Director MHCC informed the Members that individual GP practices were now responsible for contacting and following up the vaccination of housebound residents who had not been vaccinated, and if there were any incidents where this was not happening Members should contact her directly. She further commented that the ability of residents to access vaccination centres was understood and the move now was to offer the vaccination at the resident's GP practice in addition to the mass vaccination centres.

### **Decision**

The Committee notes the report and presentations.

### **HSC/21/14 Better Outcomes, Better Lives**

The Committee considered a report and presentation of the Interim Deputy Director Adult Social Services that provided an update on Better Outcomes, Better Lives, the Manchester Local Care Organisation's transformation programme for Adult Social Care, which commenced in 2021 and built on work to integrate health and social care (ASC) in Manchester, the ASC improvement programme and other transformation initiatives delivered in recent years.

The main points and themes within the report included: -

- Diagnostic work to design the programme;
- The scope of the programme including the detail of the individual workstreams;
- The outcomes to be achieved; and
- Feedback on progress to date.

Some of the key points that arose from the Committee's discussions were: -

- Noting the importance of this work and the role of scrutiny in monitoring progress;
- Noting the significant challenge to achieve the identified savings in the period described;
- The need to measure and regularly report progress and outcomes; and
- The importance of embedding this work with other Council strategies and plans to ensure a system wide approach to deliver community assets and strengths.

The Interim Deputy Director Adult Social Services responded by stating that this was an ambitious and challenging programme of work to deliver improved outcomes and achieve the identified savings. She said this was a long term plan that would reduce need rather than defer need and help support the delivery of the appropriate and correct care at the correct time.

The Interim Deputy Director Adult Social Services said that this work would be delivered jointly with health partners and would be embedded in the wider

programme of public sector reform that sought to bring services together and see them delivered in neighbourhoods. She commented that the wider determinants of health were understood, and this would inform the approach taken.

The Executive Member for Adults, Health and Wellbeing informed the Committee of the budget context that had informed this approach, noting that this was as a result of a period of continued under funding, budget cuts and austerity. She described that despite this Manchester had chosen to invest in Adult Social Care and focus on supporting vulnerable citizens and delivering improved outcomes. She stated that this approach would be supported by the Local Care Organisation and Manchester Health and Care Commissioning and she concluded by paying tribute to all staff working in the delivery of Adult Social Care.

The Chair stated that the Committee would continue to monitor the delivery of this work and a future report would include information on how staff were being upskilled to support this programme.

### **Decision**

To note the report and presentation.

### **HSC/21/15 MFT COVID-19 Related Service Changes**

The Committee considered a report of the Director of Strategy, Manchester University NHS Foundation Trust that described the changes to services that had been necessary to mitigate the impact of the pandemic on patients accessing services at MFT. In particular this included detail regarding changes to women's services and the early plans for addressing the backlog in elective care that had developed over the past 12 months.

The main points and themes within the report included: -

- Providing an introduction and background;
- The activities to create capacity in order to meet the demand for treating patients with COVID-19;
- Describing the changes that were made to the way in which services were delivered in order to reduce the spread of the virus and comply with Infection Prevention and Control (IPC) guidance;
- An update on Women's Services; and
- Impact and recovery.

Councillor Russell, Member for Northenden ward addressed the Committee. She sought an assurance on the delivery of women's services. She further stated that any equality impact assessments should take into consideration public transport and travel times, commenting that residents already facing disadvantages should not be disadvantaged further by any changes to service delivery.

Some of the key points that arose from the Committee's discussions were: -

- The Committee paid tribute to all staff working at the hospital sites for their work and dedication in treating patients during the pandemic;
- Noting that many patients would have chosen not to take up elective procedures due to concerns surrounding Covid, would these patients be contacted and followed up;
- Was anticipated that waiting times for procedures would increase as people who had delayed seeking treatment for health conditions during the pandemic began to present;
- The comprehensive MFT recovery plan should be shared with the Committee at the appropriate time; and
- An update was sought as to the delivery of the Walk In Centre at the Manchester Royal Infirmary site.

Karen Connolly, Chief Executive, Saint Mary's Hospital informed the Members that community midwifery services and hospital appointments had been reinstated to the pre pandemic arrangements and there was no reduction in the offer. She added that the changes that had been introduced to ensure appropriate infection prevention and control measures were in place. She further stated that the service provided at the Wythenshawe site was an improved offer as there was 24/7 access to emergency surgery and diagnostic services.

Dawn Pike, Director of Nursing, Manchester Royal Infirmary stated that whilst the announced road map for easing restrictions would inform the recovery plan there were still unknowns, such as ongoing advice and guidance regarding social distancing to be announced and this would need to be taken into consideration and inform all recovery planning,

Dawn Pike, Director of Nursing, Manchester Royal Infirmary informed the Committee that follow up calls were being made to patients who had declined elective procedures during the pandemic. She advised that this contact would continue with advice and reassurance given as to the measure taken to address patient safety so that patients could make informed decisions. She added that videos had also been produced to demonstrate the Covid safety measures that had been introduced.

Dawn Pike, Director of Nursing, Manchester Royal Infirmary described that the Walk In Centre had continued to operate during the pandemic, commenting that the number of people presenting had reduced during the pandemic, however the numbers were now at pre pandemic levels. She said that the marquee referred to by a Member had been installed to ensure correct patient social distancing was maintained.

Caroline Davidson, Director of Strategy, MFT stated that work to understand levels of pent up demand was underway to inform the recovery planning, including work with GP practices, noting this was being done across Greater Manchester.

The Executive Member for Adults, Health and Wellbeing reassured the Committee that in addition to the work of MFT a significant amount of work to address the wider health recovery programme across the city was underway and was a key element of the Manchester Partnership Board.

## Decision

The Committee note:

1. The changes to hospital services necessitated by the COVID pandemic;
2. The arrangements regarding the creation of COVID-secure environments and measures to mitigate the impact on patients; and
3. The details regarding the changes made to women's services across MFT hospital sites.

### **HSC/21/16 City Health - Manchester Urgent Primary Care Hub Rebrand Update**

The Committee considered a report of the Medical Director Manchester Health and Care Commissioning that provided an update report following the agreement at the meeting on the 1 December 2020 that the City Health provision, formerly the WiC (Walk In Centre) was rebranded to Manchester Urgent Primary Care Hub and patients were encouraged to call before they attended.

The report described that a summary of the reasons why the changes were made had been sent out to stakeholders via a briefing with the clear message that the service remained open and that the changes being adopted were to maintain patient safety and continuity of service provision to support urgent Primary Care and the wider system.

The main points and themes within the report included: -

- Providing an introduction and background;
- COVID-19 Impact and Service Adjustments;
- Data on the activity by month;
- Advice to vulnerable residents; and
- The service rebrand and revised model.

The key point that arose from the Committee's discussions was: -

- Noting the importance of this offer within the city centre, an assurance was sought that there was no intention to close this facility.

The Executive Clinical Director MHCC confirmed that there was no intention to close this facility, however appropriate consideration would be given to manage patient flow and access safely and appropriately.

## Decision

To note the report.

## **HSC/21/17 Overview Report**

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

The Chair recommended that he write to the Secretary of State for Health and Social Care to express the Committee's disappointment and objection to the 1% pay rise offered to nurses who had delivered vital front line services and care during the pandemic. The Committee unanimously supported this recommendation.

A Member commented that this was the Chair's final meeting and wished to place on record the Committee's gratitude to Councillor Farrell.

### **Decisions**

The Committee;

1. Note the report and agree the work programme;
2. Recommend that the Chair write to the Secretary of State for Health and Social Care to express the Committee's disappointment and objection to the 1% pay rise offered to nurses who had delivered vital front line services and care during the pandemic; and
3. Thank Councillor Farrell for his work as Chair of the Committee.

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**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 26 May 2021

**Subject:** COVID-19 Update

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

### Summary

The Director of Public Health (DPH) will deliver a presentation on the latest available data relating to Manchester with a particular focus on the plans to respond to Variants of Concern (VOCs) including the B.1.617.2 (Indian) variant. A key element of the prevention response to VOCs will be the ongoing and accelerated roll out of the Manchester Vaccination Programme. The Medical Director, Manchester Health and Care Commissioning will therefore provide the Committee with an overview of the current Spring Action Plan and a look ahead at how the programme will continue throughout the summer and autumn.

### Recommendations

The Committee are asked to note the report and receive the presentation.

### Wards Affected: All

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

|   |  |
|---|--|
| A connected city: world class infrastructure and connectivity to drive growth |  |
|---|--|

**Contact Officers:**

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

Name: Dr Manisha Kumar  
Position: Medical Director, Manchester Health and Care Commissioning  
Email: manisha.kumar1@nhs.net

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

None.

# COVID-19 Update

## Health Scrutiny Committee

David Regan, Director of Public Health

Dr Manisha Kumar, Medical Director, MHCC

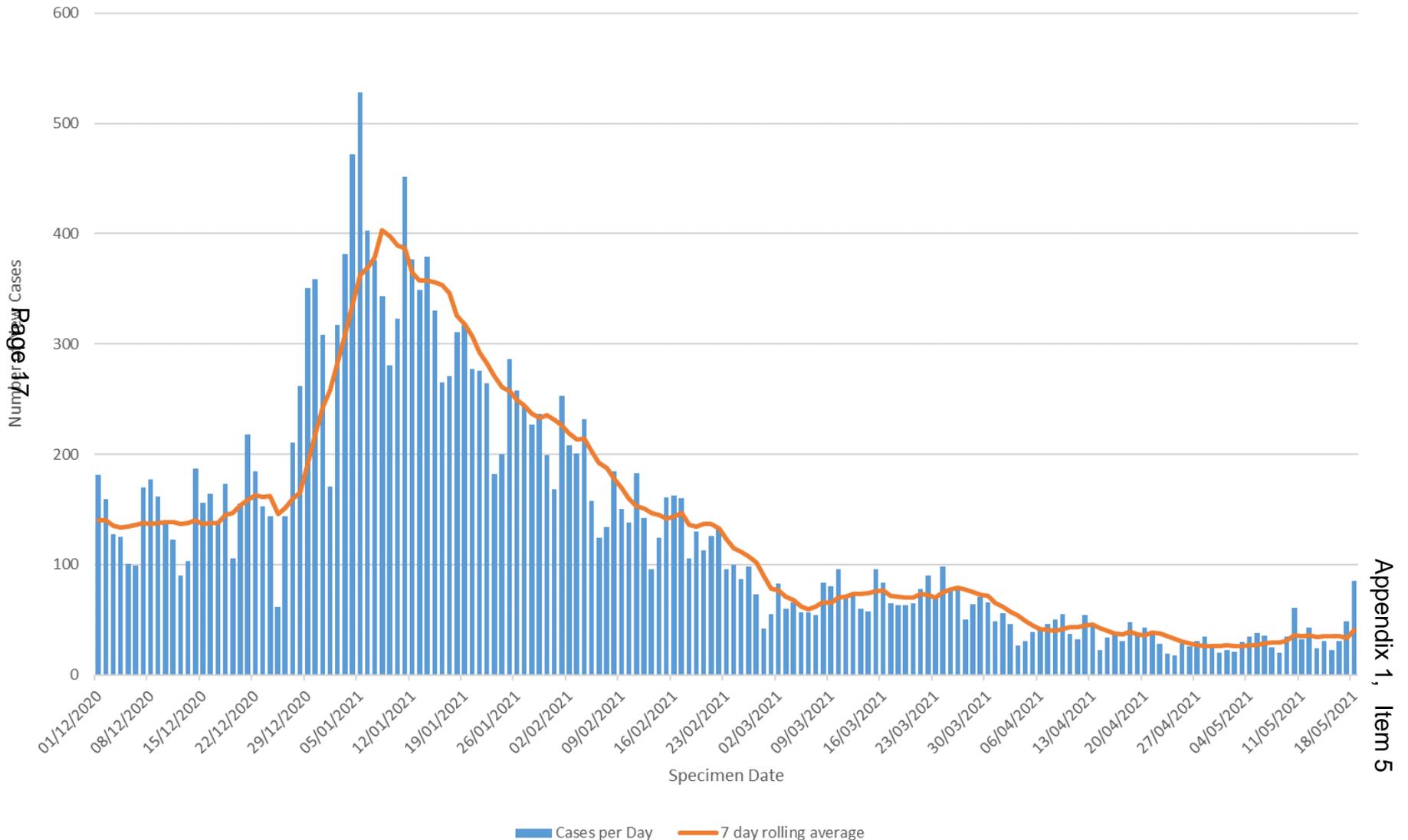
26<sup>th</sup> May 2021

# Headline Figures

## 7-days ending Tuesday 18 May 2021

| Measure                             | All Ages | 60+   |
|-------------------------------------|----------|-------|
| Total number of new cases           | 286      | 5     |
| Average number of new cases per day | 41       | 2     |
| Case detection rate per 100,000     | 51.7     | 18.3  |
| 7-day rate of change (%)            | 15.8     | 30.0% |

# Epidemic curve of daily confirmed COVID-19 cases over time in Manchester, by specimen date (1 December 2020 to 18 May 2021)



Number of confirmed cases of COVID-19 and rate per 100,000 population in Manchester, by age group: 18 May 2020 (7 day total)

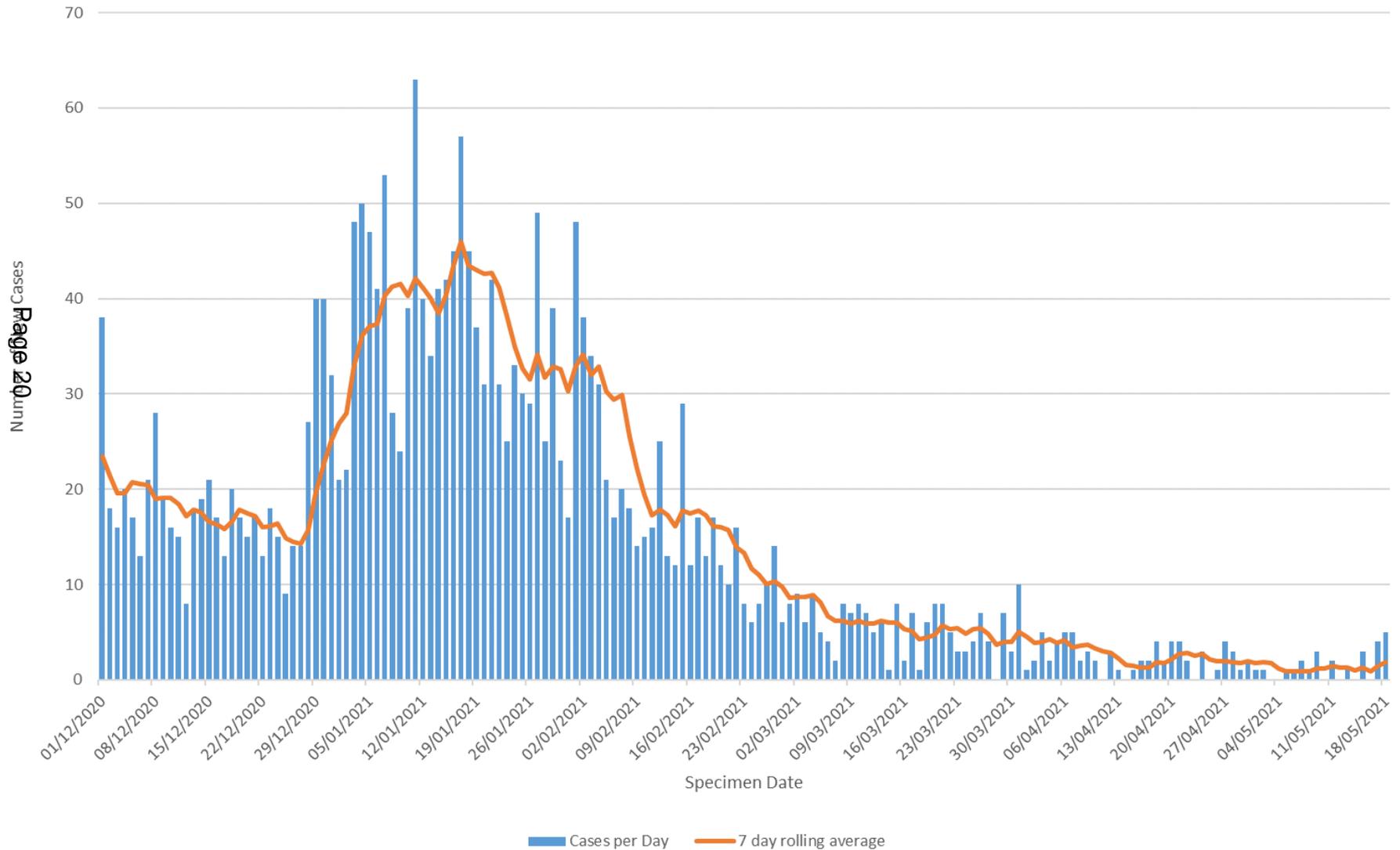
|                                | Number of cases | Rate per 100,000 | Abs. change | 7-day rate of change* |
|--------------------------------|-----------------|------------------|-------------|-----------------------|
| Pre-school (0-4 years)         | 9               | 24.3             | 3           | 50.0%                 |
| Primary school (5-11 years)    | 21              | 41.9             | 6           | 40.0%                 |
| Secondary school (12-16 years) | 41              | 135.6            | 4           | 10.8%                 |
| Higher education (17-21 years) | 34              | 66.1             | 8           | 30.8%                 |
| Working age (22-64 years)      | 176             | 52.9             | 17          | 10.7%                 |
| Older people (65 years & over) | 5               | 9.7              | 1           | 25.0%                 |
| <b>Total (All ages)</b>        | <b>286</b>      | <b>51.7</b>      | <b>39</b>   | <b>15.8%</b>          |

\* Compared with prior 7-day period 05/05/2021 to 11/05/2021

Number of confirmed cases of COVID-19 and 7-day rate per 100,000 population in persons aged 60 and over in Manchester: 12 May to 18 May 2021

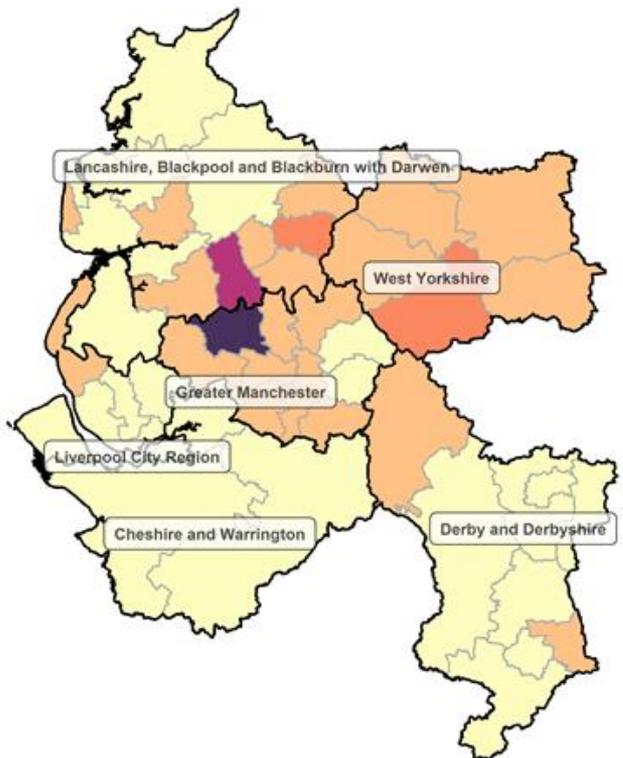
| 7-days ending... | Daily number of cases | 7 day total number of cases | Rate per 100,000 population | 7-day rate of change (%) |
|------------------|-----------------------|-----------------------------|-----------------------------|--------------------------|
| 12/05/2021       | 0                     | 9                           | 12.6                        | 50.0%                    |
| 13/05/2021       | 1                     | 9                           | 12.6                        | 50.0%                    |
| 14/05/2021       | 0                     | 7                           | 9.8                         | 16.7%                    |
| 15/05/2021       | 3                     | 9                           | 12.6                        | 50.0%                    |
| 15/05/2021       | 0                     | 6                           | 8.4                         | -25.0%                   |
| 17/05/2021       | 4                     | 10                          | 14.1                        | 25.0%                    |
| 18/05/2021       | 5                     | 13                          | 18.3                        | 30.0%                    |

# Epidemic curve of daily confirmed COVID-19 cases over time in persons aged 60 and over Manchester by specimen date (1 December 2020 to 18 May 2021)

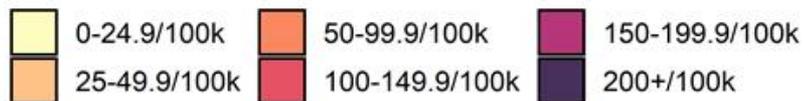


# Case Rate Map for Greater Manchester and surrounding areas (10 May 2020 to 16 May 2021)

Weekly case rates per 100,000 population by local authority



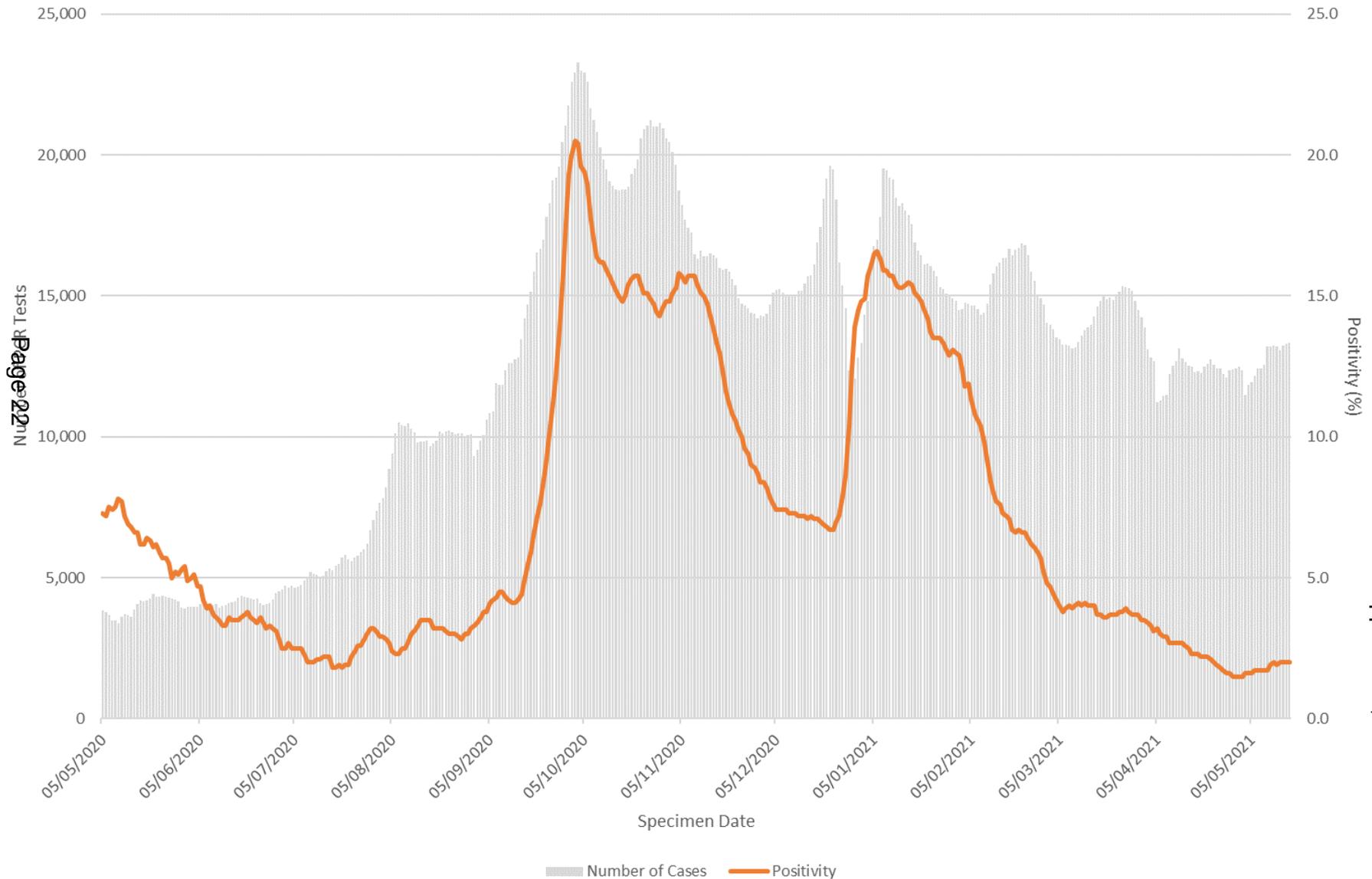
Covid-19 rate by local authority



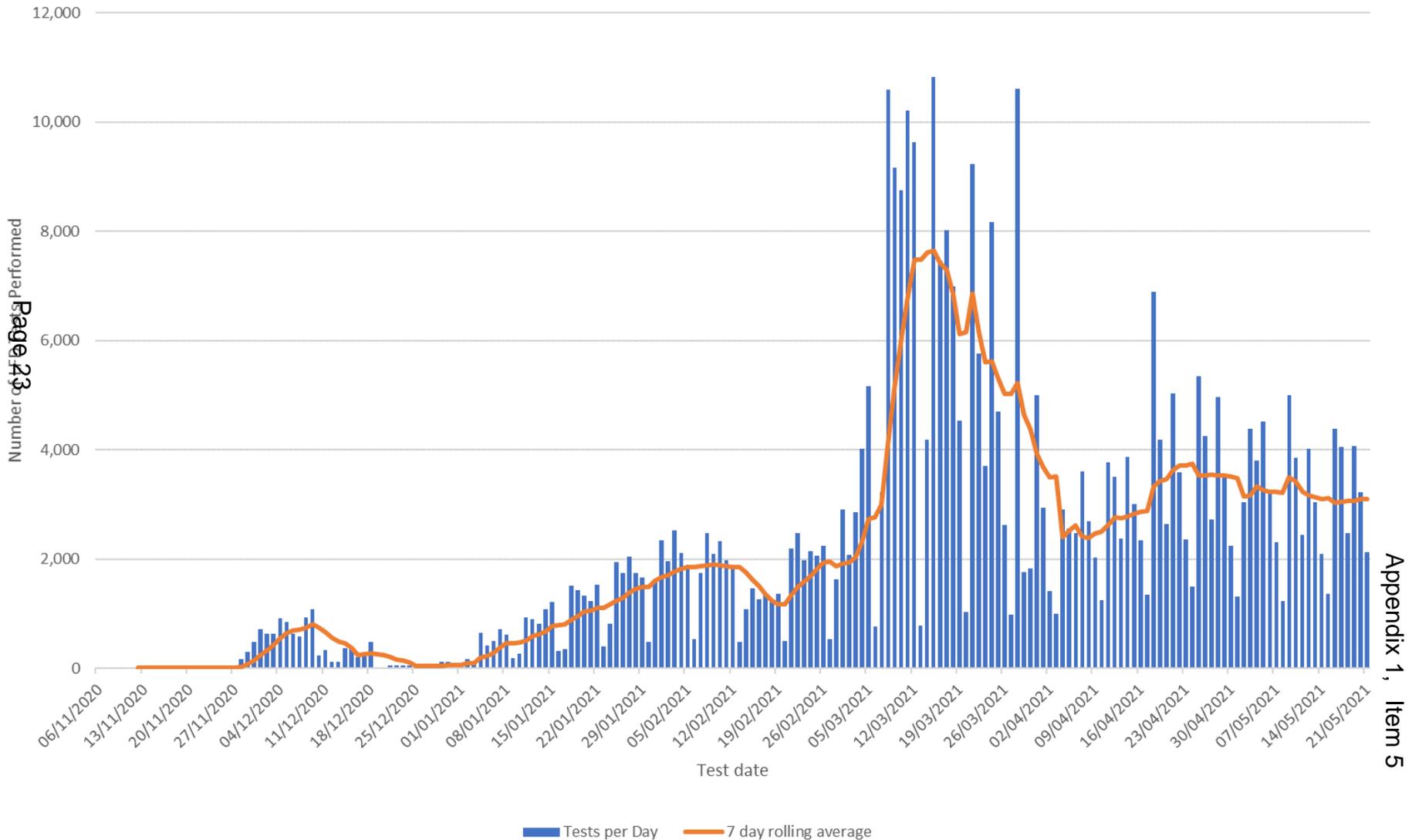
Data from SGSS; Pillar 1 and 2 testing. Figure by Outbreak Surveillance Team, Public Health England.

Contains National Statistics data including 2019 population estimates Â© Crown copyright and database right 2020

# Number of Manchester Residents Receiving a PCR Test in Previous 7 Days (PCR) and % Testing Positive by specimen date (5 May 2020 to 17 May 2021)



# Number of Lateral Flow Device (LFD) Tests Conducted on Manchester Residents and 7-day Rolling Average (6 November 2020 to 21 May 2021)



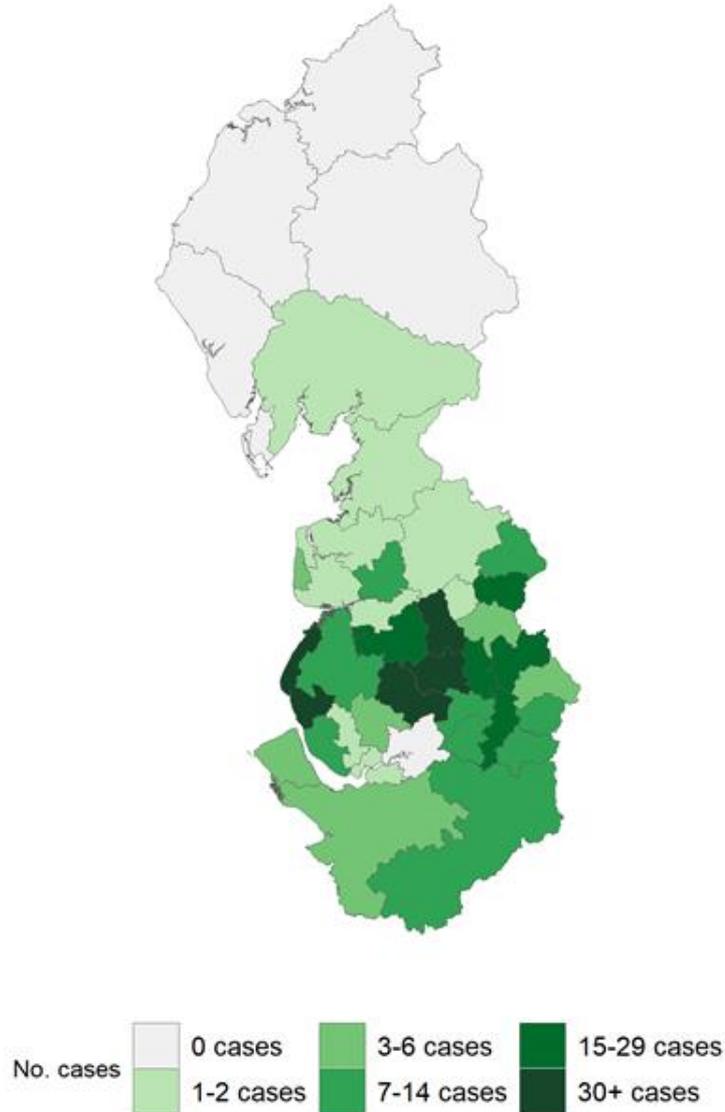
Page 23

Appendix 1, Item 5

Variants of concern (VOC) and variants under investigation (VUI) in NW Region based on genomic sequencing (17 May 2021)

| Variant             | Associated with | Case Number (total) | Case Number (last 14 days) |
|---------------------|-----------------|---------------------|----------------------------|
| VOC-20DEC-01        | UK, Kent        | 39,805              | 640                        |
| VOC-20DEC-02        | South Africa    | 78                  | 0                          |
| VUI-21JAN-01        | Brazil          | 12                  | 0                          |
| VOC-21JAN-02        | Japan ex Brazil | 3                   | 2                          |
| VUI-21FEB-01        | UK, Liverpool   | 76                  | 0                          |
| VOC-21FEB-02        | UK, Bristol     | 15                  | 0                          |
| VUI-21FEB-03        | Nigeria         | 71                  | 0                          |
| VUI-21FEB-04        | unknown         | 43                  | 3                          |
| VUI-21MAR-01        | Antigua         | 0                   | 0                          |
| VUI-21MAR-02        | Philippines     | 1                   | 0                          |
| VUI-21APR-01        | India           | 29                  | 0                          |
| <b>VOC-21APR-02</b> | <b>India</b>    | <b>1,122</b>        | <b>696</b>                 |
| VUI-21APR-03        | India           | 6                   | 0                          |
| VUI-21MAY-01        | unknown         | 3                   | 3                          |

# Geographic Distribution of VOC-21APR-02 by Local Authority in North West (Based on cases up to 17 May 2021)



Variants of concern (VOC) and variants under investigation (VUI) in Manchester residents based on genomic sequencing and provisional genotyping (01 Jan – 17 May 2021)

| Lineage                       | Jan 21       | Feb 21       | Mar 21       | Apr 21     | May 21     | Total        |
|-------------------------------|--------------|--------------|--------------|------------|------------|--------------|
| Unclassified+E484K            | 0            | 0            | 2            | 5          | 0          | 7            |
| VOC-20DEC-01 (Kent)           | 1,018        | 1,094        | 1,204        | 651        | 264        | 4,231        |
| VOC-20DEC-02 (South Africa)   | 0            | 3            | 7            | 2          | 0          | 12           |
| VOC-21APR-02 (India)          | 0            | 0            | 0            | 7          | 49         | 56           |
| VOC-21FEB-02 (Bristol)        | 5            | 7            | 0            | 0          | 0          | 12           |
| VOC-21JAN-02 (Japan / Brazil) | 0            | 0            | 0            | 1          | 0          | 1            |
| VUI-21APR-01 (India)          | 0            | 0            | 2            | 2          | 0          | 4            |
| VUI-21FEB-03                  | 3            | 8            | 2            | 0          | 1          | 14           |
| VUI-21FEB-04                  | 0            | 1            | 3            | 3          | 0          | 7            |
| VUI-21JAN-01 (Brazil)         | 2            | 0            | 1            | 0          | 0          | 3            |
| Undetermined+E484K            | 0            | 0            | 0            | 0          | 1          | 1            |
| <b>Total</b>                  | <b>1,028</b> | <b>1,113</b> | <b>1,221</b> | <b>671</b> | <b>315</b> | <b>4,348</b> |

Page 26

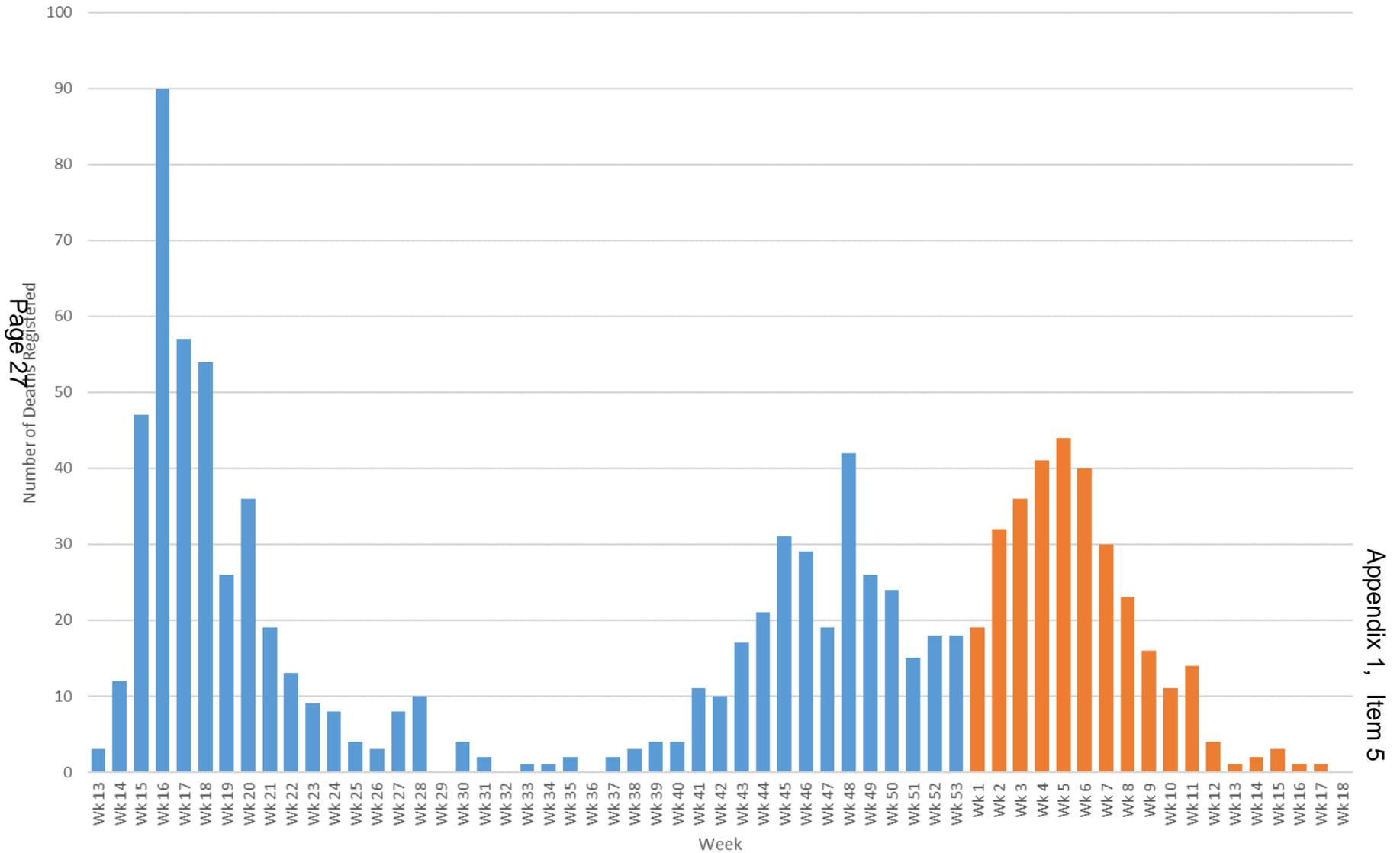
Appendix 1, Item 5

Note: Due to a lag in reporting of genomic sequencing results, it is expected that the most recent week's data is incomplete and subject to change. As such caution is advised in its interpretation.

# Total Number of Deaths Involving COVID-19 per Week in Manchester Residents

## Deaths registered between Week 13 2020 and Week 18 2021

Note: The number of deaths registered in the week ending 9 April 2021 was affected by the Easter Monday Bank Holiday.



# COVID-19 Vaccination programme update

24 May 2021

## Summary

- Covid-19 vaccination coverage continues to increase rapidly in Manchester with **263,876** people having received the first dose of the vaccine as at 23 May 2021. Of this number, **141,740** have now received a second dose as well.
- This combination of providing first and second doses means that we are currently delivering the **highest numbers of daily doses** since the beginning of the programme. Last week (17th – 23rd May) saw **35,374** vaccinations given, the **highest weekly total yet**
- Partnership working remains at the heart of the programme with MHCC, MCC, MFT and MLCO working together, supported by c. **3000** local people who have volunteered to play their part.
- The last two months has seen us deliver our **Spring action plan** to increase coverage in those parts of the city where it was lowest, and to continue to reduce the gap in coverage between different communities in the city.
- Over the last week, we have been focussing further on inviting people from those wards at risk from the VOC-21APR-02 Covid-19 variant which originated in India.

## Manchester population summary

- Just under 50% of the population of Manchester is aged under 25 – higher than the average for England as a whole (Source: ONS Mid-Year Estimates)
- Manchester is the 6<sup>th</sup> most deprived local authority in England. Around 43% of areas within the city are classed as being in the most deprived 10% of areas in England (Source: IMD 2019)
- The proportion of the population from a non-White British ethnic group is twice the average for English local authorities as a whole. The number of different ethnic groups living in Manchester is higher than any other UK city outside of London (Source: 2011 Census) .
- In 2019, just over a quarter of Manchester residents are estimated to have been born outside of the UK and just under 1 in 5 were non-UK nationals (Source: ONS Annual Population Survey)
- It is estimated that there are over 200 languages spoken in the city.
- Life expectancy at birth for both men and women in Manchester is the 5<sup>th</sup> lowest in England a boy born in Manchester can expect to live over 8 years less than a boy born in the most affluent parts of England. A girls can expect to live around 7 years less.

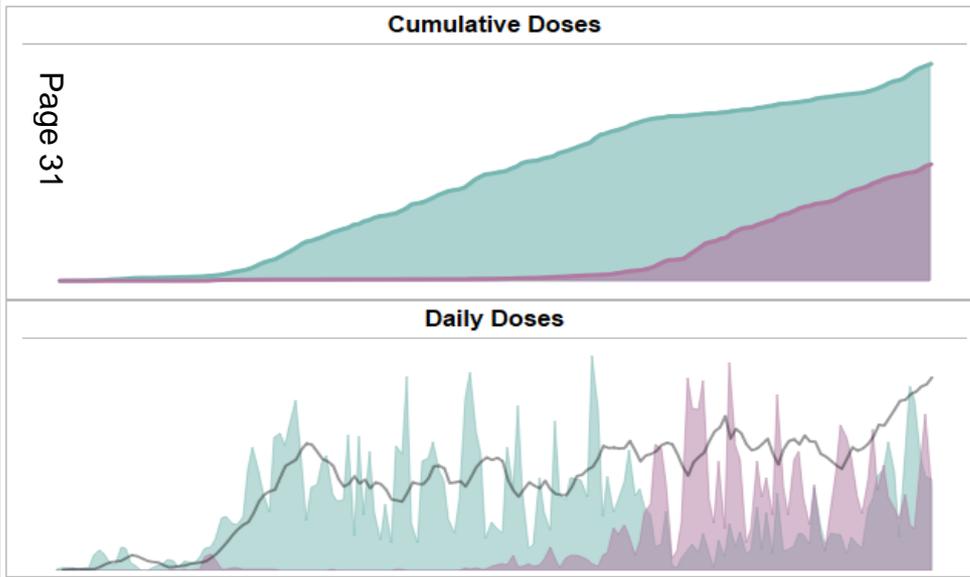
Page 30

## Vaccine coverage as at 23 May 2021

### For patients registered with a Manchester GP Practice:

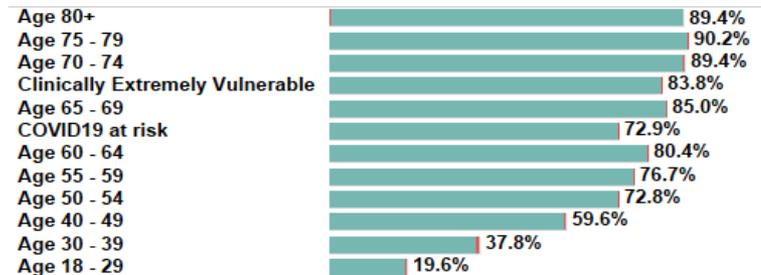
263,876 patients given their first dose ▲ 2,348

141,740 patients given their second dose ▲ 2,161



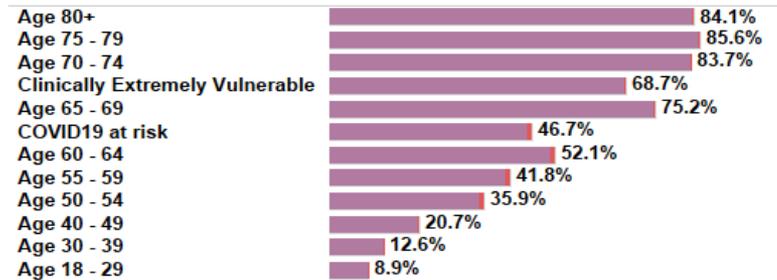
Page 31

### First Dose Uptake by Age (previous day achievement)



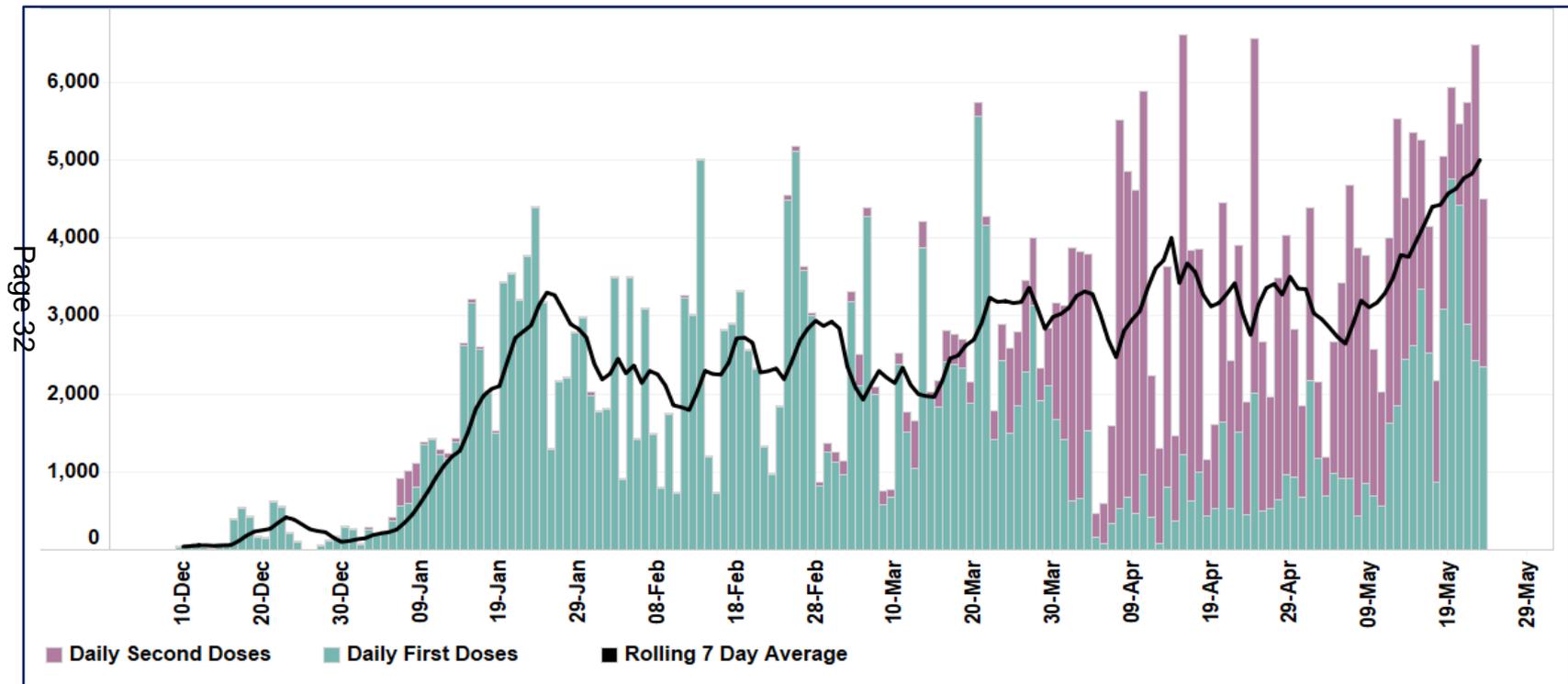
**Grand Total** 49.3%

### Second Dose Uptake by Age (previous day achievement)



**Grand Total** 26.5%

## Daily vaccination doses given from programme outset



Page 32

## Targeting inequalities – Cohorts 1 - 9, last 8 weeks

We aim for there to be no difference in coverage between white patients and those patients of other ethnic backgrounds. The table below tracks the difference, with a lower difference highlighting greater equality.

| Ethnicity  | Difference in Coverage from White Patients: 26 Mar | Difference in Coverage from White Patients: 21 May | Change |
|--|--|--|--------|
| Pakistani  | 17.6%  | 11.8%  | -5.9%  |
| Arab   | 26.5%  | 20.9%  | -5.6%  |
| African  | 23.5%  | 19.1%  | -4.3%  |
| White and Asian                                  | 15.7%  | 11.9%  | -3.8%  |
| Any other Asian background                       | 20.6%  | 16.9%  | -3.7%  |
| Any other ethnic group                           | 25.4%  | 22.0%  | -3.4%  |
| Any other Mixed or Multiple ethnic background    | 25.9%  | 22.6%  | -3.3%  |
| Chinese  | 11.7%  | 8.4%   | -3.2%  |
| White and Black African                          | 26.8%  | 23.5%  | -3.2%  |
| Bangladeshi                                      | 6.5%   | 3.3%   | -3.2%  |
| White and Black Caribbean                        | 31.3%  | 28.1%  | -3.2%  |
| Any other Black, African or Caribbean background | 32.0%  | 29.2%  | -2.8%  |
| Declined to provide ethnicity status             | 18.0%  | 15.8%  | -2.2%  |
| Caribbean  | 27.0%  | 25.6%  | -1.4%  |
| Indian   | 4.8%   | 3.4%   | -1.4%  |
| No record of ethnicity status                    | 32.4%  | 32.6%  | 0.2%   |

# COVID-19 Vaccination Programme

## Coverage by electoral ward – Cohorts 1-9, 23 May 2021

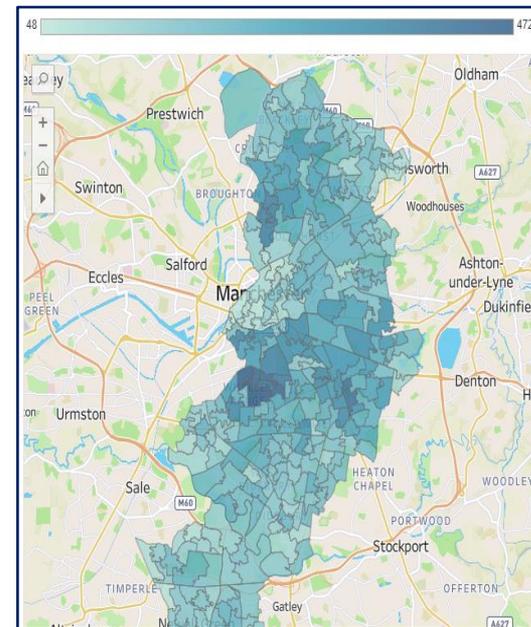
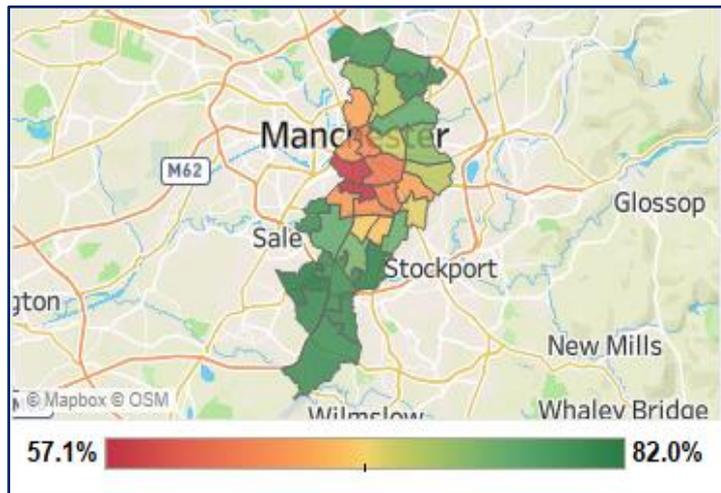
| Ward                         | Vaccinated | Eligible | % Coverage<br>(increase from 2 weeks ago) | Ward                 | Vaccinated | Eligible | % Coverage<br>(increase from 2 weeks ago) |
|------------------------------|------------|----------|---|----------------------|------------|----------|---|
| Brooklands                   | 4,000      | 4,876    | 82.0%                                     | Harpurhey            | 5,479      | 7,613    | 72.0%                                     |
| Didsbury East                | 5,132      | 6,277    | 81.8%                                     | Gorton and Abbey Hey | 5,387      | 7,518    | 71.7%                                     |
| Baguley                      | 5,542      | 6,876    | 80.6%                                     | Ancoats and Beswick  | 3,043      | 4,304    | 70.7%                                     |
| Sharston                     | 5,358      | 6,656    | 80.5%                                     | Levenshulme          | 4,919      | 7,014    | 70.1%                                     |
| Moston                       | 6,014      | 7,471    | 80.5%                                     | Old Moat             | 3,598      | 5,206    | 69.1%                                     |
| Chorlton                     | 4,490      | 5,598    | 80.2%                                     | Withington           | 3,257      | 4,739    | 68.7%                                     |
| Northenden                   | 5,195      | 6,486    | 80.1%                                     | Cheetham             | 4,149      | 6,213    | 66.8%                                     |
| Woodhouse Park               | 5,324      | 6,654    | 80.0%                                     | Longsight            | 5,127      | 7,720    | 66.4%                                     |
| Higher Blackley              | 5,631      | 7,069    | 79.7%                                     | Whalley Range        | 3,899      | 5,936    | 65.7%                                     |
| Charlestown                  | 5,664      | 7,159    | 79.1%                                     | Deansgate            | 1,042      | 1,591    | 65.5%                                     |
| Miles Platting and Newton .. | 5,921      | 7,705    | 76.8%                                     | Fallowfield          | 2,907      | 4,479    | 64.9%                                     |
| Chorlton Park                | 5,610      | 7,317    | 76.7%                                     | Piccadilly           | 1,162      | 1,819    | 63.9%                                     |
| Burnage                      | 5,754      | 7,541    | 76.3%                                     | Rusholme             | 3,570      | 5,614    | 63.6%                                     |
| Didsbury West                | 4,540      | 6,023    | 75.4%                                     | Ardwick              | 4,003      | 6,392    | 62.6%                                     |
| Clayton and Openshaw         | 5,415      | 7,303    | 74.1%                                     | Hulme                | 2,684      | 4,641    | 57.8%                                     |
| Crumpsall                    | 4,677      | 6,350    | 73.7%                                     | Moss Side            | 3,778      | 6,614    | 57.1%                                     |

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.

## Maps of coverage rates and unvaccinated patients

Page 35



Appendix 1, Item 5

## Targeting inequalities – Deprivation: Cohorts 1 - 9, 23 May 2021

Indices of Multiple Deprivation (IMD) rank each Lower Super Output Area (LSOA) based on their level of deprivation. The higher the deprivation score, the higher the level of deprivation.

Page 36

| First Dose Coverage by Deprivation |            |          |  | Change in First Dose Coverage by Deprivation from 2 weeks ago |          |  |
|------------------------------------|------------|----------|--|---|----------|--|
| IMD Score                          | Vaccinated | Eligible | % Coverage (increase from 2 weeks ago) | IMD Score   | Eligible | Change in Coverage from 2 weeks ago (Additional Patients Vaccinated) |
| 0 - 9                              | 4,990      | 5,923    | 84.2%                                  | 0 - 9   | 5,923    | 1.3% (+78)   |
| 10 - 19                            | 19,534     | 24,190   | 80.8%                                  | 10 - 19   | 24,190   | 1.5% (+370)  |
| 20 - 29                            | 33,098     | 45,050   | 73.5%                                  | 20 - 29   | 45,050   | 1.5% (+658)  |
| 30 - 39                            | 23,224     | 32,152   | 72.2%                                  | 30 - 39   | 32,152   | 1.8% (+588)  |
| 40 - 49                            | 32,001     | 44,597   | 71.8%                                  | 40 - 49   | 44,597   | 1.9% (+834)  |
| 50 - 59                            | 29,074     | 39,872   | 72.9%                                  | 50 - 59   | 39,872   | 1.5% (+599)  |
| 60 - 69                            | 13,394     | 18,427   | 72.7%                                  | 60 - 69   | 18,427   | 1.6% (+289)  |
| 70 - 79                            | 8,030      | 10,821   | 74.2%                                  | 70 - 79   | 10,821   | 1.5% (+163)  |
| Unknown                            | 334        | 575      | 58.1%                                  | Unknown   | 575      | 1.4% (+8)  |
| <b>Grand Total</b>                 |            |          | <b>73.9%</b>                           | <b>Grand Total</b>  |          | <b>1.6% (+3,587)</b>   |

Appendix 1, Item 5

## Improving access to increase coverage



## Examples of communications and engagement activity

### Bespoke tailored and targeted communications

Neighbourhood specific information, designed with Sounding Board, disseminated through partners' communications channels. Activities include:

- Conversations with community leaders and residents particularly with the Black African community;
- Imams and Community Leaders (including volunteers) actively engaged in promoting key messages with GP support;
- Engagement with homeless accommodation providers;
- Coverage in community press and radio and information produced in a range of languages.

### Care home survey work

A survey for care home staff has been launched. It seeks views of staff who have both had their vaccine – to see what influenced them; and those who have so far declined to book their vaccine – to see what might be a barrier that we can help influence.

It also includes some demographic information to allow us to look at other factors

The survey launched on 22 April and has received an encouraging 150+ responses with in the first few hours of circulation.

Webinars have been held with homes with less than 70% staff vaccinated.

### 'Operation Engage'

Targeted door knocking in Cheetham and Crumpsall, and Moss Side starting the week of 25th April, led by front line staff in the community.

Volunteers identified by the Health Development Coordinators will carry out the work, with support from multi faith organisations, frontline workers and MLCO and MCC neighbourhood teams.

They will seek to engage with those who have not yet responded to contact, or have been uncontactable to date, and link them up with a vaccination offer.

# COVID-19 Vaccination Programme

## Communications snapshot



Our vaccination video with Brocklehurst Nursing Home was used on the national DHSC Care App – aimed at careworkers across the UK. [Click to view.](#)



Page 39



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**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 26 May 2021  
**Subject:** Overview Report  
**Report of:** Governance and Scrutiny Support Unit

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### **Summary**

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

### **Recommendation**

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

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**Wards Affected:** All

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### **Contact Officers:**

Name: Lee Walker  
Position: Scrutiny Support Officer  
Telephone: 0161 234 3376  
E-mail: lee.walker@manchester.gov.uk

### **Background document (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

## 1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

There are currently no recommendations outstanding.

## 2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **17 May 2021**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked \*

| Decision title                | What is the decision?  | Decision maker | Planned date of decision | Documents to be considered | Contact officer details                        |
|-------------------------------|--|----------------|--------------------------|----------------------------|--|
| Carers Strategy (2019/08/22A) | Allocation of Our Manchester Funding to support the Our Manchester Carers Strategy over a period of two years. | Executive      | 16 October 2019          | Report to the Executive    | Zoe Robertson<br>z.robertson@manchester.gov.uk |

**Subject**                    **Care Quality Commission (CQC) Reports**  
Contact Officers        Lee Walker, Scrutiny Support Unit  
Tel: 0161 234 3376  
Email: l.walker@manchester.gov.uk

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

| Provider                       | Address   | Link to CQC report  | Published     | Types of Services | Rating   |
|--------------------------------|---|---|---------------|-------------------|--|
| Equilibrium Healthcare Limited | Oakland House<br>Nursing Home<br>290-292 Dickenson Road<br>Longsight<br>Manchester<br>M13 0YL | <a href="https://www.cqc.org.uk/location/1-121484482">https://www.cqc.org.uk/location/1-121484482</a> | 30 April 2021 | Nursing Home      | <b>Overall: Good</b><br>Safe: Good<br>Effective: Good<br>Caring: Outstanding<br>Responsive: Good<br>Well-led: Good |

**Health Scrutiny Committee  
Work Programme**

| <b>Wednesday 26 May 2021, 10am (Report deadline Friday 14 May 2021)</b> |  |   |  |  |
|---|--|---|--|--|
| <b>Item</b>   | <b>Purpose</b>   | <b>Lead Executive Member</b>                      | <b>Strategic Director/<br/>Lead Officer</b>          | <b>Comments</b>  |
| COVID-19 Update   | The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme. | Executive Member for Adults, Health and Wellbeing | David Regan<br>Dr Manisha Kumar                      |  |
| Quality Accounts 2020/2021  | The Committee will receive for information the responses to the draft Quality Accounts for Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust.   | Executive Member for Adults, Health and Wellbeing | Scrutiny Support Unit in consultation with the Chair | Please note this will be submitted to the June meeting due to reporting deadlines. |
| Overview Report   | The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and any items for information.   | N/A   | Lee Walker   |  |
| Work Programming Session  | The Committee will receive presentations from Directors on upcoming issues and challenges within the Committee's remit, following which Members will determine the work programme for the forthcoming year.  | Executive Member for Adults, Health and Wellbeing | Bernadette Enright<br>David Regan<br>Nick Gomm       | This part of the meeting will be closed to the public.                             |

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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