



Health and Wellbeing Board

Date: Wednesday, 7 July 2021

Time: 10.00 am

Venue: Council Chamber, Level 2, Town Hall Extension

Access to the Council Chamber

Public access to the Council Chamber is on Level 2 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 the Lloyd Street entrances of the Extension.

Face Masks / Track and Trace

Anyone attending the meeting is encouraged to wear a face mask for the duration of your time in the building and to provide contact details for track and trace purposes.

Filming and broadcast of the meeting

Meetings of the Health and Wellbeing Board 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 and Wellbeing Board

Councillor Richard Leese, Leader of the Council (Chair)

Councillor Midgley, Executive Member for Adult, Health and Wellbeing (MCC)

Councillor Bridges, Executive Member for Children and Schools Services (MCC)

Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

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

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

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

Katy Calvin-Thomas - Manchester Local Care Organisation

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Michael Luger, Chair of Northern Care Alliance

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

Mike Wild, Voluntary and Community Sector representative

Vicky Szulist, Chair, Healthwatch

Dr Tracey Vell, Primary Care representative - Local Medical Committee

Paul Marshall, Strategic Director of Children's Services

David Regan, Director of Public Health

Bernadette Enright, Director of Adult Social Services

Dr Vish Mehra, Central Primary Care Manchester

Dr Amjad Ahmed, Northern Health GP Provider Organisation

Dr Doug Jeffrey, (South) Primary Care Manchester Partnership

Agenda

- 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 - 10
To approve as a correct record the minutes of the meeting held on 9 June 2021.
- 5. COVID-19 Update and Manchester enhanced area Action Plan** 11 - 46
The report of the Director of Public Health and the Medical Director (Manchester Health and Care Commissioning) is attached.

Information about the Board

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.

Copies of the agenda are available beforehand from the reception area at the Main Entrance of the Town Hall in Albert Square and may be viewed on the Council's website up to seven days prior to the date of the meeting (see web information below). Some additional copies are available at the meeting from the Committee Officer.

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

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

Further Information

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

This agenda was issued on **Tuesday, 29 June 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA.

Health and Wellbeing Board

Minutes of the meeting held on 9 June 2021

Present:

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Midgley, Executive Member for Adults Health and Wellbeing
Vicky Szulist, Chair, Healthwatch
David Regan, Director of Public Health
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Dr Geeta Wadhwa, GP Member (South) Manchester Health and Care Commissioning
Bernadette Enright, Director of Adult Social Services
Paul Marshall, Strategic Director of Children's Services
Michael Luger, Chair of the Northern Care Alliance

Apologies:

Dr Murugesan Raja, GP Member (North) MHCC
Katy Calvin-Thomas, Manchester Local Care Organisation
Councillor Bridges, Executive Member for Children's Services
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Dr Tracey Vell, Primary Care representative - Local Medical Committee

Also in attendance:

Dr Manisha Kumar, Medical Director, MHCC

HWB/21/12 Minutes

The minutes of the meeting held on 24 March 2021 were submitted for approval.

Decision

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 24 March 2021.

HWB/21/13 COVID-19 Update and Vaccination Programme Update

The Director of Public Health and Medical Director, Manchester Health and Care Commissioning gave a presentation on the latest data and intelligence relating to COVID-19, with a particular focus on Variants of Concern (VOC). The Medical Director, Manchester Health and Care Commissioning, provided the Board with a progress report on the ongoing roll out of the Vaccination Programme.

The Board was reminded that Greater Manchester had been designated as an enhanced response area. The data provided had been validated up to 4 June 2021. In view of the increase in the number of infections the message continued to be the importance of vaccination. Reference was made to the number of people being admitted to hospital and the circumstances relating to this, in particular other

underlying medical issues. The North West is dealing with a fourth wave in view of the rising number of infections being recorded.

The current dominant variant is the Delta Variant and is 40% more transmissible than the Alpha Variant. The current rate of infection is 216.7 per 100000 population. A breakdown of cases per ward was provided with the number of deaths of Manchester residents recorded between week 13 to week 20. To increase the rates of vaccination a focused vaccination approach had been introduced into the top eight wards of the City with the highest rates of Variants of Concerns cases. The growth in vaccination had resulted in a reduction of deaths. The Manchester Action Plan had proved successful in

- Targeted communications and engagement
- Enhanced community testing and contact tracing
- Support to self-isolate (GM Pathfinder)
- Settings based outbreak management and advice
- Track data on a daily basis (e.g. over 60s rate and hospitalisations)
- Targeted Vaccination Drive

Additional vaccines supplies were expected to help with the push on vaccinations.

The Executive Director for Children Services provided an update on the advice and approach for schools. This included the continued wearing of masks, testing and advice on maintaining a safe space and hand washing. Planning was also in place for children transitioning to high school and planning for recovery.

Dr Manisha Kumar, Medical Director, MHCC addressed the meeting on the Covid 19 Vaccination Programme.

The Board was informed that the latest first dose vaccinated number in the City is 290763, although though the actual number is higher, due to those not living within the City or registered with a Manchester GP not included in the total. The figure for those receiving a second vaccination dose is 173813. Work was ongoing to focus on the wards within the central areas of the City and to target hotspots where the take up of the vaccine is lower. In addition, there are almost 250,000 residents to invite for a vaccine for the 10-12 cohorts. Reference was made to the approach and engagement with all cohorts to increase access for the take up of the vaccine. Communication is an essential factor in reaching all areas with work through local groups and community leaders, social media and door knocking to directly contact and engage with residents. It was reported that there are (approx.) 3700 volunteers helping to run vaccination centres currently who's help has been invaluable.

The Chair thanked the officers for the presentation. Reference was made to the importance of staying strong in the work of ensuring the take up of the vaccine regardless of community or location. Residents have a personal responsibility to take the vaccine and not doing so places them, other residents and the NHS at risk and increases the chances of other domestic variants developing which may be more resistant to the current vaccines.

The Chair also reported on the Surge Vaccination Programme planned for Greater Manchester for a 3 week period. Manchester will utilise the whole of the period to provide vaccinations, due to the high number of residents involved. For the over 40 age group there is a good level of supply of the Astrazeneca vaccine to provide first and second doses and increase levels of protection. For the under 40 age group the important factor would be the accessing of sufficient doses of the Pfizer and Moderna vaccines for the surge vaccination period.

The Chair responded to a question raised regarding the potential impact of taking vaccine from area to use in another and stated that by using the vaccine to contain the spread of infection in a high prevalence area, it would in turn reduce the risk of spread in other areas.

In noting the point raised regarding Patient Practices, the Chair endorsed the importance of working with neighbouring authorities, in particular instances where communities are located across two local authorities such as the Jewish community where Manchester residents were receiving a vaccination in Salford.

The Chair referred to infection prevalence figures which indicated a high rate for the 19-65years population. The figures produced by GMCA provided additional detail and identified the 16-29years age group as the highest prevalence cohort. It was also noted that this age group were less likely to have received a higher level of vaccination. This provided a correlation of prevalence of infection and non-vaccination to further justify to importance of getting vaccinated as soon as possible.

The Executive Director of Adult Services referred to partnership working and expressed thanks to Manchester Foundation Trust for the collaborative approach since the start of the pandemic on testing on release from hospital before national guidance was issued, vaccination work in the care sector and opening up the Pfizer vaccination to the under 40's age group.

The Chair referred to concerns raised regarding the Enhanced Response Area guidance and stated that a common-sense approach was needed in applying the guidance. No rules or restrictions apply to Greater Manchester that don't also apply to the rest of the country. Local lockdown measures did not work and the national lockdown was most effective to reduce the spread of infection.

Decision

The Board received the presentation and noted the plan update and thanked everyone involved in the vaccination programme for their massive effort.

HWB/21/14 Review of the Health and Wellbeing Board

The Board considered the report of the Director of Public Health regarding the membership of the Health and Wellbeing Board. The membership was last reviewed in 2018. In view of the scale of organisational and system change over the next year a refresh of the membership from July 2021 was proposed to support the work of the Board for the remainder of the municipal year. It is envisaged that once the Greater

Manchester Integrated Care System and place-based arrangements are clearer and then a more formal review of the Board can take place before April 2022.

The revised Membership of the Health and Wellbeing Board proposed that the following members will remain on the Board for the duration of 2021/22 and in line with the guidance the three statutory officers of the Council will continue to be Board members:

- Leader of the Council (Chair)
- Executive Member Health and Care (Deputy Chair)
- Deputy Leader of the Council
- Executive Member for Children's Services
- Chair Manchester Health and Care Commissioning (MHCC)
- Chair Manchester University Hospitals NHS Foundation Trust (MFT)
- Chair Greater Manchester Mental Health Foundation Trust (GMMHT)
- Chair Healthwatch
- VCS nominated representative
- Director of Public Health
- Director of Adult Social Services
- Director of Children's Services

In addition:

The Local Care Organisation will be requested to nominate a representative to sit on the Board.

The new Manchester GP Forum have been requested to identify three GP Board members.

The nominations will go to the Constitutional and Nomination Committee on 14 July 2021.

Further discussions will take place on representation from committees relating to Primary Care in Manchester (i.e. Local Medical Committee, Local Pharmaceutical Committee, Local Dental Committee, Local Optometry Committee).

The Chair stated that some of the appointments to the Board may be made before the end of the Municipal Year with transitional arrangements moving ahead. The appointments would include the Chair of the ICS and NHS Board. In addition, work was needed to address gaps within the membership of the Manchester Partnership Board which will form the basis of the Locality Board.

The Chair reported that the new system being introduced would involve two layers of accountability. One layer would relate to the NHS and accountability would be directly to the Secretary of State for Health. The local level would have accountability to the Locality Board and the Health and Wellbeing Board will play an important role in that local level of accountability. The Board's involvement may require changes its role and composition with a more formal composition. The Board's role is the public face of the local accountability and this will be noted in the discussions to take place.

A member referred to the importance of recognising the diverse nature of the city's population and during a review process the aspiration should be that the membership of the Board and the new Locality Board structure reflects the diversity of the population it serves.

The Chair noted the point raised and added that reflecting Manchester's breadth of diversity may make the process difficult for the membership of appointing a Board with a limited membership.

Decision

1. The Board noted the report submitted.
2. The Board agreed the proposed revised appointments to the Health and Wellbeing Board as follows:

Revised Membership of the Health and Wellbeing Board –

The following members will remain on the Board for the duration of 2021/22 and in line with the guidance the three statutory officers of the Council will continue to be Board members:

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- Executive Member Health and Care (Deputy Chair)
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**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 7 July 2021

Subject: COVID-19 Update and Manchester enhanced area Action Plan

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

Summary

On 8 June 2021, Manchester along with the rest of Greater Manchester and parts of Lancashire were designated as an ‘enhanced response area’. Manchester has since developed and implemented the local era action plan which is attached for information. At the meeting of the Board, the Director of Public Health (DPH) will provide an update on the implementation of the Plan which runs up to the 19 July. The priority workstream in the Plan is the Targeted Vaccination Drive and the Medical Director, Manchester Health and Care Commissioning will also provide the update on this work and the wider roll out of the Citywide Vaccination Programme. A presentation is attached.

Recommendations

The Board is asked to:

- 1) Support the ongoing implementation of the era Action Plan
- 2) Receive the presentation.

Board Priority(s) Addressed:

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

Contact Officers:

Name: David Regan
Position: Director of Public Health
E-mail: david.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):

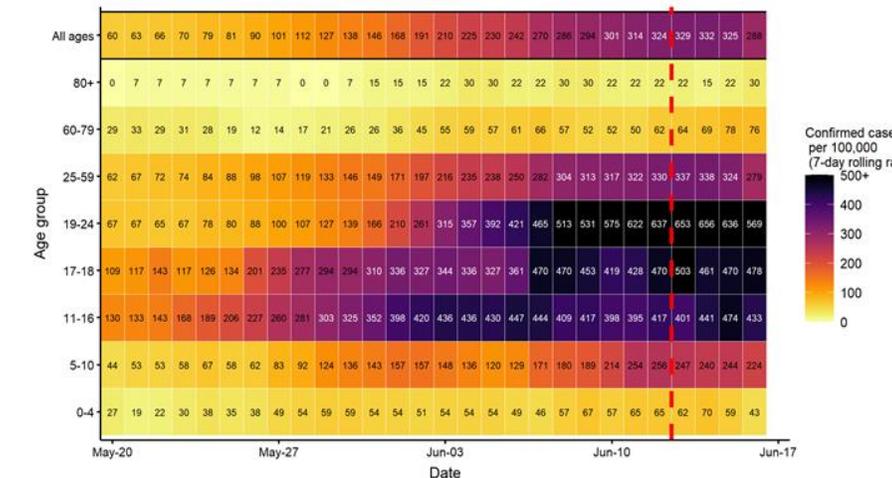
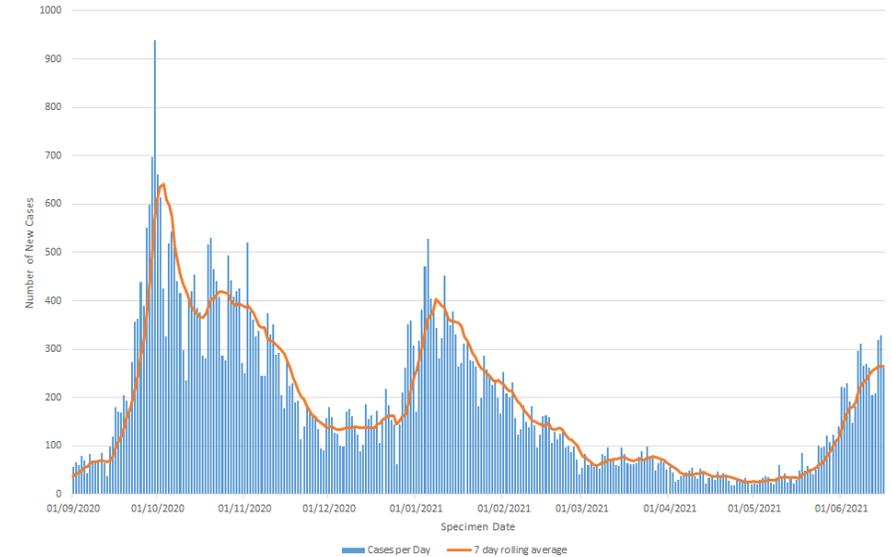
Manchester COVID-19

Manchester COVID-19 enhanced response area Plan



Situation Update

- COVID-19 cases have been increasing in Manchester and in other Greater Manchester areas over the past few weeks. The number of cases in a 7-day period in Manchester is now the highest it has been since mid-January 2021
- Currently, the number of new cases is highest among people aged between 11 and 34 and is particularly high in the 17 to 24 age group. Rates are also high among South Asian communities
- The increase in cases is linked to the Delta variant of concern (VOC), which spreads up to 60% more easily than previous strains. This VOC is now the dominant variant in Manchester
- Given the location of Manchester at the centre of the Greater Manchester conurbation and the number of people who travel frequently in and out of the city for work, education and recreation, there is a greater risk that the Delta variant will spread quickly and pose a risk to people in other GM boroughs
- There is no evidence that vaccines are any less effective against this variant and there is strong evidence that vaccines do reduce serious illness and hospital admission related to COVID-19.
- We need to act quickly with additional measures to bring the case rate down so that we can ease restrictions and allow the economy to recover



Background

- Manchester's enhanced response area Plan builds on the successful implementation of our Variants Of Concern (VOC) Prevention Plan, developed by the VOC Prevention Task Group
- In May 2021 eight areas of the city were identified that are particularly vulnerable to the emerging threat from the VOC-21-APR-02 'Delta' Variant: **Longsight, Levenshulme, Cheetham, Crumpsall, Rusholme, Ardwick, Moss Side and Whalley Range**
- These areas were identified following analysis of patterns of case rates and outbreaks, which highlighted rapid transmission within younger age groups and South Asian communities. These areas have been a focus of concern and enhanced response for some time due to a significantly lower than average vaccination coverage
- Manchester has a very large population of students who often are living away from home for the first time in homes of multiple occupation, making them particularly vulnerable to transmission. It is known that younger age groups, including young people of university age, drove Manchester's 'second wave' of COVID in September 2020, when a number of large outbreaks necessitated large-scale local 'lockdowns' of student halls of residence in order to contain the risk of transmission into the wider community. The movement of large numbers of students across the country, coupled with international students arriving, poses a risk of the spread of variants from other areas into Manchester

Background

On 11 May 2021 a cross-system Task Group was convened to develop and implement a system-wide Variants of Concern Prevention Plan in order to respond to the threat of Delta VOC-21-APR-02 in Manchester, with the following five workstreams:

1. **Targeted vaccination Drive:** Increased vaccination coverage in the target communities and populations
2. **Targeted communications and engagement:** Provide the targeted communities with the right information and support to access vaccinations, asymptomatic and symptomatic testing and support to self-isolate
3. **Rapidly Identify & Break Chains of transmission:** Provide investigation and enhanced contact tracing for people testing positive with a VOC to define locations they may have acquired or transmitted infection to focus further testing . Enhanced community and surge testing. Enhanced support to self-isolate
4. **Recommendations for additional local measures and/or restrictions aimed at reducing transmission:** Use available data to provide a maximum understanding of the prevalence of VOCs in the population and make recommendations that will encourage and promote safe personal behaviours alongside effective compliance and enforcement measures
5. **Mitigate the risk of transmission in university students:** Work closely with Manchester universities to plan for the COVID secure arrival of home and international students and support effective testing protocols

enhanced response area

- On 8th June 2021 Government announced that whole of Greater Manchester would be designated as an Enhanced Response Area (ERA) and on 16th June the status was rebadged as an enhanced response area (era). Manchester's Variants of Concern Prevention Plan was re-designated as our enhanced response area Plan accordingly
- ERA status had previously been given to Bolton, Blackburn with Darwen and Burley in the North West, which benefited from additional vaccine supplies, testing capacity and military support
- Following a submission to NHS England and National Contain, an initial allocation of vaccine was agreed on 11th June to support a 3-week surge plan
- A formal Military Aid for Civil Authorities (MACA) request submitted by Manchester and a number of other GM authorities for additional vaccinators; support for testing has been approved
- The Director of Public Health and Executive Member for Health and Care provided a briefing on the Plan to councillors in the eight priority wards on Monday 14th June
- The era Task Group (previously the VOC Prevention Task Group), bringing together leads from the Manchester Vaccination Programme with Manchester Test and Trace, Neighbourhoods, MLCO, communications and COVID Health Equity and chaired by David Regan (Director of Public Health), continues to be responsible for delivery of the Plan
- The implementation of this plan is monitored by the Manchester COVID-19 Response Group (CORG), chaired by David Regan
- The governance of the plan comes under Manchester Gold, chaired by the Chief Executive of Manchester City Council Joanne Roney

enhanced response area Options/Tools

Being part of an enhanced response area gives the following additional options/tools to use to reduce COVID-19 cases:

- Rapid Response Team deployed to support LAs to plan and coordinate their ground campaign, and the ability to request Military Aid to the Civil Authority (MACA)
- Supervised in-school testing
- Wastewater testing samples prioritised for sequencing, in and around the enhanced response area Plan areas
- Specialist comms support to support increased awareness and focused engagement with disadvantaged groups
- Drive vaccine uptake across eligible cohorts by upweighting resources for operational delivery of the vaccine programme.
- Allow Directors of Public Health to recommend additional control measures in educational settings (particularly face coverings)
- Local Authorities can approach their local police force, HSE and other enforcement agencies to seek support in compliance and enforcement as necessary
- Subject to agreement, designate a Vaccines Champion to ensure all available resources from the Vaccines Programme are harnessed to support access and uptake in a local area, linking this surge activity to the community engagement on testing
- Supporting spot checks to ensure workplaces are COVID-safe
- Gov.uk Guidance - advising people living in these areas to take particular caution when meeting others outside of their household or support bubble and to minimise travel in and out of affected areas. Where necessary, this may be supported by a Ministerial statement to highlight the guidance.

Key messages for residents and communities

We have a critical window where what we do now as a city, will have a major long-term effect.

Our key advice – which is also enhanced response area guidance - remains the same:

- Take extra care and meet people outside, rather than inside, wherever possible
- Follow all the rules around social distancing, face coverings, washing hands, wiping surfaces and keeping windows open
- Take the vaccination when offered – and if you have any questions please talk to your GP, who will want to help.
- Do the free twice-weekly testing sessions (these are the lateral flow kits that are for people who do not have COVID symptoms). This is because we know that 1 in 3 people can have the virus without ever showing any sign of it. Then, please record your results -and if it is positive please book a PCR test immediately to confirm the result More details can be found on the council website www.manchester.gov.uk/coronavirus
- If you have COVID symptoms, please don't delay, book a free PCR test immediately and stay at home until you get your result and advice on if you need to self-isolate
- Please take the help and support we can offer while you self-isolate. There is no stigma in catching the virus or being a contact
- **Manchester will remain open as usual for business – and if we all follow the rules it means that we can all enjoy what the city has to offer**

Data, Intelligence and Insight

- We continue the work we have done throughout the pandemic to use all of the data, intelligence and insight available to us to identify and continually monitor the priority areas and communities we have chosen as a focus for targeted communication and engagement work, enhanced testing and delivery of our vaccination programme
- We are working with other local authorities as part of a pilot to explore the benefits of using data on international arrivals from 'red', amber' and 'green' list countries to provide additional support to people who are quarantining and to understand better potential sources of transmission from outside of the UK
- To support our neighbourhood teams to understand and respond to the changing patterns of COVID within their local areas and communities, we have developed an online COVID-19 Surveillance Dashboard which provides an up-to-date view of the latest data in respect of confirmed cases, tests and vaccinations down to Lower Super Output Area (LSOA) in the form of an interactive map and charts
- We have developed a dashboard to enable us to track vaccination coverage across the areas of the city targeted by the Plan, allowing us to compare this against coverage as a whole

Data, Intelligence and Insight (Examples)

Current reporting period
31 May 2021 to 6 June 2021

The rate per 100,000 of confirmed COVID-19 cases for each neighbourhood in the reporting period. The rates are based on the number of people with at least one positive COVID-19 test result, either lab-reported or rapid lateral flow test, by specimen date. Positive rapid lateral flow test results can be confirmed with PCR tests taken within 72 hours. If the PCR test results are negative, these are not reported as cases. People tested positive more than once are only counted once, on the date of their first positive test.

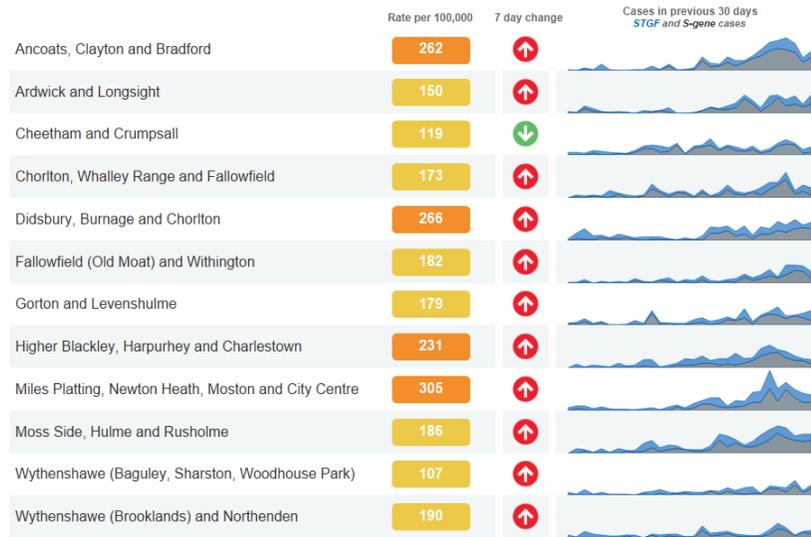
Select the neighbourhood to navigate to the detail page.

The alert levels are set based on the rate of cases per 100,000 people in the 7 day period.

- Green less than or equal to 100
- Yellow between 101 and 200
- Amber between 201 and 400
- Red over 400

Please use caution when interpreting small numbers

Last updated: 09/06/2021 15:44:07
Author: Mark Hambleton



Moss Side, Hulme and Rusholme

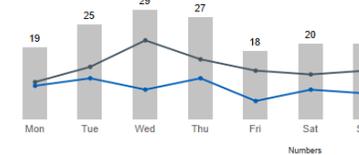
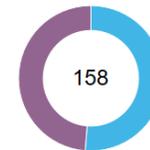
Confirmed COVID 19 cases from 31 May 2021 to 06 June 2021

Metric: Cases

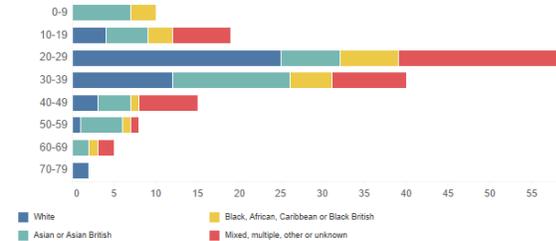
Select period: 0

Cases

Male and female; hover over segment for details. Daily cases are split by STGF and S-gene cases

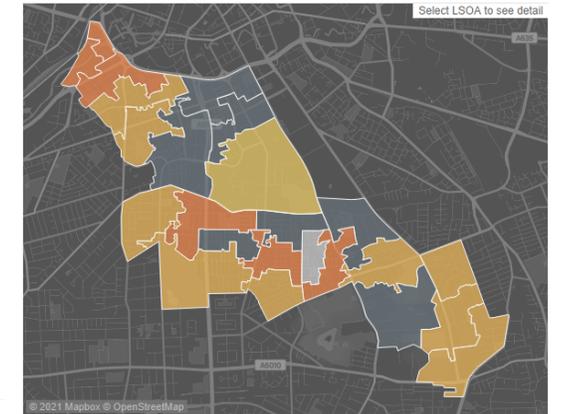


Age & Ethnicity



Hover for info [Back to summary](#)

Change neighbourhood: Moss Side, Hulme and Rusholme



Legend for Map:

- Rates
- Numbers
- No Cases
- 1 - 5 cases
- 101 - 200
- 201 - 400
- 401 - 800

LFD Testing Rates Over Time



Manchester Health & Care Commissioning
Business Intelligence Team

COVID Vaccination Programme

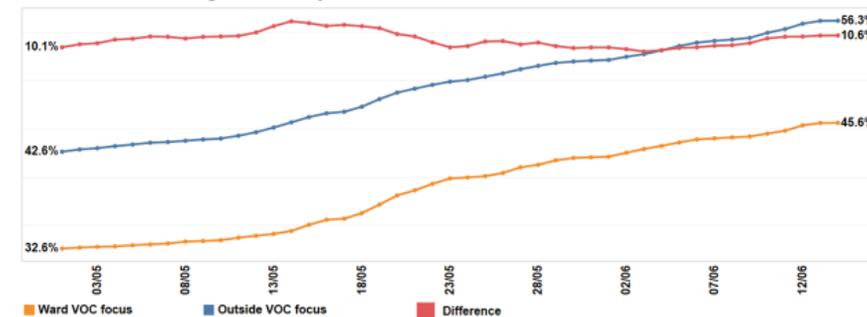
Vaccination Coverage in Wards targeted following the Delta Variant of Concern (VOC)

This report visualises first dose COVID Vaccination Coverage across all Priority Cohorts for Wards targeted as a result of the Delta variant of COVID-19 (B.1.617.2, formally known as the "Indian" variant). The targeted Wards are:

- Ardwick
- Cheetham
- Crumpsall
- Levenshulme
- Longsight
- Moss Side
- Rusholme
- Whalley Range

View data as of: 6/16/2021

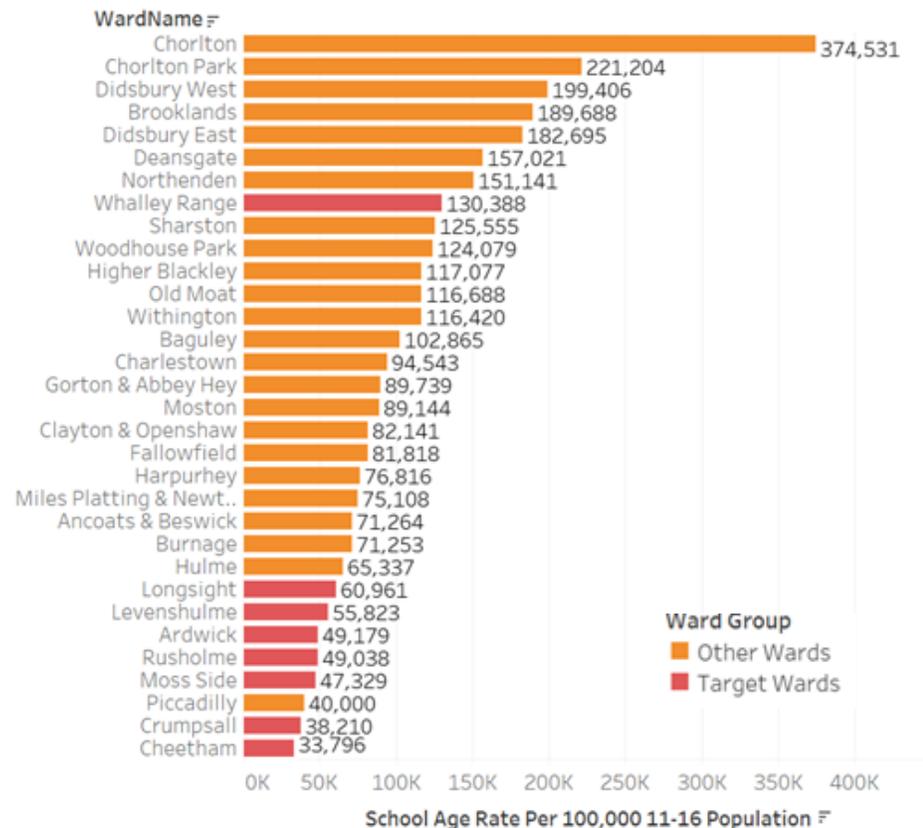
Trend in first dose coverage since 1st May



Data, Intelligence and Insight

We are tracking differences in the use of home school testing kits in different parts of the city. Our initial analysis shows that the rate of home school tests is lower rates in our target areas. This may relate to differences in people's willingness and ability to take home tests and register the results or not understanding why this is important

Rate of School Home Testing per 100,000 11-16 year olds by Ward



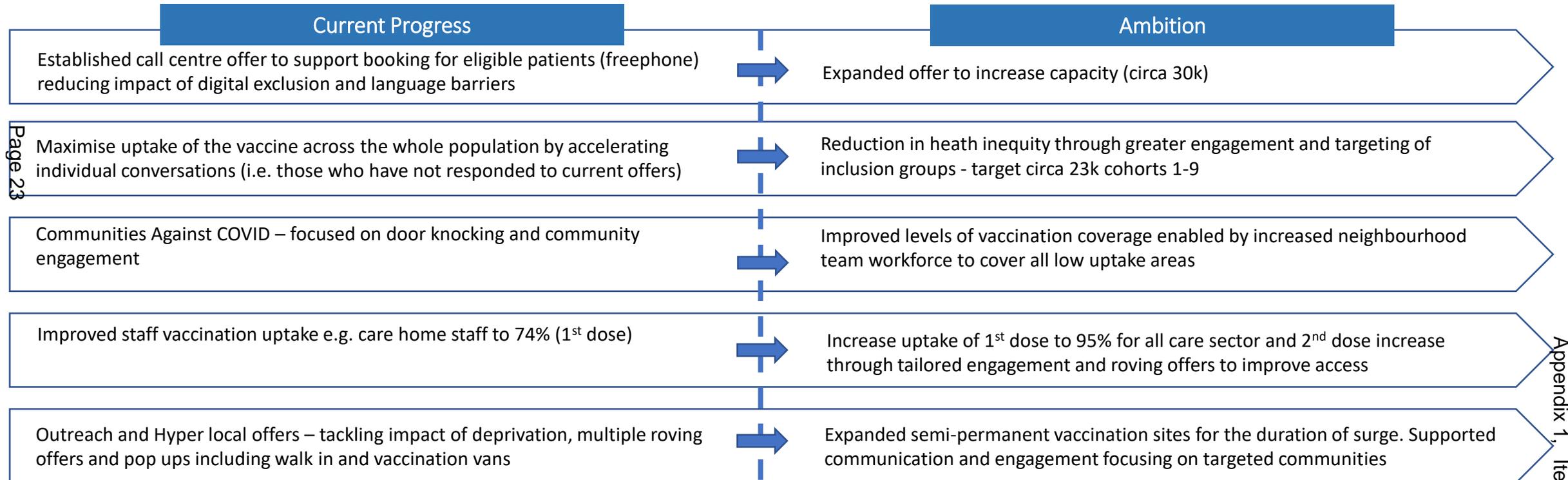
The graph shows the total number of school home tests (positive and negative/void) that have taken over the period between 1 April and 15 June 2021 by secondary school age children living in each ward per 100,000 resident population. (Note: the figures only include the results of tests that have been taken and successfully registered on the government testing results portal)

The data shows that the rate of school home testing is higher in some of our more affluent and less ethnically diverse wards, such as Chorlton, Didsbury and Brooklands, and lower in our more deprived wards with large ethnic group populations (e.g. Cheetham, Crumpsall, Moss Side, Rusholme).

Workstream 1: Targeted Vaccination Drive

The **overall objective** of the Manchester Vaccination Programme is to deliver a safe, effective and equitable roll out of the Covid-19 vaccine to Manchester residents, patients and health and social care workforce at the fastest possible pace to reach our whole population.

The **outcomes** are a population protected from Covid-19, that is more likely to engage in future vaccination programmes, and a city supported to recover effectively from the pandemic.



Workstream 1: Targeted Vaccination Drive

Manchester's Vaccination Programme has **three main delivery objectives**:

- To achieve a minimum of **85% vaccine coverage** through cohorts 1-12 across the whole city by the end of July
- To rapidly increase uptake across the 8 LSOA areas subject to the enhanced response area Plan
- To continue to **close the vaccination coverage gap** between different ethnicities and gender

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The quality and granularity of data on the progress of the vaccination programme is high, and will allow us to continue to accurately track against these two objectives on a daily basis.

The detail of the Manchester Vaccination Plan continues to focus on the three interrelated areas:

- **Access:** increasing capacity and opportunities to be vaccinated, improving the ways in which people can access these opportunities, and removing barriers that make it difficult for people to get their vaccine
- **Information:** provision of tailored, targeted and culturally competent information about COVID and vaccination with bespoke use of the “3Ms” as appropriate for the target audience (Message, Messenger, Media)
- **Motivation:** activities that create conditions for people to want the vaccine, and build trust and confidence in the vaccine

Workstream 1: Targeted Vaccination Drive

- Manchester has around 278,000 people aged over 18 who are yet to receive their first dose, a large majority of whom reside in the target communities of Longsight, Levenshulme, Cheetham, Crumpsall, Rusholme, Ardwick, Moss Side and Whalley Range
- The Manchester Vaccination Programme Spring Plan focussed on improving uptake in Cohorts 1-9 and although we have seen significant increase, we still need a continued emphasis on Access, Information and Motivation for these patients in addition to rapid delivery for our younger cohorts
- Given the time delay between providing targeted vaccines to individuals and vaccines becoming effective against the virus, the first priority of the enhanced response area Plan is to increase coverage to all over-18s in the target areas
- One of these areas has a coverage below 60% (Moss Side), five have a coverage between 60%-70% and two have coverage between 70%-75%. Given the low coverage in Moss Side (<60%), this area has been selected as the first priority for the drive
- Second dose run rate and an accelerated programme including delayed second doses needs to be run in parallel; additional resource is needed to meet this drive whilst continuing to drive both first doses and second doses across the City
- The approach to increasing vaccination coverage is divided into three strands:
 1. Maximising the capacity at existing fixed sites covering the target areas (delivered by Primary Care Networks (PCN), Community Pharmacy and Manchester Foundation Trust). Three PCN fixed sites cover the target areas: The Vallance, The Irish Centre and The Jain Centre
 2. Short-term 'pop-up' sites (1-5 days), supplemented by a roving van model – delivered by PCNs/Community Pharmacy
 3. Utilisation of enhanced response area Plan assets, including the 'Spaceship' mobile vaccination site

The Next 3 Weeks

- An initial frontloading of vaccine supply is being made available to the City
- We are working with the Manchester universities to develop a bespoke offer, including a site at Owens Park Halls of Residence – targeting an anticipated 20,000 population that can be signposted through partnership working
- We are providing bespoke invitations to critical populations - working with local teams to provide tailored and culturally-competent approaches e.g. – dedicated drop-in times and clinics targeting taxi drivers, police and school and college staff
- We continued our focus on second doses and those who have not come forward
- The Plan is jointly led by Manchester Health and Care Commissioning and Manchester City Council in partnership with the Manchester University Hospitals NHS Foundation Trust (MFT), Manchester Local Care Organisation and VCSE partners. The plan is supported by Greater Manchester Health and Social Care Partnership and Northwest Regional NHS colleagues

Military Aid Civil Authorities (MACA) Request

- Two additional new semi permanent vaccination sites are being established: Moss Side Leisure Centre, and Belle Vue Sports Village car park (to support access in the central east belt: Levenshulme and Longsight)
- Clinical Directors for each site will be sourced from the NHS in Manchester to ensure the appropriate Healthcare Governance is in place
- Initially these sites will deliver Pfizer first dose to the under 40's however should the supply of the Pfizer vaccine become compromised, the sites will switch to administering the Astra Zeneca Vaccine 1st and 2nd Doses to those over 40 at pace
- A MACA request has been submitted to provide the workforce for these sites (awaiting outcome)

Moss Side Leisure Centre (8 pod model)

- 8 pods will be in operation 7 days a week 12 hours a day
- Each Pod can deliver at least 100 doses of vaccine per day, so this site is aiming to deliver at least 800 doses per day this would be circa 22,400 over 4 weeks
- Plans are progressing at pace to enable Moss Side Leisure Centre to be a site; it has previously been a site for testing and has all the necessary provisions in place e.g. Infection and Prevention Control (IPC)
- The military team required to achieve this will be: 2x Team Leaders, 6x general duties administration staff/observers, 3x registered health care professionals to take consent and health questionnaires/ supervision, 12x unregistered vaccinators (CMT's)

Military Aid Civil Authorities (MACA) Request

Belle Vue Sports Village Vaccine Pod Facility ('spaceship' model)

- 6 pods will be in operation 7 days a week 12 hours a day
 - Each Pod can deliver at least 100 doses of vaccine per day, so this site is aiming to deliver at least 600 doses per day this would be circa 16,400 over 4 weeks
 - The vaccine pod facility will be transferred from Bolton and the Belle Vue Sports Village car park is a suitable location that has been assessed by Manchester City Council Estates Lead and NHS Property Services Lead
- The military team required to achieve this will be: 2x Team Leaders, 6x general duties administration staff/ observers, 3x registered health care professionals to take consent and health questionnaires/ supervision, 9x unregistered vaccinators (CMT's)

Workstream 2: Targeted Communications & Engagement

- Working closely with communities and community leaders we are ensuring that individuals have the right culturally-appropriate information and support to access vaccinations, regular asymptomatic and symptomatic testing and support to self-isolate
- We continue to promote infection, prevention control messages with communities, including social distancing, handwashing, good ventilation and enhanced cleaning in settings
- We are providing increased community engagement, including ensuring that messages are accessible in languages that are used by communities and provided by trusted community representatives
- We are working towards the provision of a vaccination workforce that reflects the ethnicity of our target populations
- We are co-delivering doorstep community engagement with 'Communities Against COVID' – a pre-existing project targeting over-40s who haven't responded to invitations to vaccination from their GPs. Staff and volunteers are providing a visible presence in neighbourhoods, engaging with residents, signposting to available vaccination clinics, providing LFD home testing kits and information about testing and support to self-isolate in a variety of languages
- We continue to recruit of COVID Chat volunteers reflecting the diversity of the target populations – linking these to Communities Against COVID engagement

Workstream 2: Targeted Communications & Engagement

- Additional funding has been secured for:
 - Targeted digital promotion (including digi-screens) led by the MCC Digital Team
 - A leaflet drop – targeted at the 8 areas in very plain English/Easy read/symbols/ community languages with key messages about testing including access to funding for self isolation, Covid safety messages and vaccination
 - Media slots on local radio e.g. Legacy, Asian radio stations –involving clinicians and community representatives
 - Physical signage and publicity
- We are exploring an enhanced helpline hosted by a community organisation to answer questions and connect to support, including advice on the impact of the vaccination on certain medications and conditions. Funding has been secured for VCSE support for local radio content and the helpline
- We will issue messages around responsible behaviours when out socially
- We are encouraging residents to take lateral flow tests before going out socially/attending events
- We are promoting communications around the use of the Test & Trace app – with messages that people should self-isolate if ‘pinged’ and signposting support to self-isolate around the app

Workstream 2: Targeted Communications & Engagement

Businesses

- We continue to encourage and promote COVID controls and safe personal behaviours alongside effective compliance and enforcement measures
- We are producing a leaflet about vaccinations that teams will hand out whilst engaging with businesses
- We are reissuing COVID messaging to businesses to encourage them to continue with COVID controls, reminding businesses what a contact is and how to identify their own work-based contacts, ensuring that they take a PCR test and self-isolate
- We are reminding businesses that if staff are pinged on the app that they should self-isolate, and that its good practice for staff to have the app on their phone
- We are exploring an accreditation scheme for businesses to recognise those that are correctly implementing COVID controls and supporting testing and self-isolation for staff

Workstream 2: Targeted Communications & Engagement

- Our **Youth Engagement Plan** tackles youth-specific barriers and drivers and addresses:
 - creating an enabling environment
 - establishing positive social norms in peer groups
 - promoting feelings of empathy and prosocial motivation
 - engaging young people in communicating risk-prevention messages
 - building young people's confidence in their ability to act and to protect themselves from risks
 - facilitating safe social connections to reduce negative impacts on mental health
- The plan targets:
 - young people aged 14 and 15 with key messages around COVID-safety and why their families should be vaccinated
 - young people aged 16-25 with key messages around why they should be vaccinated
 - young people not in higher education and at increased social disadvantage
- The Plan has a particular focus on reaching young people from Black, African and Minority Ethnic groups
- In line with the priorities of the era Plan, in our message around promoting COVID-safe behaviour the Youth Engagement Plan places particular focus on vaccination

Workstream 2: Targeted Communications & Engagement

- Through the plan we have developed a young-person focused Community Toolkit, including links and graphics to social media messages; this is being promoted across our well-established networks, including local Young People's Partnerships
- A film has been produced by Sarah Doran (Consultant in Public Health) thanking our young people for doing their bit
- Dr Cordelle Ofori (Consultant in Public Health) took part in a COVID vaccination panel conversation on Unity Radio's Next Generation Youth, answering young people's concerns about COVID vaccination, to be broadcast on 1 July
- We are working with local radio stations, including Unity Radio, around the delivery of a youth-focused online music event 'Test Fest' which will involve local youth ambassadors and young people to promote COVID messages/vaccination information

Workstream 3: Rapidly identify & break chains of transmission

- Where COVID-19 cases, clusters or outbreaks are detected, we continue to take all appropriate public health action to break the chains of transmission and stop the spread.
- Overall we aim to:
 - Prevent transmission from undetected cases by maintaining excellent standard of routine COVID control and response – Test, Trace, Isolate
 - Prevent transmission from travel-associated cases
 - Use proportionate and effective control measures where cases are detected
- We do this by:
 - Investigation and contact tracing for people testing positive to identify places they may have acquired or transmitted infection to focus further testing
 - Enhanced testing in outbreak settings and targeted geographical areas
 - Enhanced support to self-isolate

3.1 Investigation and contact tracing

Summary of approach

Carry out investigations into cases, clusters and outbreaks to:

- Establish a likely source for the infection
- Assess the likelihood of onwards transmission from the case

Carry out rapid detection and isolation of infectious cases during their *infectious period* and isolation of close contacts of infectious cases during their *incubation period*

Identify places where cases may have acquired or transmitted infection to focus further testing

Ask contacts of cases to take a PCR test to see if they also test positive. This will help us to understand the spread of infection and get more people to isolate quickly if we need them to.

Activate further enhanced response where there is evidence of undetected community transmission (e.g. no known chain of transmission, indicating missed cases) and/or high potential for on-going onwards spread

Continue to prioritise our reactive engagement with businesses, focussing on higher risk situations

3.2 Enhanced Testing

Summary of approach

Continue to promote and improve access to regular twice weekly LFD testing for asymptomatic residents, targeting priority areas and underrepresented and disproportionately impacted groups

Use PCR home testing/Mobile Testing Units to carry out whole school testing in secondary schools in priority wards and to respond to outbreak situations in settings. Carry out mass PCR testing in small geography areas if indicated by the data

Look for opportunities to use our existing activities and services to increase access to testing

Enhanced testing in high risk residential settings

3.2 Enhanced Testing

Data, intelligence and insight

We are using data, intelligence and insight in order to target our enhanced testing offer on areas that will yield the most benefit in terms of the identification of new cases of COVID. To do this, we will focus on areas and/or communities where there have been lower rates of testing but a higher positivity rate (i.e. a higher proportion of positive tests). These are areas where enhanced testing has the biggest opportunity to identify larger numbers of positive cases of COVID.

LFD Testing Rates vs LFD Positivity Rates by Ward (12/05/21 - 12/06/21)



This chart compares the total number of tests per 100,000 population taken in each of the 32 wards in the city (bottom axis) with the proportion of those tests that have tested positive (side axis).

Areas in the upper left hand corner of the chart are those which have low rates of testing and high positivity rates. These are the wards where we will focus our enhanced testing offer. Our 8 priority wards make up the majority of wards in this corner of the chart,

3.2 Enhanced Testing

Symptomatic testing (PCR)

- All contacts of positive cases will need to take a PCR test as well as self-isolating. We are exploring ways of making these easier to access for settings
- We are improving access to PCR testing for those experiencing symptoms of COVID - prioritising key wards, underrepresented and disproportionately impacted groups
- We are exploring how we can use our local testing team to improve access to PCR tests
- We will be using PCR tests including MTUs to respond to settings-based outbreak situations or if the data tells us enhanced testing is needed in certain smaller geographical areas
- We will work in a trauma informed way, avoiding uniformed soldiers on the streets in communities where appropriate

3.2 Enhanced Testing

Home testing (LFD)

- We are working to understand better the barriers to use of home testing kits (LFD) among different age groups and communities (e.g., lack of access to test kits, lack of (technical) understanding of testing instructions/process, complexity of process of recording results etc.) and developing local targeted responses to address these barriers
- We are exploring developing a network of 'technical support' people ('testing buddies') to demonstrate process of using a home testing kit and recording results
- We are working with priority settings (universities, workplaces etc.) to increase regular LFD testing – including proactive deliveries of lateral flow tests and targeted comms messages)
- We are working with VCSE organisations to develop community collect options for underrepresented groups
- We are working to provide home LFD kits at Vaccination Centres to encourage those being vaccinated and their families to continue with regular testing
- We are combining home delivery of lateral flow tests with door-to-door vaccine promotion and will continue to use other community engagement opportunities to combine messages
- We are conducting behavioural insight work – encouraging twice weekly LFD testing for all households as the norm

3.2 Enhanced Testing

LFD mobile supported testing

- We are working with Healthworks and neighbourhoods teams to develop a model of mobile asymptomatic assisted testing with underrepresented and disproportionately impacted groups and in areas of enduring transmission. Staffing will be reflective of communities where possible and provision should use community volunteers and link workers to maximise access
- We continue to provide assisted testing at Heathfield and Old Hall Lane sites beyond the planned closure date during this period

3.2 Enhanced Testing

Enhanced Testing in High Risk Settings

- In line with current PHE guidance published in response to new variants, if a single positive case is notified from a high risk setting, such as a care home (staff or resident), two full rounds of outbreak testing will be conducted
- The Manchester Test & Trace Testing Team are available at short notice to physically support settings with testing if required
- If either round identifies a further positive case, the Community Health Protection Team (CHPT) will monitor the setting for 28 days (from the date of the most recent case) after which a round 'end of outbreak recovery testing' will be carried out
- If all results are negative in both rounds, the CHPT will monitor the setting for 14 days, after which no further action will be required

3.2 Enhanced Testing

Enhanced Testing in Schools

- We will aim to carry out whole school PCR testing in 10 secondary schools within the 8 priority wards using MTUs or home testing kits as appropriate, working in collaboration with schools.
- We will encourage all secondary schools to stand up assisted LFD testing until the end of term with a focus on schools in the priority wards. We will encourage schools to adopt new models of assisted testing being develop by DHSC requiring less time and resource.
- We will explore routes for schools to access additional PCR kits to improve access to testing for symptomatic students and contacts.
- We will work with DHSC, PHE and local schools to design and develop a daily contact testing programme for schools to reduce disruption due to isolation of contacts
- We are encouraging school pupils to take a test before school trips and other events

3.3 Enhanced support to isolate

Summary of approach

Offer enhanced self-isolation support to our residents over and above the national programme, including participation in the **GM Self-Isolation Pathfinder 12-week pilot**, providing intensive self-isolation support in the 8 areas identified in this plan

Intensive support includes:

- Systematic and proactive engagement of people with a confirmed COVID-19 test result and their household close contacts within 24 hours of the test result to develop a person-centred self-isolation support plan
- Access to daily practical and emotional support
- Access to temporary alternative accommodation for index cases living in large households
- Targeted community-specific and culturally sensitive communication and engagement underpinned by behavioural insights research

We plan to offer enhanced support to self-isolate to residents returning from international travel who need to self-isolate in their homes outside the DHSC managed quarantine hotels; awaiting data-sharing agreement to facilitate this

Workstream 4: Recommendations for additional local measures and/or restrictions

- From 17th May there was a national lifting of the requirement for pupils to wear face coverings in secondary schools and colleges, and staff within the classroom. However, government guidance states that face coverings can be advised for pupils, students or staff for a temporary period in response to particular localised outbreaks, including variants of concern
- In line with other GM areas, we have asked schools and higher education colleges to promote the continued use of face coverings for all in communal settings and classrooms, including pupils, as part of their robust system of controls to reduce potential COVID-19 transmission. This request has also been made to universities in Manchester
- We continue to utilise a wide range of data sources to inform proactive engagement with businesses, including postcode coincidences, common exposure reports, risky venue alerts, VOC line lists etc. We analyse data received from our COVID Secure, COVID Response, Outbreak Control and Licensing and Out of Hours teams, which includes "softer intelligence" e.g. Officers noting behaviour changes, areas that are particularly busy etc. If our analysis identifies particular areas of high transmissibility, our Environmental Health teams visit premises to require that they revisit their risk assessments and systems of work taking this into account (under Health and Safety legislation)
- To coincide with the move to Step 3 of the national roadmap we provided a leaflet to businesses requesting that they contact us if they have two or more cases over 14 days

Workstream 5: Mitigating the risk of transmission in university students

- We ensure that students living in our targeted geographical areas are included in enhanced testing and enhanced vaccination initiatives
- We are working with universities to promote and encourage more uptake of regular on-site LFD testing. In addition to the national requirement for regular LFD testing once students arrive at university, we are recommending PCR testing for all students before they travel to Manchester
- We are building on our experience of working with our local universities to monitor data in respect of COVID tests taken by students, including those living in Halls of Residence and Purpose Built Student Accommodation (PBSA)
- The movement of large numbers of students across the country, coupled with international students arriving, poses a risk of the spread of Variants of Concern from other areas into Manchester. We continue to work closely with the universities to plan for the COVID secure arrival of their students for start of term including:
 - establishing move-in dates for home students
 - Tracking international student arrival dates (amber/red country quarantine locations)
 - Encouraging pre-travel PCR testing
- We are analysing early warning data, including waste water surveillance and PCR test outcomes
- We have developed thresholds for outbreak measures
- We are working with universities to ensure that students have support they need to self- isolate.

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