



Health Scrutiny Committee

Date: Wednesday, 9 November 2022

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

Access to the Council Antechamber

Public access to the Council Antechamber 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. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

Meetings of the 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 - Nasrin Ali, Appleby, Bayunu, Curley, Green (Chair), Karney, Newman, Reeves, Riasat, Richards and Russell

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. [10.00-10.05] Minutes

5 - 16

To approve as a correct record the minutes of the meeting held on 12 October 2022.

5. [10.05-10.30] Public Health Annual Report 2022

17 - 138

Report of the Director of Public Health

This year the focus of the Public Health Annual Report continues to be on the City's response to Covid-19, capturing our response during the second year of the pandemic. This report is a successor to the 2021 Annual Report, *The Manchester Difference*. The two are designed to be viewed together as a complete reflection on the most acute stages of the pandemic and the beginning of our efforts to recover, from January 2020 to August 2022.

6. [10.30-11.00] Update on the 2023/24 Budget Position - To Follow

7. [11.00-11.40] Charging Reforms and Fair Cost of Care - To Follow

8. [11.40-11.50] Overview Report

139 - 150

Report of the Governance and Scrutiny Support Unit

The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and

items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.

Information about the Committee

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.

Smoking is not allowed in Council buildings.

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

Further Information

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

This agenda was issued on **Tuesday, 1 November 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 12 October 2022

Present:

Councillor Green – in the Chair
Councillors N.Ali, Appleby, Bayunu, Curley, Karney, Newman, Reeves, Riasat, Richards and Russell

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Councillor White, Executive Member for Employment and Development
Professor Sir Michael Marmot, Institute of Health Equity (virtually)
Andrew Maloney, Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust
Guy Cresswell, Executive Director, Great Places Housing Group (virtually)

HSC/22/39 Minutes

Decision

To approve the minutes of the meeting held on 7 September 2022 as a correct record.

HSC/22/40 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027

The Committee considered the report of the Director of Public Health that provided an update on the work of the Making Manchester Fairer Task Group.

Key points and themes in the report included:

- Making Manchester Fairer 2022-27 described the actions that the city would take to reduce inequalities, with a focus on the social determinants of health;
- The Making Manchester Fairer Action Plan would be launched for staff within the wider population health system at The Making Manchester Fairer Conference on Monday 31 October 2022;
- The final version would be accompanied by a communications campaign;
- Providing a summary of themes, plans and key actions;
- Information on the Kickstarters, four schemes that could be implemented quickly to give the plan momentum;
- Information on the Making Manchester Fairer Task Group and Network, noting that they would have oversight of the collective development and delivery of the plan;
- The agreed mechanism to undertake the evaluation and monitoring of the plan;
- The approach to workforce engagement;
- The approach to resident and community involvement; and
- Providing a selection of case studies.

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

- Welcoming the report and recognising the important work that was being delivered on behalf of the residents of the city to address health inequalities;
- Condemning the Government for failing to address health inequalities;
- Calling for a coalition of voices, hosted in Manchester to challenge the Secretary of State for Health and Social Care on this issue;
- Noting that in New Zealand, the Prime Minister had challenged all policy makers to address health and wellbeing in all their decision making;
- Welcoming the inclusion of businesses in the work to address health inequalities and recognising the relationship between good employment and health outcomes; and
- Noting the good work provided by the Voluntary Community and Social Enterprise sector, however noting that they would need to be supported to change and adapt to the cost-of-living crisis.

The Committee heard from Professor Sir Michael Marmot, Institute of Health Equity. He reiterated the stark health outcomes and inequalities experienced by Manchester residents and how Covid had exacerbated and further highlighted these. He stated that health inequalities had been subject to three significant factors, namely austerity, the pandemic and now the cost-of-living crisis. He stated that currently there was no indication from government that they were seeking to address health inequalities and were following ideological economic policies rather than the overwhelming evidence, adding that this was ultimately dangerous for the health of the population.

Professor Sir Michael Marmot commented on the progress and approach adopted in Manchester adding that this experience was used as an exemplar model, and that other regions, particularly in the North East were keen to develop similar plans to address health inequalities. He said that as more regions adopted this evidence-based model it would provide leverage to persuade the government to engage seriously on this issue. He stated that he would support the call for a coalition of voices that brought together all partners and different regions to then invite the Secretary of State for Health and Social Care to listen to the case for addressing health inequalities. He suggested this could involve the Mayor of Greater Manchester and the Universities.

Professor Sir Michael Marmot welcomed the insightful contribution from the Deputy Director of Public Health to recent discussions at an Advisory Board on the issue of structural racism. He stated that this Board had provided a clear steer for the need for a detailed understanding of this issue, and the importance of doing this 'with' communities affected by racism.

In response to comments raised by a Member in regard to health inequalities experienced by older residents, he acknowledged this and stated that he fully supported any activity to address this. He commented that it was evidenced that social isolation was as harmful to health outcomes as smoking cigarettes. In response to a Member's comment regarding the impact of damp homes on people's health, particularly respiratory conditions, Professor Sir Michael Marmot stated that this was understood. He added that the Institute of Health Equity had recently

published a report entitled 'Fuel Poverty, Cold Homes and Health Inequalities in the UK'.

Professor Sir Michael Marmot advised that the Health Equity Network had recently been launched that had been hosted by the University of Manchester. He described that this network sought to bring businesses, in partnership with the Public Sector, Health and the Voluntary Community and Social Enterprise sector into the discussion and actions to address health inequalities. He stated that the three domains that the Network would consider were in relation to Good Employment, including pay and conditions; Goods and Services and the impact of Anchor Institutions. He stated that Legal & General had joined the Health Equity Network which was a very positive development. He advised that the work and outcomes of this network would be assessed and reported.

The Deputy Director of Public Health discussed the importance of tackling structural discrimination and racism. She stated that this could only be achieved through meaningful commitment, collaboration and coordination across all systems. She reiterated the importance of involving all communities and all voices, noting that this would include those that were traditionally regarded as being overtly challenging or difficult. She stated that it was recognised that a 'one size fits all' approach was not appropriate and bespoke and appropriate engagement would be required. She stated that it was important to establish trusted relationships and dialogue with communities acknowledging their lived experience of racism. She said these conversations and listening would be assisted by connecting through trusted community networks and neighbourhood teams, using a Community Development approach. She stated this would build on the lessons learnt from the Winning Hearts and Minds activities and the work of Covid Health Equity Manchester that arose in response to the pandemic. The Director of Public Health commented that the lessons learnt and experience of delivering the vaccination programme would also help inform this approach to community engagement.

The Deputy Director of Public Health acknowledged the comment raised regarding older people and advised that the final plan would include a specific element regarding the life course, that included older people.

The Director of Public Health advised that the Plan was a system wide plan that involved all Council Departments, including housing.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to the Director and the Deputy Director of Public Health and all staff involved in producing the report. He further welcomed the Members' ongoing challenge and scrutiny of this important area of work. He further commented that GP's were now included as members of the Provider Collaborative Board and the issue of fair work was included on the Board's agenda for discussion. He stated that addressing health inequalities was central to the work of health and social care integration in Manchester. He further paid tribute and appreciation to Professor Sir Michael Marmot for his continued support and contribution to the work of the city.

The Chair in closing this item of business thanked Professor Sir Michael Marmot for his continued support for the work being progressed in Manchester and for attending

the meeting. She further thanked the Director of Public Health, the Deputy Director of Public Health and all staff involved in this work. She further stated that she would be attending the Making Manchester Fairer Conference on Monday 31 October 2022.

Decision

The Committee recommend that the Executive Member for Healthy Manchester and Adult Social Care organise a coalition of voices event, hosted in Manchester by the Mayor of Greater Manchester to invite and challenge the Secretary of State for Health and Social Care on the issue of health inequalities.

HSC/22/41 The Edenfield Centre

The Chair introduced this item of business by stating that following the recent Panorama programme, where an undercover reporter had filmed inside the hospital showing disturbing and upsetting scenes, a senior representative from the Greater Manchester Mental Health Trust had been invited to the meeting to address the Committee.

In addition, the Committee would hear from the Council's Executive Director of Adult Social Services and Interim Deputy Place Based Lead, Manchester Locality.

The Chair further explained that the role of Health Scrutiny Committee was to consider how the Council and its partners in the NHS delivered health and social care services to improve the health and wellbeing of Manchester residents. The Committee could make recommendations about how they could improve these services.

The Chair advised that for anyone concerned about the care they were receiving or someone they cared for or has been affected by the issues raised in the BBC Panorama programme, they should not hesitate to contact the dedicated free helpline on 0808 175 3323. This was a confidential service staffed by trained and skilled practitioners who would be able to offer advice and support.

For completeness the statements are provided in full below:

Statement from the Deputy Chief Executive, Greater Manchester Mental Health Trust

Thank you for inviting me to speak to the Committee.

As you will no doubt be aware, the issues I'm about to speak to are extremely sensitive and are also subject to a number of ongoing investigations, including by Greater Manchester Police. As these proceedings are being live streamed and public, I therefore have to be cautious in what I can say to you today. I'm sure you will have questions and I will come on to how you can raise these formally, through our Programme Management Office, as I conclude.

By way of context

The Edenfield Centre is a secure hospital unit which provides inpatient treatment on our Prestwich site. Edenfield is approximately 1 mile away from the Trust HQ, situated near Phillips Park and Waterdale Meadow. The Centre has 12 wards within the secure perimeter, with around 160 inpatient beds and 600 staff.

On the afternoon of 8 September 2022, the BBC first informed us in writing that Panorama had conducted secret filming at Edenfield earlier this year (between March and June). They provided detailed information which listed a number of allegations about behaviours witnessed during their undercover filming – not of all which, we were told, would be broadcast. We formally requested to view the footage, but the BBC refused access to the programme in advance of broadcast.

However, we immediately notified Greater Manchester Police and Bury Safeguarding (who had also received a letter) and used the written allegations to take immediate action to protect patients.

At that point, it was clear that the BBC were alleging poor provision of services at the Edenfield Centre, including inappropriate or neglectful behaviour and a toxic staff culture. The information provided in advance by the BBC related to approximately 40 patients and approximately 25 staff.

We immediately recognised the seriousness of the allegations and set about taking immediate action. From a practical point of view, a Daily Executive Management Team was set up, chaired by Professor Craig Harris (deployed in from NHS Greater Manchester), who also took on the role of Programme Director for the newly created Programme Management Office. Our first and immediate priority was to ensure patient safety, so we acted quickly to:

- Conduct detailed, senior clinical reviews of all the affected patients to ensure their safety*
- Put in place additional advocacy support for patients, their carers and their families*
- Deploy additional senior clinical and operational management to the Edenfield Centre to ensure that appropriate working practices are being followed – some of our most experienced and senior staff from other areas were redeployed to the centre itself*
- Close the Edenfield Centre to new admissions and close a number of beds*
- We also suspended a significant number of staff, without prejudice, pending investigations – I'll return to this point in a moment.*
- And we commissioned an independent clinical review of the Edenfield Centre, led by Dr David Fearnley (Chief Medical Officer at Lancashire & South Cumbria NHS Foundation Trust).*

We anticipate that this review will present its findings to the Trust Board at the end of this month.

On the day of broadcast, 28 September, we opened a new, confidential freephone helpline for people who were affected by the issues raised in Panorama or those who wanted to report anything that they thought would be relevant to the investigations. Details of this, and other sources of support and routes for reporting crimes were

published on the GMMH website – and publicised by partner organisations including Greater Manchester Police.

Partnership working has been absolutely central to our response. Straight away we established close, regular contact with local and national partner organisations including NHS England, the Ministry of Justice, NHS Greater Manchester (the Integrated Care Board), neighbouring mental health Trusts (such as Pennine Care) and the Bury Safeguarding Unit – all of this to ensure the safety of our services.

The CQC – who also received a letter from the BBC on 8 September and whose response was included alongside our own in the broadcast – have also been in contact frequently. You might have seen that the CQC have also been criticised in recent media reports on this matter. Last week, the BBC reported that the CQC noted “strong” leadership at the Edenfield Centre and only suspended its “good” rating of the Centre in September, after the BBC had given the CQC information arising from its secret filming.

Separately, Greater Manchester Police began an investigation into the allegations contained in the BBC programme. This is ongoing. We are working with GMP to see if further footage can be obtained from the BBC to ensure that we have covered every base in ensuring patient safety and taking forward the necessary remedial, including disciplinary, action that may be required. Between gathering the secret footage in March through June 2022, the BBC only first notified us two-to-three months later - on 8 September - of their findings and allegations.

The police assured us last week that there was no reason why their own investigation should prevent us from making progress with our internal disciplinary processes. I am sure you will understand that I cannot say much more than has already been published in partner briefings with regards to disciplinary processes at the present time - because I do not want to prejudice them in any way. We expect to have some more news on this matter very soon. Suffice to say, disciplinary procedures began immediately on receipt of the Panorama letter a month ago, and we are making rapid progress in this respect.

You will also no doubt appreciate that we have rightly been inundated with requests for information and assurance from multiple sources. Because of the nature of how the Edenfield Centre is commissioned, our patients come from across the Greater Manchester region and beyond. As such there are various routes of governance and assurance, and we are doing everything we can to ensure that all interested parties receive updates and information when we can share them.

This incident has, as you can imagine, put even more pressure on our limited capacity and resources – both from an operational and management perspective – but it’s safe to say that we have all been working tirelessly to do what is necessary to ensure our patients are safe and to put things right.

At this point, I should add a personal reflection. So let me be very clear: what we all saw on Panorama was utterly appalling and shocking. It was extremely uncomfortable to watch.

It's fair to say that this has been, without a doubt, the most challenging period in the Trust's history to date. Everyone has been shocked by the allegations and our colleagues were as horrified as everyone to view the programme. You only need a cursory glance at social media to see the kind of reaction from the public – and, unfortunately, some of our staff have been subject to a high level of abuse, which makes the duty of protecting our services and service users even more pressing. We have a responsibility to all our staff and service users to ensure a safe and proper working and therapeutic environment.

And it's important to recognise that, whilst Edenfield is part of GMMH, the Trust is extremely large, with over 6000 staff and serving 60,000 patients across multiple boroughs and many geographical sites. You may be aware of other challenges we are facing in our other services, not least in Manchester on which you were briefed by my colleagues at your last meeting. Arguably this speaks to the wider picture of the pressures on the NHS in general, and on mental health services in particular which has been widely reported in recent months, and in the aftermath of the pandemic. We are focused on improvement and recovery.

We do not believe that the behaviours depicted at the Edenfield Centre on BBC Panorama are reflective of the vast majority of our services, or our staff. But of course we are not complacent about this and we are all working extremely hard to ensure that no one ever experiences this kind of poor care within our services.

With that in mind, I must emphasise that we are in constant contact with partners across the system. And we are very grateful for the support, the challenge and the guidance we are receiving from local, regional and national stakeholders – including some in this room today.

Let me end by saying that we are wholeheartedly committed to doing whatever it takes to put right these wrongs – and to preventing them from happening again. Our Chief Executive, Neil Thwaite, has promised honesty, candour and transparency as we go forward. And through our relationships, with your Chair and with other colleagues across the council, we will continue to keep you updated on progress.

I unfortunately can't take questions. But if you do have any further questions please contact the Programme Management Office at progofficeEC@gmmh.nhs.uk

Thank you.

Statement from the Executive Director of Adult Social Services, Manchester City Council

Due to the significant serious nature of the concerns raised this incident is categorised as a safeguarding enquiry; this involves a coordinated response across GM Local Authorities. This is being led by the Director of Adult Social Services – Bury Council and the Bury Safeguarding Partnership with support from Manchester City Council and other local authorities. An ongoing series of weekly directors' strategy meetings is taking place to monitor and coordinate interventions and work with partner agencies to ensure the safety of patients on the wards.

We have mobilised a team of Senior Social Workers who are in the process of undertaking multidisciplinary care and wellbeing reviews with patients. We have a small number of Manchester patients identified at present, but we are expecting this number to increase in the coming weeks and months.

We have provided guidance to our workforce including contact centre staff and front-line practitioners across our teams, to ensure that we can give information and advice to patients and families who may require our support. We have established systems and processes to capture all relevant incoming information that is relevant to the enquiry.

Statement from the Interim Deputy Place Based Lead, Manchester Locality

Edenfield was discussed at the meeting of the Manchester Partnership Board on Friday 7th October and the Chief Executive of Greater Manchester Mental Health Trust provided the Board with an update. NHS and social care partner organisations in Manchester are supporting the work to ensure that patient safety is prioritised in partnership with the NHS Greater Manchester Integrated Care Board.

Finally a copy of these statements will be circulated to members of the Committee after the meeting

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

- The Committee unanimously condemned the appalling treatment and abuse of vulnerable patients entrusted to the care of the Trust;
- The Panorama programme demonstrated a systemic failure at the Trust;
- The Committee could not be confident that these failings were isolated to the Edenfield Centre;
- The senior leadership at the Trust were ultimately accountable for the failings witnessed, describing what was reported as a catastrophic failure on behalf of the Trust;
- Noting that when the Trust had previously presented to the Committee they had portrayed themselves as making significant improvements in the care of patients, the Committee were of the opinion that this was evidently not correct and trust and confidence between the Committee and the Trust had been lost;
- The Trust needed to engage with and meet all patient groups, community activists, families and carers, and local Councillors to hear and respond to all concerns raised in regard to the care of patients;
- Members questioned the efficacy of the Trust's Whistleblowing Policy and the Trust needed to review these cases to consider any patterns that should have alerted management to issues within the organisation; and
- The Committee unanimously called for a Public Inquiry to consider the issues at Trust.

The Deputy Chief Executive, Greater Manchester Mental Health Trust replied by stating that the Trust and its Board accepted that they were ultimately responsible for the quality of service. He stated that he had listened to the views of the Committee and these, along with those of all stakeholders would be reflected upon and included

in the improvement plan. He advised that the Committee would be kept informed of this work.

The Executive Member for Healthy Manchester and Adult Social Care stated that there was a duty to support all the victims and their families who had experienced abuse and neglect. He advised that he would be lobbying the Secretary of State for Health and Social Care to launch a Public Inquiry to consider the issues raised in the BBC programme.

Decision

The Committee recommend that the Executive Member for Healthy Manchester and Adult Social Care write to the Secretary of State for Health and Social Care to ask that a Public Inquiry is launched to examine the issues raised in the BBC programme.

HSC/22/42 The Impact of the Recent Heatwave

The Chair recommended that this item of business be deferred to the December meeting of the Committee. This recommendation was supported by the Committee.

Decision

To defer consideration of this item of business to the December meeting of the Committee.

HSC/22/43 Enabling Independence Accommodation Strategy (2022-2032)

The Committee considered the joint report of the Executive Director of Adult Social Services, the Strategic Director Growth & Development, the Strategic Lead for Commissioning, Children and Education and the Strategic Lead for Homelessness.

The report provided an update on the development of an Enabling Independence Accommodation Strategy for Manchester (2022-2032). Describing that its key aim was to improve housing with care and support options to meet people's needs and better enable their independence.

Key points and themes in the report included:

- Providing an introduction and background;
- Describing that this was a partnership strategy, developed between Adults, Children's, Homelessness, Strategic Housing and Manchester Housing Providers' Partnership (MHPP) provider;
- The strategy was the product of an extensive consultation, with both internal and external key stakeholders;
- Describing the four key objectives of the strategy; and
- Next steps.

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

- Planning policy needed to include a requirement for developers to ensure all new build homes were adaptable in the future;
- Recognising the need and challenge to engage with the Private Rented Sector on this issue;
- Noting the importance for people to remain in their homes so they could remain connected to their community and support networks; and
- The need to consider the support offered to older residents who were owner occupiers and had limited resources.

The Deputy Director Adult Social Services informed the Committee that people were at the heart of Strategy, adding that it was recognised that housing was a significant contribution to a person's health and wellbeing. She further made reference to the report 'Extra Care Growth and Developments in Manchester' that had been considered at the Committee's June meeting, that had described the activities to support residents to right size and remain in or close to their community. She further commented that the Better Outcomes Better Lives programme would also support people to remain in their homes where appropriate.

In regard to the issue of new developments the Head of Housing Services stated that developers were challenged on the issue of future adaptability, however it was often an issue of affordability for developers. He stated as the Council developed and sought to approve the Local Plan this would be an opportunity to consider if this should be included as a planning condition. He further noted the comments from the Committee in regard to the challenge presented by the Private Rented Sector on this issue. In response to a comment raised regarding the Housing Allocations Policy he stated that this had been amended in November 2020 and a report on the outcome of the policy changes would be considered by the Economy Scrutiny Committee in the new year. It was noted that if the Council decided that it wanted to review the policy again this could take approximately 2 years based on the previous review.

Guy Cresswell, Executive Director, Great Places Housing Group spoke on behalf of Manchester Housing Providers' Partnership. He stated that the strategy was fully endorsed by the Partnership. He stated that the Partnership supported the evidenced based strategy and welcomed the whole system approach to deliver the best outcomes for Manchester residents.

Decision

The Committee agree that the final version of the Enabling Independence Accommodation Strategy (2022-2032) be taken for consideration by the Executive in November 2022.

HSC/22/44 Overview Report

The 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.

Appended to the report for information was the Manchester Autumn and Winter Vaccination Plan 2022-3.

Decision

The Committee notes the report and agrees the work programme.

This page is intentionally left blank

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 November 2022

Subject: Manchester Public Health Annual Report

Report of: Director of Public Health

Summary

As part of the statutory role of the Director of Public Health there is a requirement to produce an annual report on the health and wellbeing of the local population, highlighting key issues. The report can either be a broad overview of a wide range of public health programmes or may have a focus on a particular theme. This year the focus continues to be on the City's response to Covid-19, capturing our response during the second year of the pandemic. This report is a successor to the 2021 Annual Report, *The Manchester Difference*. The two are designed to be viewed together as a complete reflection on the most acute stages of the pandemic and the beginning of our efforts to recover, from January 2020 to August 2022.

Recommendations

The Committee is asked to note the report.

Wards Affected: All

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

| |
|------|
| None |
|------|

| |
|--|
| Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments |
|--|

| |
|---|
| The focus of the Public Health Annual Report is on the second year of the COVID-19 pandemic which has continued to impact on all strategic priorities, including those relating to equality, diversity and inclusion, both directly and indirectly. |
|---|

| Manchester Strategy outcomes | Summary of how this report aligns to the OMS/Contribution to the Strategy |
|---|---|
| A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities | The focus of the Public Health Annual Report is on the second year of the COVID-19 pandemic which has continued to impact on all strategic priorities both directly and indirectly. |
| 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 | |

Financial Consequences – Revenue

None

Financial Consequences – Capital

None

Contact Officers:

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

Name: Sarah Doran
 Position: Assistant Director of Public Health
 E-mail: sarah.doran@manchester.gov.uk

Name: Sophie Black
 Position: Health Protection Programme Lead
 E-mail: sophie.black@manchester.gov.uk

Background documents (available for public inspection):

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

Public Health Annual Report 2021 – The Manchester Difference





https://www.manchester.gov.uk/downloads/download/6928/public_health_annual_report

This page is intentionally left blank

MANCHESTER'S --- PUBLIC HEALTH --- ANNUAL REPORT ---

Volume II: July 2021 — July 2022





Thank you for all you


have done – your care
makes us all proud



**Even though legal restrictions are lifting on 19 July,
 lots of people in Manchester are still getting COVID-19.
 The disease has not gone away. In fact, cases are
 increasing, so please keep caring and:**



Meet people outside

Fresh air helps to blow droplets of the virus away. When you're inside, keep windows open.



Get your jabs

Having both doses of the vaccine will prevent most people becoming seriously ill.

manchester.gov.uk/getmyjab

This entire report demonstrates how the city took its own unique and informed approach to working together with its many and diverse neighbourhoods during the pandemic.

Dr Cordelle Ofori

CONTENTS

| | | | |
|---|----|---|----|
| Forewords | 6 | Timeline: November 2021 | 46 |
| Timeline: July 2021 | 10 | Personal Story: Annie Barton | 47 |
| Personal Story: Josie Jervis Brown and Carmel Hughes | 12 | Personal Story: Katherine Bird | 48 |
| Personal Story: Lizzie Hughes | 13 | Personal Story: Stephanie Davern | 53 |
| Personal Story: Geraldine O’Kane | 15 | Personal Story: Alexander Rippon | 57 |
| Personal Story: Clare Clarke | 16 | Timeline: December 2021 | 58 |
| Personal Story: Louise McErlain | 18 | Personal Story: Diane Cordwell | 59 |
| Timeline: August 2021 | 22 | Case Study: Chat was best medicine | 60 |
| Personal Story: Alison Bardsley and Bev Lamb | 24 | Case Study: Calming influence | 62 |
| Timeline: September 2021 | 28 | Case Study: Fair treatment | 62 |
| Personal Story: Liz Clarke and Marie Hall | 30 | Case Study: Pet fret | 63 |
| Personal Story: Matt Smithson | 36 | Case Study: Each call made a difference | 64 |
| Personal Story: Bernice Stumbilich | 38 | Case Study: Problem? No problem! | 65 |
| Timeline: October 2021 | 40 | Timeline: January 2022 | 67 |
| Personal Story: Lizzie Hughes | 42 | Personal Story: Penny Shannon and Barry Cooper | 68 |
| Personal Story: Maria-Elena Wheeler | 43 | Personal Story: Rob McDermott | 70 |
| Personal Story: Amanda Dixon | 45 | Personal Story: Kasia Noone | 71 |

| | | | |
|---|----|-------------------------------|-----|
| Personal Story: Christopher Pandolfo | 74 | Recovery From COVID | |
| Timeline: February 2022 | 77 | May–July 2022: People | 101 |
| Personal Story: Gracelyn Cottrell | 78 | Recovery From COVID | |
| Timeline: February 2022 | 80 | May–July 2022: People | 104 |
| Personal Story: Sophie Black | 82 | Recovery From COVID | |
| Personal Story: Sarah Doran | 84 | May–July 2022: Places | 106 |
| Personal Story: Leasa Benson | 86 | Recovery From COVID | |
| Timeline: March 2022 | 87 | May–July 2022: Equity | 108 |
| Personal Story: David Regan | 88 | Recovery From COVID | |
| Personal Story: Tim Keeley | 90 | May–July 2022: Marmot | 112 |
| Timeline: April 2022 | 92 | Recovery From COVID | |
| Personal Story: Christine Raiswell | 95 | May–July 2022: Call To Action | 114 |
| Personal Story: Julie Bryan-Smith, Karen Podmore and Debra Moore | 98 | | |

FOREWORDS



This annual report is the second part of a historic diary that encompasses the city's response to the final stages of the COVID roadmap and its exit from lockdowns and other restrictions.

As with last year, this is a legacy that belongs to the entire city, as it charts the immense effort made by so many to find solutions and approaches that were right for all our many and varied neighbourhoods.

When people talk about the 'COVID story' I feel compelled to say that for us, in Manchester, there wasn't just one single approach for the city. We are so grateful to have been able to work with all our different communities and partner organisations to hear their feedback and then work in an inclusive way to reflect and meet local need.

This report will showcase a selection of those approaches, such as the 'JabCab' service to take people to vaccination appointments, our dedicated COVID advice line and 'pop-up' clinics where we took the

vaccine to people – including school parents' evenings, and the incredible support offered by our test and trace Central Co-ordination hub, which gave individual support to those in need.

Case studies and individual stories give a flavour of this tailored approach as we all faced so many challenges, including the rise of the Omicron variant.

But, that bespoke approach has now given us the firm foundations and networks to look at the next phase: how we as a city recover from the pandemic and crucially, what we can do to address gaps in health inequalities.

As one of my medical colleagues said: "We have redefined what it means to be a team in Manchester, and long may it continue."

Thank you Team Manchester.

David Regan,
**DIRECTOR OF PUBLIC HEALTH
 FOR MANCHESTER**



So often we hear about having a holistic approach to wellbeing – where we consider all aspects of an individual, from what motivates them to what keeps them safe and well. I'd say the same of the city's COVID response: not only did it provide a Manchester-wide approach, but it also focused on what mattered to people and their priorities, fears and concerns.

That listening, feedback, learning, partnership work and community confidence must continue, so that we fully recognise the individual needs of all our different neighbourhoods and residents as we move into the recovery phase of the pandemic.

This phase won't be easy, but by working together with proper insight into that Manchester make-up, we can all make informed decisions that will help with the future of our city and the aspirations of everyone who lives here.

That challenge is not only about how we build back from the pandemic: it's how we build back fairer, and this report gives examples of how that is already happening.

Councillor Thomas Robinson,
**EXECUTIVE MEMBER FOR HEALTHY
 MANCHESTER AND ADULT SOCIAL CARE**

Manchester – back in business.





JULY 2021

Society is reopening.
Events are planned.

Much of Manchester is keen to get its glad rags back on and hit the hotspots.

Environmental Health COVID Response and Outbreak Control Teams support event organisers with crowds of 500-plus to keep visitors safe by sticking to the shifting rules.



Manchester Pride
(27–30 August)

Manchester
Carnival
(4 September)

New Order +
Parklife at Heaton
Park (10/11/12
September)

Conservative Party
Conference
(3–6 October)

Manchester Food
and Drink Festival
(16–26 September)

Manchester
Marathon
(10 October)

Sounds of the City
(21–26 September)

Warehouse
Project Season
(September 21
– January 22)

Great Manchester
Run
(26 September)

Manchester
Christmas Markets

PERSONAL STORY

Bringing back that festival vibe

Carmel Hughes



Applications for summer events came thick and fast as thoughts turned to post-pandemic recovery. We were keen to support venues and organisers to put on safe events that could still turn a much-needed profit.

With levels of COVID-19 still fairly high, the thought of thousands of people coming together in one place for the first time in over a year was both exciting and daunting. Our teams took it all in their stride though – as they have throughout this pandemic’s ever-changing rules and guidelines.

Using safety advisory groups and conversations with event organisers we put together safe but practical risk assessments and procedures. Putting these plans in place, along with all the other necessary safety considerations, was no mean feat for organisers. COVID passes weren’t yet a legal requirement, but forward-thinking Manchester wanted them for big events.

This meant working out how to check passes, deciding whether to have testing at the event, and how to handle turning away those without proof of their COVID-19 status.

At the same time, transmission risk in queues and crowds had to be managed.

Manchester Pride presented its own set of challenges, as the ‘village party’ element involved general bars and clubs – not actually event venues, so not checking passes: a risk for all involved. Thanks to joined-up working with the Pride team and the COVID response team, we got 17 of these businesses to take 120 lateral flow tests and controls to further cut risks of COVID-19.

Our Outbreak Team were on hand with support for any outbreaks. One happened as Heaton Park prepared for its Lightopia event – several of the Lantern Display Team tested positive. Our local officer

supported the organisers to trace contacts and isolate those affected in a nearby hotel, working with them to prevent virus spread there.

The UK Health Security Agency also helped, making sure overseas staff could return home safely.

Hard work and our strong will to bring back Manchester’s uplifting festival vibe brought it all together; we enjoyed a summer and autumn of safe events across the city. Overall infection rates were no higher than in the community, and in some cases they were actually lower!

Josie Jervis Brown,
**OUTBREAK CONTROL & CONTACT
TRACING TEAM MANAGER,
ENVIRONMENTAL HEALTH**

Carmel Hughes,
**COVID RESPONSE MANAGER,
ENVIRONMENTAL HEALTH**

PERSONAL STORY

Youngsters set the record straight

Lizzie Hughes



As a Neighbourhood Lead, I want to highlight our brilliant partnership support for children and young people. These are my area's examples, but you'd find stories like these in all Manchester neighbourhoods, reflecting each community's own powerful relationships.

When I think of all we've achieved, our work with children and young people stands out, as it highlights the creativity, the partnership and the can-do attitude of those living and working in our neighbourhood. It also shows the invaluable support of a wider group of colleagues.

Parklife

Heaton Park's two-day music festival, with a crowd of 82,500 each day, is a huge draw for young people, and it's on our doorstep. It felt a bit risky with its reputation as a messy dance festival, but it was too good an opportunity to miss.

A conversation within the Primary Care Network operational management group about providing young people with information resulted in 17 volunteers from Manchester and Salford talking to 800 young people and using resources from the Council's Comms Team to share vaccinations and testing messages.

I'd worked with the Central Neighbourhood team on a quick questionnaire on our phones to identify young people's attitudes to COVID-19, their worries and their knowledge. The amazing response shaped future engagement with young people across the city.

Stand-out festival moments have to include the local vicar wearing an inflatable COVID costume and dancing round the festival with young people.

Also, young people's responses to our questions about the impact of COVID-19 – the concerns they shared with us about their education, jobs, and their worries for their grandparents – debunked much of the hysterical rhetoric about young people's attitudes to the pandemic

Lizzie Hughes,
**CHEETHAM AND CRUMPSALL
NEIGHBOURHOOD LEAD**

JULY 2021

16 JULY 2021

Local health protection case management system (CMS) launches.

July will see 12 testing pop-up sites appear, distributing 3,000-plus test kit packs in priority 'enhanced response areas' and in communities less likely to get tested or vaccinated.

Youth engagement work with Unity Radio culminates with live-streamed performances and interviews with local artists and includes testing and vaccination messages.



COVID-19 information flyer used by Unity Radio Street Teams Flyer to help inform young people in Manchester about vaccination and testing.

PERSONAL STORY

“What a journey – fabulous!”

Geraldine O’Kane



Following several months of intense development, in Spring 2021 we launched our dedicated electronic case management system (CMS) for Health Protection in Manchester. It was designed to enable the full range of teams and services involved in COVID-19 outbreak response to share real-time data and intelligence securely and collaborate remotely.

In ‘normal’ times, many months would be spent developing a new CMS – but this simply wasn’t an option for us. To respond to the urgent need for a CMS we initially launched a basic version, which has subsequently required ongoing expansion and amendments.

To facilitate this, I established a Core Group of officers who each represented their respective teams using the system: the Community Health Protection Team, the Central Co-ordination Hub, Environmental Health and our Strategic Team. Together, we use meetings as a space to review the

system and consider new changes needed. This has included tracking changes in national policy; for example, when second and third vaccinations were introduced, we had to build into the CMS the ability to record this accurately for people who were involved in outbreaks.

Since then I’ve had a key role in translating such changes into amendments to the system through the CMS developers.

It has been challenging at times to launch and co-ordinate a system used by four separate teams which, understandably, have differing priorities and approaches to recording their activity.

Nevertheless, what a beautiful forever moment it was for me to see colleagues independently offering and leading training sessions to support other teams.

Oh gosh, that seems like such a long time ago now! The collaborative effort really turned things around and helped us (me!) to inspire others to get on board and make the system work for them.

Eighteen months on, many of those same people are now definitively the platform experts! What a journey. Fabulous.

Geraldine O’Kane,
**PROJECT MANAGER,
 MANCHESTER TEST AND TRACE**

PERSONAL STORY

Supporting life's most difficult events

Clare Clarke

COVID-19 brought the sudden shock of change to my working life: one day it was the usual list of young people needing their chlamydia and gonorrhoea positive results; the next we were 'COVID Bronze Control', asking "What COVID response is needed today?"

We went from a very structured daily list of sexual health screening service users needing support, to responding to whatever was needed to deal with COVID-19 across Manchester each day.

Even though I'd been involved with the 'RU Clear' chlamydia screening programme since 2009 – meaning much of the new work managing infectious conditions was familiar – there was still a feeling of trepidation as I came into work each day asking myself:

"Do I have the right knowledge and skills to deal with what's needed?"

One Thursday afternoon my children's nursery closed without warning, despite messages that there would always be places for keyworkers' children. I found myself in a frantic search to find them places so that I could get to work, only for the next nursery to close too – the very next day.

It was a struggle in those early days to grasp any meaning out of the uncertainty. However, meaning soon came: there were members of the public who needed support.

A particular memory from that time is of a brave son I'd contacted because his dad had COVID-19. His dad was in a care home needing end-of-life care due to cancer. We talked

through the extra complications COVID-19 brought to the decision and logistics of getting him home to die with his family.

Nursing places you in the privileged position of being able to support people while they face life's most difficult events. I have many times learned of the incredible challenges some Manchester residents face in their daily lives – the pandemic amplified those challenges for so many, and the memory of what some people had to face and cope with will stay with me.

Clare Clarke,
**SPECIALIST NURSE,
 CENTRAL CO-ORDINATION HUB,
 MANCHESTER TEST AND TRACE**

JULY 2021

17 JULY 2021

New local PCR testing site on Albine Street in Moston.

PCRs – polymerase chain reaction tests – detect the virus in swabs from the nose/throat.

25 JULY 2021

Vaccination pop-up opens in Chinatown for three consecutive weekends.

Fliers translated into traditional Chinese for COVID vaccination events in China Town.



PERSONAL STORY

Louise's nous for new ideas pays off

Louise McErlain

In July 2021, I joined the Population Health Team as a project manager to deliver Manchester's Healthy Weight Strategy. This life-course approach to reducing obesity was due to launch just as COVID-19 hit in March 2020, making it even more relevant given the upcoming pandemic's contribution to excess weight and obesity in adults and children alike.

Despite its delayed start, we made good progress with the four key strands of the strategy.

Over-16s are supported to have a healthy weight through Slimming World, commissioned by Population Health. In the past year, even with the continued pressure of COVID-19, more than 1,500 residents took up the offer, and those completing the 12-week programme had an average reduction in BMI (Body Mass Index) of 1.8, with further health gains reported including improvements with blood pressure, less joint pain, and reduction in medication.

Figures showed a low uptake of the offer from the South Asian community. Through a

combination of my new job's induction journey and my inquisitive (some would say nosy) nature, I was introduced to Bollyfit, where groups of South Asian women get together for exercise, friendship, and to improve their mental wellbeing.

Securing a grant, we were able to get Bollyfit to deliver a 12-week healthy lifestyle course with South Asian women in Longsight and Cheetham Hill. Thanks to connections in my former role, we also got the support of nutrition students from Manchester Metropolitan University, who themselves got some invaluable real-life practical experience.

One of our four strategy strands is 'prevention and support', with a strong focus on targeting young children to reverse the rising obesity trend. Population Health commissioned the Healthy Weight Team, who provide 12-month one-to-one support for severely obese reception-aged children and their families. In the past year, they have had 1,776 face-to-face appointments and 811 home visits, resulting in a reduction in children's BMIs.



The team's work was recognised with a national award for Public Health Nursing in December 2021, which quoted grateful parents:

“Everything you did for my daughter to support her weight loss was amazing; thank you.”

“Helen is very friendly and is good at helping the children to feel okay with getting measured and weighed. Very good at explaining everything.”

Supporting children and young people to be more physically active (another strategy strand), Population Health commissioned Junior Physical Activity on

Referral Service to work with 5 to 17-year-olds to increase their activity levels and have a healthier lifestyle. It's still early days, but they've worked with more than 420 children and young people, with 61.5% increasing their activity levels. They're also reporting further health benefits, including children feeling better about themselves, having more confidence and sleeping better. User comments include:

“Very helpful for people who are overweight, and it gives them more confidence... very helpful and a good listener!”

“Good advice that's helped and supported us in a way that's made a difference to our lives.”

What started off as a very uncertain 2021 for me opened my eyes to all the opportunities I now have to make a genuine difference to the health of Manchester residents.

I feel very proud to be part of the Population Health Team.

Louise McErlain,
**PROJECT MANAGER, MANCHESTER'S
HEALTHY WEIGHT STRATEGY**

JULY 2021

26 JULY 2021

Manchester's designation as an enhanced response area ends – we continue the related action plan.

Successful testing pop-up at a Longsight mosque in partnership with neighbourhood teams and using the Response Service Testing Team.

The Government approves new asymptomatic testing delivery.

Information shared with local communities to explain the city's enhanced area status.

**COVID-19 CASES ARE INCREASING
ACROSS MANCHESTER**

The new variant is 60% easier to spread

We can help to stop this by:

- Washing hands often**
- Wearing face coverings**
- Letting fresh air in**
- Wiping down surfaces**
- Self-isolate for ten days if you test positive or are a contact**
- Keeping distance and meet outside where possible**
- Please go for your COVID-19 vaccination when invited; it is vital you go for your second dose too**

If you have COVID-19 symptoms, book a PCR test by calling 119 or visiting [nhs.uk/coronavirus](https://www.nhs.uk/coronavirus)

Even if you don't have COVID-19 symptoms, please take a rapid test twice a week, to help keep everyone safe

More details on COVID-19 testing and support to self-isolate: [manchester.gov.uk/coronavirus](https://www.manchester.gov.uk/coronavirus)

MANCHESTER

AUGUST 2021

We support higher education students' safe return for the new academic year with a successful webinar for Manchester's student accommodation providers.



Dear Sarah,

Thanks so much for organising a very well-run, professional, coherent and timely webinar. Our outbreak plans have been enhanced by the work you and your team did. I've shared this with the Campus Management Group, which is the most senior academics and professional support staff group at The University of Manchester. The group agreed with the plans. I could not have done this without your input.

I'd also like to thank you for all the other work you've helped us with, from the asymptomatic testing, vaccines, to the management, control and prevention of outbreaks. The university is large and complex, and you've dealt with all the key players, who are very grateful for your input and respect your advice.

We hope that with the prevention messages in place, good training and risk assessment, we can handle whatever the new academic year brings. We remain indebted to you and your team, and thanks once again.

Yours sincerely,

Prof Arpana Verma MBChB, MPH, PhD, FFPH

Head of the Division of Population Health,
Health Services Research and Primary Care.

9 AUGUST 2021

Temporary vaccination site in the Town Hall Extension’s magnificent Rates Hall provides 183 vaccinations on its opening day.



Twitter update about the pop-up vaccination centre in the Rates Hall.

12 AUGUST 2021

Manchester Test and Trace Strategic Team Away Day.



19 AUGUST 2021

Manchester steps up to accommodate more than 1,000 people fleeing Afghanistan in our city’s hotels as the Government scrambles to evacuate people from the crisis-torn country.

For several weeks before the Taliban seized total control of the country this weekend, we’ve worked with the Home Office and Foreign Office to place people fleeing to safety in initial quarantine in ‘bridging hotels’.

PERSONAL STORY

Calm heads settled those fleeing the chaos of war

Alison Bardsley
and Bev Lamb

Our Environmental Health Outbreak Control Team (COVID Response) and the Community Health Protection Team were on hand to make sure the ‘bridging hotels’ had effective COVID-19 controls and procedures.

We found a complex set of challenges, for the asylum seekers themselves of course, but also for the hotel staff and officials. Yet together we came up with a ‘standard operating procedure’ that proved effective



at managing COVID-19 cases and preventing outbreaks.

At the hotels we talked to the staff and impressive teams of colleagues from the Council, as well as medics, Sure Start and the Government among others – supporting the asylum seekers.

We introduced routine asymptomatic testing for staff and residents and regular communication encouraging infection prevention and control measures. This included new, clear signage in all areas of the

hotels. We also developed strong reporting arrangements for suspected cases and direct access to testing, so that cases and their contacts could isolate quickly and minimise spread.

Thanks to all this there have been very few COVID-19 cases in the bridging hotels, and where cases have arisen, quick action from the Community Health Protection Team, the Environmental Health Outbreak Control Team and our local Contact Tracing Team has

identified close contacts and supported all to self-isolate, preventing further transmission and outbreaks.

Alison Bardsley,
ENVIRONMENTAL HEALTH OFFICER

Bev Lamb,
SPECIALIST DENTAL INFECTION CONTROL NURSE



A FOCUS ON YOUNG PEOPLE SEPTEMBER 2021



SEPTEMBER 2021

Schools return and we assess lockdown's impact on children, determining that next year must be 'their year' for making up the huge losses they're enduring.

1 SEPTEMBER 2021

Manchester's Public Health Annual Report for 2020–21 'The Manchester Difference' presented to the Health and Wellbeing Board.

The Health and Wellbeing Board also hears this month of our continued efforts aligned to the 'twelve-point plan' of the Director of Public Health and the Medical Director, Manchester Health and Care Commissioning.

Since our 'enhanced response area' status ended on 26 July 2021, Manchester has continued to implement the related action plan throughout August.

Now, our Manchester COVID-19 twelve-point plan has been refreshed with our aims for the autumn and winter:

1. Support early years, schools and colleges to remain open and operate as safely as possible, using effective infection control measures, testing, management of outbreaks and vaccination where appropriate. Ensure universities and other higher education settings remain open and operate as safely as possible using effective infection control measures, testing, management of outbreaks in campuses and student accommodation and vaccination where appropriate.
2. Protect the city's most vulnerable residents by reducing and minimising outbreaks in care homes and other high-risk residential settings, including prisons.
3. Support workplaces and businesses to operate as safely as possible, using compliance measures and enforcement powers where necessary. Support work to keep our border safe at Manchester Airport.
4. Facilitate the recovery of the city by supporting the shift from regulatory to voluntary guidance for events, leisure and religious celebrations.
5. Ensure the needs of people and communities that are high risk, clinically vulnerable or marginalised are prioritised and addressed within the broader COVID response.



Manchester's Public Health Annual Report for 2020-21 'The Manchester Difference'

- 6. Co-ordinate communications activity to enable Manchester residents to live safely with COVID and make informed decisions, including around vaccination.
- 7. Deliver targeted community engagement that supports wider aims and objectives, ensuring that appropriate and culturally sensitive approaches are taken.
- 8. Ensure that decisions in respect of the direct response to COVID-19 and the wider recovery programme are informed consistently by high-quality data and intelligence.
- 9. Continue to deliver the community testing model, with a focus on testing becoming part of 'living with COVID' and on underrepresented and disproportionately impacted groups.
- 10. Identify local cases of COVID early and provide a rapid response through effective contact tracing and outbreak management.
- 11. Ensure residents comply with any legal instruction to self-isolate and have the support to enable them to do so.
- 12. Work with the NHS locally to drive up vaccination rates among those groups with lower uptake, ensure second vaccinations are administered and support the roll out of booster vaccinations.

PERSONAL STORY

Supporting schools together

Marie Hall

Liz and I usually provide good-quality assurance, support and strategic advice for school leaders alongside our education colleagues. Nothing could have prepared us for the complexities the pandemic brought to education settings, and when we were asked to help keep them open, we welcomed the chance.

Colleagues across Public Health and Health & Safety worked together (mostly virtually!) through the pandemic to develop a comprehensive package of specialist support, advice and communications for school leaders around infection control, human resources, health and safety and education. We quickly identified and worked with those needing extra help, and advised school leaders at outbreak control meetings led by Community Infection Control.

As 2021 got underway, the Government's COVID-19 guidance for schools and employers changed almost daily

and was often published at the very last minute. Working together allowed us to make sense of ever-increasing changes to guidance and avoid duplication and delay in getting information to school leaders. Our group also advised and supported related projects, such as online positive case reporting, mass testing and the 12 to 15-year-old COVID-19 vaccination programme.

Liz and I learned so much working closely with these colleagues during the pandemic, and we're proud to be part of this wider team. We enjoyed meeting weekly as a group to proactively plan as well as troubleshoot, working together to share learning, ideas and case studies. It was really satisfying to get such positive feedback from school leaders; they welcomed our joined-up approach and its impact on their ability to confidently support staff, pupils and families to operate safely and manage infection while keeping face-to-face education going.

We've no doubt that this collaborative approach has put us in a great position to focus on 2022: Our Year – the citywide drive to put children and young people at the centre of our city's recovery – by further supporting school leaders and Manchester's children and young people to shape a future that's safe, happy, healthy and successful.

As Dr Manisha Kumar said at the recent Council Awards for Excellence event: "We have redefined what it means to be a team at Manchester, and long may it continue!"

Liz Clarke,
SENIOR SCHOOL QUALITY ASSURANCE OFFICER

Marie Hall,
EDUCATION BUSINESS PARTNER




SEPTEMBER 2021

Back in November 2020, Manchester Test and Trace took local responsibility for the oversight, management, and tracing support to educational settings. ‘We’ includes school leaders and headteachers, the Council’s School Quality Assurance Officers and Education department, Manchester Test and Trace including our Community Health Protection Team, and the Council’s Health & Safety Team. This collaborative effort to fight COVID in schools not only meant we were able to identify and fight outbreaks quickly; it also meant we gained an unparalleled insight into the impact of COVID on Manchester’s school-age children, and across Manchester’s school settings.

When we delved into the information on reported cases in children and young people, we found that the impacts of the pandemic on education were stark.

During the 2020/21 academic year, from September 2020 to July 2021, we found:



On average, each school-age child in Manchester lost 43 days of face-to-face teaching.

The majority of reported cases in school children across both primary and secondary schools did experience symptoms of COVID.

On average, for each pupil who tested positive, 22 close contacts in school were identified who will have also needed to self-isolate.

Further findings were presented in a report to Manchester’s Children & Young People’s Scrutiny Committee in November 2021, and we refreshed the report to cover the second academic year hit by the pandemic in the following months.

This considerable impact of the pandemic on time spent in school only stresses the importance and timeliness of Our Year 2022, Manchester’s year-long campaign focusing on children and young people that also supports our ambition to be recognised by UNICEF as a child-friendly city.

SEPTEMBER 2021

As children return to school we compile a data-driven, retrospective analysis of the past academic year, exploring COVID's impact on:

- school settings and absences – using data collected for our Test and Trace case reporting arrangements, principally through a dedicated notification form for educational settings.
- School-age children in Manchester – considering patterns and characteristics in young people who tested positive, using the confirmed cases dataset provided by Public Health England.

Our report shows that schools and school-age children were adversely affected in the pandemic, losing many face-to-face teaching hours.

Confirmed cases in school-age children and school-based testing demonstrate an association between focused testing and case detection. This 're-balances' usual testing patterns: Manchester's least deprived wards show increased engagement and propensity to test.

Most reported cases in primary and secondary schools were symptomatic, suggesting we should keep promoting awareness of the COVID-19 symptoms to reduce transmission.

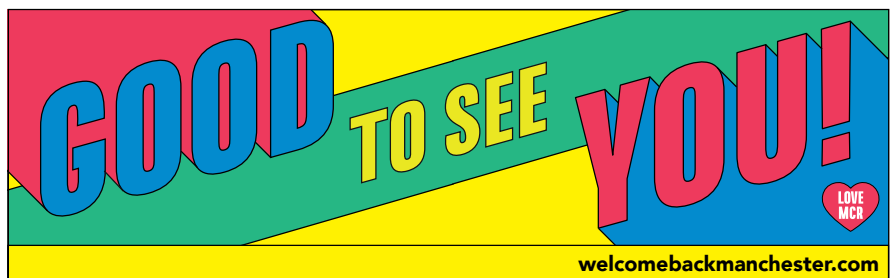
Analysis of confirmed cases indicates that confirmed cases in school-age children are affected by similar socio-economic and demographic factors to adults (income deprivation, living in large, multi-generational households, and living with family in high-risk occupations). Communications raising awareness of these factors should include children in their content.

Schoolchildren aged 12–15 experienced the highest number of confirmed cases over the academic year: females 12–15 had both the highest number of confirmed cases and the highest average number of contacts. Given that cases and contacts

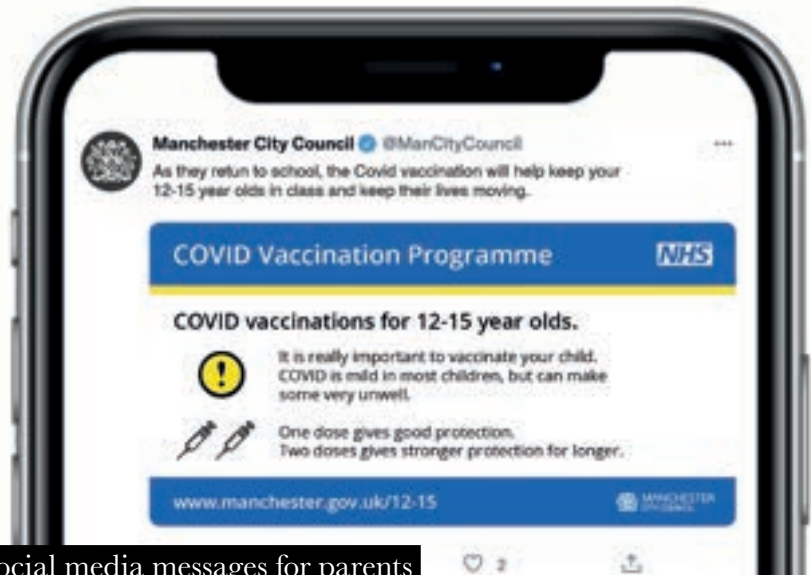
must self-isolate this will have adversely impacted time spent in face-to-face education. There may be a need to focus ‘catch-up’ resources here and deliver focused communications and awareness-raising.

Confirmed cases were higher in Summer 2021 term in both primary and secondary age schoolchildren. We should prioritise material covered in this term when focusing ‘catch-up’ efforts.

This analysis now informs local guidance to support schools to prevent transmission through the autumn and winter.



‘Good to see you’ banners welcomed students returning to Manchester schools.



Social media messages for parents helped to promote COVID vaccination for 12 to 15-year-olds.

PERSONAL STORY

Stellar efforts kept schools running

Matt Smithson

Schools have been and continue to be heavily affected by the pandemic. The arrival of the Delta variant in summer 2021 further highlighted the need for our collaborative, joined-up, multidisciplinary approach to supporting schools.

The education team at the central co-ordination hub, alongside colleagues from education and health protection, were part of this, supporting schools that were badly hit by COVID-19.

Larger schools needed continuous support – the hardest hit, with hundreds of pupils and their families mixing in the community, were suffering frequent multiple outbreaks, resulting in scores of teachers and pupils being sent home to isolate. This became very common and would typically result in an outbreak-control meeting, bringing together the different teams whose job it was to support settings experiencing outbreaks.

It was saddening seeing schools go through this – the teachers should be commended for their stellar efforts to keep schools running, playing a role that extended above and beyond their day-to-day duties. The kids also deserve enormous credit for their diligence and bravery during what must have been a profoundly difficult and strange time for them.

Matt Smithson,
**SPECIALIST NURSE,
 CENTRAL CO-ORDINATION HUB,
 MANCHESTER TEST AND TRACE**



SEPTEMBER 2021

17 SEPTEMBER 2021

We reach out to our ten-thousandth resident, offering support to self-isolate.

We begin planning a year-long drive – ‘Our Year’ to put Manchester’s children and young people at the heart of everything that the Council – and its public and private partners across the entire city – will do through the whole of 2022 as we hopefully recover from the pandemic.

Inspiration comes from the mid-year publication of the review *Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives*, commissioned by GM Health and Social Care Partnership from Professor Sir Michael Marmot of the Institute of Health Equity, which calls for post-pandemic society to ‘build back fairer for future generations and prioritise children & young people’.

Marmot observes that while children and young people have been at less risk from COVID, they’ve been disproportionately, and inequitably, harmed by the impacts of restrictions and lockdowns and are experiencing the most rapid increases in unemployment alongside poor mental health. He calls for additional support for early years settings, extended interventions to support young people’s mental health and wellbeing at school and work, and offers for all 18 to 25-year-olds of in-work training, employment or post-18 education.

PERSONAL STORY

Decades supporting young people, but Bernice saves her best till last

Bernice Stumbilich



COVID-19 arrived as I approached retirement from the Sexual Health services I've been focused on for the past 30 years. It was a sad time to be honest – funding issues were forcing us to wind up a programme that had been my passion for the previous six years: the 'RU Clear' chlamydia screening programme. It was a great and vital service that went above and beyond for the under-25s it cared for.

The pandemic accelerated that closure and we initially worked on supporting our local Neighbourhood Lead as part of 'Bronze Control' – monitoring data in four neighbourhoods that identified the district's staffing situation, COVID-19 infections, sickness, and numbers available for intervention in case of staff shortages. We also tracked down medical equipment, such as syringe drivers, to make sure all areas had what they needed.

We liaised with local care homes to identify COVID-19 case numbers and the severity of illness, including hospitalisations and deaths. For all areas we

monitored the number of patients needing 'aerosol generating procedures' and made sure PPE requirements were met, at one point acting as a distribution site.

Daily reports containing all this information were collected for the Neighbourhood Lead to present at daily local meetings to share the information and to build an overall picture.

Next, my many years of contact tracing – albeit in a different environment – were put to good use. We were approached to work with Environmental Health, the Community Health Protection Team (CHPT) and Senior Schools Quality Assurance Officers (SSQAOs) to carry out contact tracing and to support schools and care homes dealing with ever-changing COVID guidelines. We developed guidelines and flow charts to help the process run smoothly.

We refined documentation over the following months, moving from paper copies to spreadsheets, and finally to a new electronic case-management

system that allowed all parts of the Council to view and record their actions on the same system – a safer, multidisciplinary approach.

At this point, cases of COVID-19 started escalating in Early Years settings, schools, colleges and universities, and these areas became my focus. The great relationships we'd been developing with head teachers, the CHPT and the SSQAOs kicked in, allowing us to provide trusted support and sound advice, assisting with decision-making and managing outbreaks.

It's been a very challenging two years. I've developed and adapted to frequent changes, and it is an experience I will never forget.

What a way to end my career!

Bernice Stumbilich,
**SPECIALIST NURSE,
 CENTRAL CO-ORDINATION HUB,
 MANCHESTER TEST AND TRACE**

OCTOBER 2021

UK Health Security Agency formally launched to take over Public Health England's role protecting communities – at national and local level – from the impact of health threats. We launch our local vaccination helpline.

6 OCTOBER 2021

Government withdraws £20-a-week uplift to Universal Credit.

7 OCTOBER 2021

We contact the ten-thousandth resident passed to us by NHS Test and Trace for local tracing.

A social media campaign signposted advice and support services for residents affected by the withdrawal of the Universal Credit £20 weekly uplift payment.



**The
£20
weekly
uplift
to
Universal
Credit
is
ending.**

PERSONAL STORY

School help was such a learning experience

Lizzie Hughes



Schools vaccine delivery

Such a tight timeframe! The way we got this done highlights the importance of the relationships built up throughout the pandemic.

We'd already worked with some local schools, so could quickly meet to look at what was possible. Two local GPs filmed themselves sharing key messages we could distribute through schools and community networks, and our Comms team let us to take over a key electronic billboard with the faces of community leaders and influencers from across our neighbourhood.

We had GPs speaking at local faith group meetings, we offered personal 'COVID chats' with an expert, and we went out anywhere our communities gathered with COVID info. We also launched pop-up vaccination centres to support delivery at schools, and received support from faith and voluntary groups to reach all our communities.

This was all possible because the huge amount of work we'd all done – together – in our neighbourhood had built trust and co-operation we could now draw on to get wider support from so many partners and their networks.

Our ability to do things differently and try new approaches – such as offering vaccines at parents' evenings for whole families, then sharing successes and challenges with partners across the city, learning from what people were doing in other areas – meant that neighbourhood successes were helping the whole city.

It's left me with a strong sense of the power of relationships and a feeling of pride in what we managed to achieve together.

Lizzie Hughes,
**CHEETHAM AND CRUMPSALL
NEIGHBOURHOOD LEAD**

PERSONAL STORY

Vaccine enquiry helpline

Maria-Elena Wheeler



The launch of the biggest vaccination campaign in NHS history was underway, but many residents needed help getting their jab, because like most services designed for the COVID response, vaccination booking relied on people being IT literate.

For the many who could not use the unfamiliar national booking system, we launched a new vaccine enquiry helpline at the Central Co-ordination Centre (later known as the Manchester Central Co-ordination Hub). We booked vaccination appointments for those who couldn't do it themselves and set up a texting service for people with impaired hearing.

Our staff reached out to those struggling to understand the Government information, and our ability to work alongside translators boosted the local vaccination uptake.

We ran all this alongside our existing COVID helpline, staffed by our patient advisers and specialist COVID nurses, who were already giving residents advice on COVID-19 symptoms, contact tracing and food support.

Our busiest days came when David Regan, Director of Public Health, made a local radio broadcast, and on our best days we were turning over three quarters of all enquiries into vaccination bookings – a great tribute to local messaging.

We were also easing the burden on local GPs, who referred patients with vaccination queries to us.

With excellent support from the Vaccine Centre ops managers, the Gateway, MHCC and the Medicines Line, we've been on a learning journey like nothing ever known. By pooling our knowledge, resources and experience, we've got as many residents as possible vaccinated.

It's not over. We know that there's still work to be done – we're still focused on those specific groups that still have below-average vaccination rates.

Maria-Elena Wheeler,
**CENTRAL CO-ORDINATION HUB,
MANCHESTER TEST AND TRACE**

OCTOBER 2021

13 OCTOBER 2021

Professor Sir Michael Marmot, author of “Fair Society Healthy Lives” The Marmot Review, (published February 2010) and “Health Equity in England: The Marmot Review 10 Years On” (published February 2020) and “Build Back Fairer: The COVID-19 Marmot Review” attends the Council’s Health Scrutiny Committee.

The Director of Public Health followed Michael Marmot by presenting ‘Build Back Fairer in Manchester’ including coverage of work by CHEM – our own COVID-19 Health Equity Manchester group, which we formed in July 2020 when it became clear that certain communities in our city were experiencing a disproportionate adverse impact from COVID-19. It introduced initiatives to support those more at risk from the virus.

PERSONAL STORY



Figures show we must build back fairer

Amanda Dixon

The pandemic affected all of us, but we were not all affected in the same way.

National data showed that people from more disadvantaged backgrounds were more likely to die from COVID-19, and that age and ethnicity were also linked to the risk of death.

Locally we analysed data from death registrations and found that more residents aged 55 or over died during periods where there was more COVID circulating than would have died had COVID not existed.

This was worse for men than for women. The data also suggests that ethnic minority groups were affected more.

The team is now working on how we use this knowledge to build back from the pandemic in a way that reduces inequalities that have been made worse during the past two years.

Amanda Dixon,
PROGRAMME LEAD, KNOWLEDGE AND INTELLIGENCE, MANCHESTER POPULATION HEALTH TEAM

NOVEMBER 2021

We mark Manchester residents registering
1 million lateral flow test results

10 NOVEMBER 2021

‘COVID-19 in Manchester School-age Children, and Across Manchester’s School Settings: a retrospective analysis of academic year 2020/21’ is presented at Children & Young People Scrutiny Committee.

Presentation to the Local Area Research and Intelligence Association (LARIA) to demonstrate and share learning from our innovative work with universities.

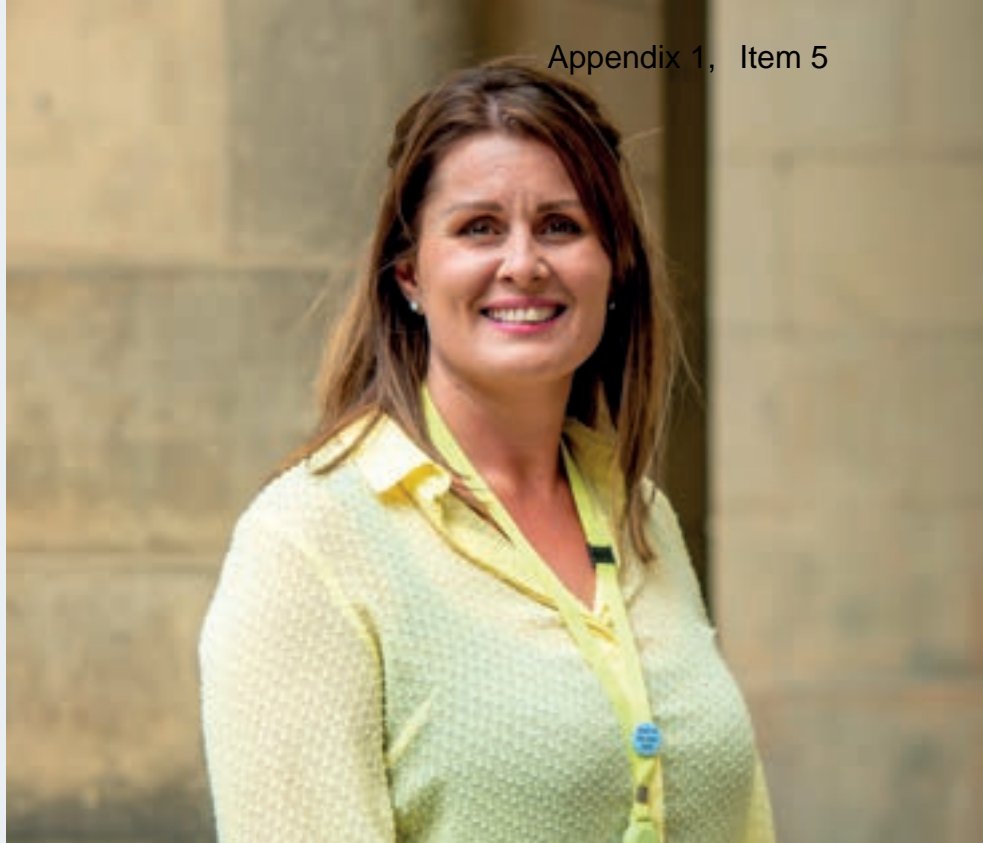
Environmental Health Outbreak Control Team inspect all Christmas Market food concessions to check COVID-secure risk assessments.

Response Service Testing Team conduct nine rounds of asymptomatic testing in Extra Care facilities for older residents – a total of 410 tests this month.

PERSONAL STORY

Annie's special contribution to health equity

Annie Barton



As the first Omicron variant wave threatened to break the region's hospitals' ability to cope over winter 2021/22, I was asked to help promote COVID-19 vaccinations in Manchester's special schools.

Given their vulnerability, I realised that it was important to prioritise these pupils and to take on board the special challenges they and their families faced.

Along with our education colleagues, we quickly needed to assess how to get the best vaccination coverage, and getting in touch with parents for their input and feedback was crucial. Soon, we'd identified the additional requirements needed by each special school to create an action plan that would work for them. These included:

- Neighbourhood Team support to promote vaccination days.
- Student-focused information sessions that teachers could deliver to answer pupils' questions and alleviate worries; these were based on lessons learned from Manchester 'COVID-19 calm clinics', where quiet spaces, somewhere to sit down and have a drink, and unhurried appointments were found to help.
- Paediatrician-led vaccination Q&A sessions for parents.
- Offering Manchester's COVID chat helpline for parents and children to call with questions or concerns.
- Free taxis if needed.
- Alternative 'wrap around whole-family vaccination' in trusted settings, such as community centres, schools and places of worship, designed to make it easy and comfortable to get COVID-19 jabs.

I was incredibly proud to be working with so many different colleagues and teams across Manchester to provide such a valuable and effective service for this section of our community. The lasting links and ways of working we developed will help Manchester's renewed focus on health equity and will boost all our future vaccination programmes.

Annie Barton,
**SPECIALIST HEALTH PROTECTION
 NURSE: SCREENING AND
 IMMUNISATIONS**

PERSONAL STORY

COVID Task Group: a model of co-operation

Katherine Bird

Manchester's response to COVID-19 required a high level of co-operation, co-ordination and communication across a wide range of partners and between organisations and teams. The pandemic also forced many people to quickly adapt to a new, virtual way of working together.

My role as Project Manager with Manchester Test and Trace involved supporting the citywide strategic and operational response, working across our range of partners to co-ordinate planning and capture progress and learning.

Our first public-facing, high-level 'Local Prevention and Response Plan' was published in June 2020; this was swiftly followed by the first iteration of our internal-facing 'COVID-19 12-Point Plan' which translated our plans into short-term actions, reporting to the strategic Manchester COVID-19 Response Group (our Health Protection Board).

May 2021 saw surging case rates in Bolton and other parts of the UK of the Delta 'variant of

concern' (VOC). This triggered the swift establishment of a system-wide 'VOC Prevention Task Group', which worked at speed to develop and deliver a VOC Prevention Plan and push forward a vaccination drive.

The Task Group also targeted communications and engagement, enhanced testing and support to self-isolate, as well as additional local measures such as continued mask-wearing in schools.


Following Manchester's designation as an Enhanced Response Area in June 2021, this task-focused group took responsibility for the corresponding plan of action. In September 2021, as the pandemic moved into its next phase, the Task Group oversaw the delivery of the COVID-19 12-Point Plan during the autumn and winter of 2021/22. Membership of the Task Group spanned an impressive list of partners, such as Manchester Local Care Organisation, Manchester Health and Care Commissioning, Manchester

City Council, Manchester universities and voluntary organisations, community groups and social enterprises.

In early 2022, plans were drawn up to stand down the COVID-19 Task Group as part of the city's move towards living safely with COVID-19, and members took part in a 'lessons learned' exercise. A consistent theme running through these discussions was the importance of the high level of co-operation and co-ordination we had achieved across organisational partners throughout the pandemic.

Katherine Bird,
**PROJECT MANAGER,
MANCHESTER TEST AND TRACE**





COVID Task Group
for autumn/winter
2021/22:

- Director of Public Health, Manchester Health and Care Commissioning
- Vaccination Programme Lead, Manchester Local Care Organisation
- Operations Manager for the Vaccination Programme, Manchester Health and Care Commissioning
- Public Health Specialist (Health Intelligence), Manchester City Council
- Community Health Protection Team, Manchester Health and Care Commissioning
- Programme Lead for Contact Tracing, Manchester Test and Trace, Manchester Health and Care Commissioning
- Programme Lead for Testing, Manchester Test and Trace, Manchester Health and Care Commissioning
- Programme Lead for Intelligence and Insight, Manchester Test and Trace, Manchester Health and Care Commissioning
- Strategic Response Lead, Manchester Test and Trace, Manchester Health and Care Commissioning
- Strategic Lead for Homelessness, Manchester City Council
- Senior School Quality Assurance Officer, Manchester City Council
- Director of Student Services, Manchester Metropolitan University
- Head of Population Health, The University of Manchester
- Chief Executive, MACC
- Head of Neighbourhoods, Manchester City Council
- Medical Director of Manchester Health and Care Commissioning
- Consultant in Public Health, Manchester Test and Trace, Manchester Health and Care Commissioning
- Lead Nurse, Test and Trace Central Co-ordination Team, Manchester Health and Care Commissioning
- Neighbourhood Lead, Manchester Local Care Organisation
- COVID-19 Response Manager, Environmental Health Team, Manchester City Council
- Head of Strategic Communications, Manchester City Council
- Project Manager for Inequalities, Manchester Health and Care Commissioning

NOVEMBER 2021

26 NOVEMBER 2021

Six African countries added to the 'red list' protecting public health as the UK designates the emerging Omicron as a 'Variant Under Investigation'.

29 NOVEMBER 2021

We develop our plans to create a post-pandemic legacy for Manchester's children and young people. '2022:Our Year' to include winning UNICEF's 'Child Friendly City' recognition for the city.



The Our Year campaign – helping to create a post-pandemic legacy for Manchester's children.

DECEMBER 2021

Our Data and Intelligence Team start producing daily surveillance analysis on the Omicron variant to develop our local approach.

In line with rising infection rates, our Support to Self-Isolate Team see a significant rise in demand. In a single week at the beginning of December the Team has 1,319 residents to reach out to, compared to a weekly average of 617 over the past four months.

The final three weeks of this year will see a 498% increase in cases passed from the national contact tracing system to our local team. Our response doubles the number of contacts we are able to trace locally.

PERSONAL STORY

Learning from every death

Stephanie Davern

The pandemic has had an impact on everything, including my own challenging but extremely rewarding role co-ordinating Manchester's child death review process and supporting Manchester's Child Death Overview Panel (CDOP) to reduce our infant and child mortality rates. I truly believe Manchester's collaborative ways of working have been vital and demonstrate services' determination to reduce future deaths across the city.

It's been a statutory requirement for councils to have a Child Death Overview Panel (CDOP) since 2008. We review all deaths from 0–17 years and work to improve the experience of bereaved families and professionals involved in caring for children. This ensures that information is systematically captured to identify trends and to learn from every case.

My strong working relationships with the CDOP Chair, Barry Gillespie, and Designated Doctor for Child Deaths, Dr Elizabeth Dierckx, have been of huge benefit. Both have provided invaluable expertise and also support on a personal level, given the nature of the child death review process.

I could not be prouder to work in the Population Health Team! Reflecting on team achievements, such as implementing our Reducing Infant Mortality

Strategy (2019–2024), I'm grateful to be surrounded by colleagues who are always extremely supportive, passionate and dedicated.

I'm now excited to be starting my next chapter in Public Health, joining the Manchester Health Protection Team to tackle COVID-19 health inequalities.

Stephanie Davern,
**MANCHESTER CHILD DEATH OVERVIEW
PANEL CO-ORDINATOR**



DECEMBER 2021

14 DECEMBER 2021

As Omicron spreads, guidance changes so that even fully vaccinated contacts of someone with COVID should now take an NHS rapid lateral flow test every day for seven days to help slow the spread.

15 DECEMBER 2021

100% entry-check rate achieved at the Warehouse Project – Manchester’s iconic seasonal club nights – amid new entry regulations introduced because of the Omicron surge.

A national shortage of lateral flow tests means pharmacies are unable to supply the public with test kits. This impacts heavily on front-line staff, including social care and prisons. In response we switch from supplying kits for the whole community, to a new Essential Worker system.

17 DECEMBER 2021

In response to low vaccination numbers in Moss Side and Hulme, we run a walk-in pop-up clinic at the Powerhouse for first, second and booster jabs. The day is a huge success, with 346 people vaccinated.

19 DECEMBER 2021

Significant rise in Manchester's Omicron cases – 175% change in the seven-day case rate.

A resident tweets praise for our 'support to self-isolate' work.





From daunting start to leading light

Alexander Rippon

During the pandemic I found myself redeployed from an elective surgery day-case unit to a COVID in-patient ward, which was unnerving, anxiety-provoking and altogether scary, but simultaneously brought a level of adrenaline-fuelled excitement.

On my first day in this unfamiliar territory, I also found myself thrust into being the most senior member of staff on the floor, and as a result Nurse in Charge, Acting Ward Manager – I felt like a male version of Florence Nightingale who'd forgotten to bring his lamp!

Although feeling underprepared, daunted and overwhelmed, with knees close to knocking, I took on the challenge and with hindsight, look back now with a certain sense of accomplishment and pride.

As the COVID-19 situation developed, it became pleasingly apparent that more and more hospital patients were making it to the point of being discharged home. It was at this point it dawned on me that I had no idea how COVID-19 was being managed in the community for people who didn't have the benefit of the immediate medical expertise we could provide in hospital.

I saw the opportunity to put my new-found COVID skills and knowledge to use outside the ward – and to develop professionally – in totally new work as a COVID-19 Specialist Nurse. It's fair to say that starting with the Central Co-ordination Centre felt like being a rabbit in the headlights. The environment was new, the type of work was new, the processes were new, but

recognising this team's important role in the war against COVID, I knew I wanted to get stuck in!

From dealing with the acutely unwell and seeking the most practical and appropriate levels of care needed to address their condition, to dealing with cases of domestic violence and suicidal ideations, this role has certainly developed my professional experience and knowledge. The interactions and situations that the team and I have dealt with have been impressively vast. Even if I do say so myself!

Alexander Rippon,

**SPECIALIST NURSE,
CENTRAL CO-ORDINATION HUB,
MANCHESTER TEST AND TRACE**

DECEMBER 2021

22 DECEMBER 2021

New national guidance reduces ten-day isolation for people who've tested positive to seven days in most cases. People who have two consecutive negative LFD tests on days 6 and 7 no longer have to isolate.

28 DECEMBER 2021

Local contact tracing team receive the highest number of residents to contact-trace in a single day since the beginning of the pandemic: 2,243 residents the national system was unable to reach.

Local Hub support 194 callers with vaccination-related queries.

In response to the Omicron surge we make around 200,000 vaccination slots available in Manchester between 13 and 31 December 2021. In the same period, we vaccinate 3,413 people at the Town Hall Extension's iconic Rates Hall in partnership with the military.



PERSONAL STORY

Supporting role becomes a big part in the pandemic

Diane Cordwell



In March 2020, the old sexual health RU Clear? service became Bronze Control to help manage the pandemic. Soon, we'd taken on complex contact tracing as part of a virtual Manchester team, which included Environmental Health and the then-named Community Infection-Control Team for Manchester.

As a sexual health service, we had lots of contact-tracing experience, which we used for COVID-19 infection control, including tracing people the national team were unable to get hold of. Thanks to nurses with local knowledge, and a different approach to the national team, we could contact more people, put families in touch with one another, and support residents through a very difficult time.

Our non-clinicians, who became patient advisers, were the linchpin for support, helping people get food, and for some, getting gas and electricity switched on so they could isolate safely at home.

In due course, the testing team came under the umbrella of what was then the 'co-ordination hub'.

We ran a helpline for people who needed support or had any queries about COVID-19.

We had a helpline and support system for schools and education settings too, so headteachers could ring for advice, and we would help them make their decisions. We worked closely with the Quality Assurance and management teams supporting schools, which was well received – something we'd like to continue.

We also developed a support system for COVID-19 vaccinations, including answering people's questions, booking people in for vaccinations, and helping others make their own appointments.

The hub was very successful in giving real help, including support for mental health issues, counselling, and even suicide prevention.

It's been a privilege to help the people of this city. We now want to learn from the pandemic to develop a triage system to support the wider health protection team and other services, so residents can get advice quickly and are directed to the right support as easily as possible. This aim also includes broadening the scope of the COVID-19 vaccination helpline so that we give advice and support on all vaccinations, as well as the childhood immunisation programme.

Diane Cordwell,
**LEAD NURSE,
 CENTRAL CO-ORDINATION HUB,
 MANCHESTER TEST AND TRACE**

CASE STUDY

GIVING WHATEVER IT TAKES

Our local phone-based Environmental Health Contact Tracing team offered ‘support to isolate’ for people and their contacts who’d tested positive. This ranged from very practical things, such as getting food and medicine delivered, to the less obvious. Team members share their memories.

Anne Pritchard, Karen Jones, and Anne-Marie Roughneen
ENVIRONMENTAL HEALTH CONTACT TRACING TEAM



Chat was best
medicine



One call will always stay with me. It was with a young man living alone who'd lost his job when the pandemic closed down hospitality venues. I thought I was calling to provide the essentials people needed when isolating: food, medicine, financial support, a nurse to speak with. Yet it was the kind of simple conversation that many of us take for granted that had such a positive result for his mental wellbeing.

He told me about his worrying symptoms, which changed daily. He said how lonely he was, and we had a little chat about his concerns and some general conversation. It was contact with the outside world he was really missing; he had no flatmates, and work colleagues no longer checked in on him. He had come off social media as his mental health just couldn't cope with it.

One reason this stays with me is how fragile this young person seemed. I sensed that the time I spent talking to him, allowing him the time to voice his concerns and worries, made a huge difference. When he thanked me for caring and having the chat with him, I could tell that he was truly grateful.

CASE STUDY

Calming influence

I enjoyed sorting things out for an older lady confused by a letter from her GP about her second vaccination – the GP surgery had referred her back to our Co-ordination Centre.

She was wary of booking her second jab because she'd had a reaction to the first that made her unwell. She was adamant that her second vaccination should be one of the alternative brands, but didn't know how to check which type was on offer where.

I looked for sites where alternative vaccines were available and booked her an appointment, also offering support from nursing staff if she had medical concerns. I felt positive about this call – a distressed and confused caller now felt in control and her appointment was arranged.

Fair treatment

One caller and her flatmate had tested positive the day after moving into a new flat. It was freezing cold, but the heating wasn't on and they didn't even know where the boiler was. They said the landlord was unhelpful and refused to go round to help.

My advice was to call the landlord back and tell him that Test and Trace said he had a 'duty of care' to make sure – urgently – that the heating was working. I suggested they gave him our office number so he could call if he needed clarity, and also to get advice himself on

how to enter the flat safely, wear protective clothing and keep separate from the isolating tenants.

I felt this was a good, productive call supporting two young people in a vulnerable position who could well have been exploited in their illness. I was pleased that the right information and my good advice solved their situation.

CASE STUDY

Pet fret

One woman I called was clearly going to struggle having enough food to get her through her entire isolation period – her zero-contract work came with no sick pay.

I arranged a food parcel within the next 48 hours and noted that she'd need ongoing support. I also sent her the financial support link she'd need to apply for a one-off Support to Isolate Grant of £500. She was grateful, but I sensed there was something else on her mind.

Soon she told me she was worried that she was about to run out of food for her dog. Pet food was not provided in emergency food parcels, so I asked if any friends, family or neighbours could help – but no. I was stumped to be honest. I'd not come across this before, so I said I'd try my best to get some answers and get back to her.

Although colleagues hadn't come across this either, after several helpful suggestions I had a list of local dogs' homes and charities. Many dead-end calls later I came across a local dogs' home that said it wasn't something they'd normally do, but in view of the pandemic they would provide a week's supply of dog food, but they could not deliver.

Another call or two and a Council colleague volunteer was on the way to collect and deliver the dog's food. I really enjoyed calling the dog owner back with the good news. This was a great feeling and was a very productive challenge for all.

CASE STUDY

Each call made a difference

To understand the sometimes negative response someone would give to your support call, you had to put yourself in their shoes. One resident very firmly told me they were very unhappy with the number of calls they'd been getting: first from National Test and Trace, and now from me – and all the while they were feeling so poorly and just wanted to be left alone!

As I continued to listen, I sympathised with their frustration. I apologised for disturbing them when they were resting and feeling poorly. I said I just wanted to make sure they had any support they might need and that I could help – get them a nurse to speak to, for example, as they were feeling quite ill.

Because I listened and allowed them to talk about feeling so ill and frustrated by all the calls, by the end of our chat they were thanking me for my time and saying sorry for being so offhand at the start.

The calls I've made have been varied, but whether it's been a food parcel or a listening ear, it's been about the support, and each made a difference.

CASE STUDY

Problem? No problem!

This support-to-isolate call to a vulnerable young man needed some problem-solving and work with other services to sort out.

Having to self-isolate in his new shared accommodation meant he'd not even met his new housemates, and he told me he felt very anxious that he'd not put out his rubbish or bins for some time. The rubbish was building up and he didn't want to be in trouble with the other residents by starting off on the wrong foot.

He felt ill, and his anxiety level concerned me. Solving this needed other Council colleagues' goodwill. Our cross-department co-operation was now so good

that it didn't take too much under these circumstances to get several services working together to arrange a special visit from waste collection staff – with extra bags left for the rest of the isolation.

When I let this vulnerable young man know the outcome, I could hear the relief and improvement in his wellbeing.



JANUARY 2022

We agree a new pathway for rapid clinical assessment of COVID-positive care home residents with the Medicines Optimisation Team, Community Health Protection Team and our Enhanced Clinical Care Home Teams.

2,121 testing kits will be collected this month from Manchester libraries. And our local response Community Testing Team gives 363 assisted tests.

In light of high case rates, we develop local prioritisation rules to make sure schools that most need support get it first.

The Council's Director of Public Health, David Regan, attracts 13,000 views on the first day of his 'Your Questions Answered' webinar, broadcast by the Manchester Evening News. He recommends that, until mid-February, face coverings continue to be worn by students and visitors in communal areas in secondary schools and higher education, and by staff and visitors in primary schools.

February

March

April

May

June

July

PERSONAL STORY

The Manchester message had to be a bold, brave and trusted voice

Penny Shannon and Barry Cooper



Throughout the pandemic our communications focus has been around doing what's right for Manchester and its diverse communities. We knew our strategy would need to flex around overarching messages, alongside the more nuanced or bespoke materials for our many different communities and networks.

Meek and mild isn't the Manchester way, nor is simply telling people what to do. Yes, there's a place for that in emergency situations, but for longevity and ongoing support we had to focus on real people's stories, emotional responses, and creativity at key points to cut through a wall of general COVID-19 noise. Crucially, we also had to listen to what our communities wanted to know, and how.

Citywide campaigns included our own version of Jon Snow, from hit series *Game of Thrones*, with his 'Manchester's winter is coming' vaccination message, to our latest work aimed at young people about to go on holiday, linked to TV's *Love Island* – or 'Lovelorn Island' as we dubbed it for those who have to stay at home because they had COVID-19 or weren't vaccinated.

However, it was often the smaller moves behind the scenes that had the biggest impact. Hearing from individuals most at risk, and what would be useful for them, included working on dedicated Facebook live sessions to answer specific community questions, working with faith leaders for a united front, and working with street DJs and urban artists in the community. Those deeper conversations that often unpicked long-term issues were also guided by our 'sounding boards', put in place to represent communities most at risk – or those who needed a voice – so that every effort was made to make our communications culturally appropriate, trustworthy and delivered by the right people.

Ongoing access to information and transparency was vital, so media work moved apace with a strong proactive approach to make sure the city could hear COVID-19 updates and plans quickly, and so questions could be asked. That flow of information also meant we needed a way of getting updates out quickly – in the right way – to all neighbourhoods, groups and individuals. Step forward our incredible Neighbourhoods and Engagement Teams, who helped with continual local

questions, which could then be answered and contained within a weekly communications toolkit for sharing across networks by trusted voices.

That approach brings us to summer 2022. We've got the solid foundations and networks needed to help address the inequalities perpetuated by the pandemic – but now we need to dig even deeper and look at the equity gaps in our city. This won't be easy, and it will be a major focus of our work with Sir Michael Marmot of the UCL Institute of Health Equity. If COVID-19 taught us anything, it's a better understanding of our communities, and how true partnerships and ongoing communication mean we can work together and flourish.

Penny Shannon,
HEAD OF HEALTH COMMUNICATIONS

Barry Cooper,
SENIOR COMMUNICATIONS OFFICER

PERSONAL STORY

The power of change

Rob McDermott



Our job was to draw on the massive range of support available to residents who tested positive, and their contacts, so they could isolate safely at home. We brought in both in-house Council support and linked people with partners and charitable organisations to provide food, finance and much more.

A key reason our Support to Self-Isolate team could continue providing essential support to everyone in the city who needed it was an unprecedented flexibility and speed of change to established processes: whatever it took, whenever it was needed, whatever the difficulties.

A great example was when the Omicron wave suddenly hit in the run-up to Christmas 2021. There was a very quick spike in cases, and I could see that demand would quickly outgrow

capacity within 48 hours – at a time of lower-than-usual staffing and limited services, because of the festive season.

We'd need to change our processes, criteria and services to keep our support effective. This would normally take days – even weeks – of meetings, and hours of preparation. But in just one emergency meeting with senior colleagues sharing data and massively creative, flexible thinking, we agreed significant immediate changes to things like referral criteria, priorities, changes to contact methods and database referrals.

Quick, clear communication to colleagues and partners went out at once, so everyone knew what was coming, what would be affected and what we were changing to accommodate it. Constant review of these temporary changes headed off

potential snags and before long we were able to remove those measures and return to our usual service as Omicron wave numbers decreased.

I am very proud of our response to this challenge, in particular the speed with which we implemented significant changes to an established process. Our timely action meant essential support was still getting to all who needed it in the city.

Rob McDermott,
**DEPUTY OPERATIONS MANAGER,
MANCHESTER TEST AND TRACE**

PERSONAL STORY

Omicron: a mouthful, a handful – but no match for our science and stats

Kasia Noone

Towards the end of November 2021 reports started to come out of South Africa of a new wave of COVID-19; cases were rapidly accelerating, rising to levels never previously seen. The unprecedented speed of this was, to say the least, concerning. My thoughts – like most of those whose working (and, let's face it, personal too) lives had been consumed by COVID-19 – went back to late spring 2021 and the inexorable global rise of Delta. The name of this new variant contributing to this rise in cases was a bit of a mouthful at first – Omicron.

On 29 November 2021, the UK Health and Safety Agency (UKHSA) designated Omicron a 'variant of concern'. This status indicated that initial data demonstrated this new variant contained changes to its structure; these changes could result in increased transmissibility, differences in how symptoms presented, or severity of infection. Again, it

felt like we were dealing with the unknown. The only thing that we could do was wait for further data from South Africa and surveillance from the UKHSA.

There was something different, however. The vast international networks of academics, researchers, and scientists built up over the past two years meant that the global community could respond more rapidly, and with access to greater amounts of data than ever before. The UKHSA published priority criteria that enabled us – those working in Public Health intelligence – to identify 'highly likely' Omicron cases from the standard suite of data that accompanied each 'case'.

We convened daily Omicron briefing meetings; my manager and I analysed data in new ways – growing familiar with specifics of genomic testing (well, maybe 'familiar' is a stretch!), tracking suspected cases over time, and breaking down these numbers by ages (to identify suspected

clusters in schools and older, more vulnerable populations), geography and settings. We also continued to track hospitalisations over time.

As 2021 turned to 2022, Omicron became the dominant variant. Though we had (and were continuing to have) an unprecedented number of infections, our fears – that Omicron would lead to hospitalisations like those seen in the initial year of the pandemic – were thankfully unrealised. The surveillance my manager and I supplied, had, I hope, contributed to the response and the help our friends and colleagues were able to provide for the residents of Manchester. And we learnt more than I ever thought we'd needed to know about spike proteins!

Kasia Noone,
**PROGRAMME LEAD FOR INTELLIGENCE
AND INSIGHT, MANCHESTER PUBLIC
HEALTH TEAM**

JANUARY 2022

3 JANUARY 2022

We now have 428 active volunteers assisting with Manchester's vaccination drive – up from 282 on 14 December 2021.

4 JANUARY 2022

Case rates in Manchester reach their highest peak since the pandemic began: 2,482 per 100,000 in the rolling seven-day period.

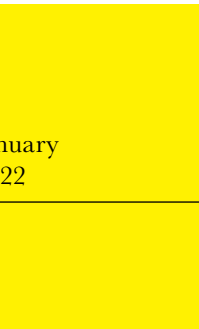
5 JANUARY 2022

The NHS Trust running ten Manchester and Trafford hospitals declares a 'critical incident' because of COVID – at least ten other UK trusts have done the same.

Hospital trusts declare a critical incident when the level of disruption means the organisation temporarily loses its ability to deliver critical services – the environment may be unsafe, requiring special measures and support from other agencies to restore normal service.

6 JANUARY 2022

Under-18s who test positive can now complete their contact tracing record online with a parent or guardian. This means that by logging the close contacts of a self-isolating child, parents can avoid the call from NHS Test and Trace.



PERSONAL STORY

Youth Engagement Plan (Winter 2021/22)

Christopher Pandolfo, Allan Mandindi and Barry Young



We knew that engaging certain groups and convincing them that a COVID-19 vaccination was for them would be especially challenging. Our Neighbourhood COVID Response Team was set up to work proactively with Neighbourhood and Public Health Teams to support and deliver such engagement and increase vaccination in these groups.

One project we led was aimed at 16 to 24-year-olds from the African, Caribbean, Pakistani and Bangladeshi communities, promoting health equity and addressing health inequality. Data showed that these young people weren't coming forward for vaccination – partly because of confusing social media info.

We believed the path to success began with listening to young people and responding to their concerns.

We engaged with those working directly and indirectly with these young people, to help with messaging materials that could improve vaccine uptake.

We held focus groups at Powerhouse in Moss Side. We also engaged youth workers at Youth Zone, Hideout, and Co-op Academy, and delivered podcast sessions that gave young people an opportunity to express their experiences of the pandemic. They talked about COVID-19, access to health and other community resources, and what they thought about communication during the pandemic.

We worked with youth groups, 'COVID connector' volunteers who answered COVID-19 questions and helped people book their jabs, and the Council's Comms Team to make sure our information was age-appropriate and co-designed for this tough audience.

We offered local pop-up vaccination centres and handed out over one thousand 'Young People and COVID' leaflets.

One standout moment for me was working with the Youth Justice Support and Leaving Care teams to encourage them

to talk to the young people in their care about COVID-19, getting vaccinated, and the support available to young people.

When those we worked with fed back that we'd 'empowered many of those young people to get vaccinated', the hard challenges felt worthwhile. We're proud of a lasting legacy – the podcasts are now helping with research and a better understanding of how to communicate with young people, and they will be placed on media platforms for all to listen to.

Christopher Pandolfo,
**NEIGHBOURHOOD PROJECT LEAD FOR
 CITYWIDE COVID RESPONSE**

JANUARY 2022



11 JANUARY 2022

People no longer need to take a confirmatory PCR test following a positive lateral flow test, unless they want to claim Test and Trace Support Payment.

17 JANUARY 2022

Self-isolation period cut to six days, if you test negative on days 5 and 6.

20 JANUARY 2022

A family of vaccine volunteers is celebrating giving out more than 6,000 COVID jabs over eight months.

The McGrogan family – Andrew, 38, Fiona, 41, Jeanette, 62, and Liam, 70 – hit the milestone at Plant Hill clinic in Blackley.

The city as a whole has now administered one million doses.

The family say they each draw upon their varied medical backgrounds to help with a “fantastic atmosphere”.

Mother Jeanette plays on her strengths as a children’s nurse to soothe people with needle phobias.

“It is all about picking up cues and spending time with people. A lot of people then did not even notice the actual jab.”

Son Andrew is a GP, while daughter Fiona is an advanced nursing practitioner.

Father Liam McGrogan, who also trained as a doctor, says he is “so proud” of his family who served at the clinic for an eight-month spell.

Mr McGrogan says: *“It is a fantastic centre and the atmosphere is so positive, with a real sense of that Dunkirk spirit as we try to get as many people vaccinated as possible.”*

Manchester’s director of public health David Regan is incredibly proud of the city’s vaccine effort.

“We are not through this yet and as ever our message remains get your first and second vaccinations, get your booster when offered and take all the steps necessary to keep you and your family safe.”

31 JANUARY 2022

UK Health Security Agency data now includes ‘possible reinfections’. Positive COVID tests within a 90-day period are now considered part of the same ‘case episode’. Positive tests outside a 90-day period are considered reinfections.

FEBRUARY 2022

Our local Test and Trace service feels the benefit of last month's national switch to complete-your-own contact tracing records online. In the first week of February, 60% of Manchester residents who test positive and complete contact tracing, do it themselves online.

8 FEBRUARY 2022 — **9 FEBRUARY 2022** — **11 FEBRUARY 2022**

Our Peripatetic Team sets up a pop-up vaccination clinic at the Manchester Communications Academy in Blackley with a 'family offer' to vaccinate children, parents and teachers. In advance, 'COVID chat' volunteers hold coffee mornings at the school to talk informally about the benefits of vaccination; 36 people are vaccinated.

A month earlier than initially considered, the Prime Minister announces he will scrap all England's domestic COVID requirements later this month, including self-isolation, "if the 'positive' trend in the data continues".

Fully vaccinated passengers and under-18s no longer need to test for COVID within two days of arriving in the UK.

PERSONAL STORY

Random mention makes a positive difference

Gracelyn Cottrell

Manchester Test and Trace was the emergency response we set up to support and protect residents through the COVID-19 pandemic.

This working partnership between the Manchester Local Care Organisation, Manchester University NHS Foundation Trust, community health protection teams and local and national Public Health teams delivered – and advised on – infection prevention and control in the community and especially in high-risk settings by:

- testing to identify the disease
- contact tracing and outbreak management to prevent and contain spread in active cases
- providing clinical advice, welfare checks, and various self-isolation support options to residents confirmed as positive or self-isolating as a contact.

Our ‘central co-ordination hub’ was a team of nurses and patient advisors dealing with public queries, contact tracing COVID-positive individuals, and managing outbreaks in high-risk settings such as care homes and schools.

The Delta variant was sweeping through the community and Manchester’s GP services, walk-in centres and A&E departments, and the 111 NHS helpline was being overwhelmed. We worked flat out but there was little capacity to check back on patients who were ill at home: our clinicians didn’t have a team to refer patients for follow-up in case of ongoing clinical concerns. We would schedule callbacks and check on them ourselves, which could take us away from time-critical contact tracing.

It was during all this that I made a routine contact tracing call to a patient who was unwell with COVID. She told me that as part of a ‘CHOMS’ (COVID-19 Home Oximetry Monitoring

Service) study, she was getting regular calls from the CHOMS team and she spoke very positively about the service and the confidence and reassurance it gave her to deal with COVID at home.

CHOMS – a Manchester NHS service run by GTD healthcare for over-18s with acute COVID-19 – developed as a ‘remote monitoring service’. It gives patients a ‘pulse oximeter device’ to measure their oxygen levels at home, contacting them regularly by phone (or with an app if they prefer) until day 14 of their COVID illness.

It struck me that plugging our patients into this kind of service would be a win for everyone: I asked the patient to pass our number on to the next CHOMS nurse who called. The very next day I was talking to nurse Karen. We put our managers in touch and were officially sending consenting referrals to the team in December 2021. Not bad, considering the complex bureaucracies involved!

It's been a real asset to our team. Many who would have suffered became confident self-managing symptoms at home as part of continuing care, especially those with moderate-to-severe COVID-19 symptoms, those with existing mental and physical health conditions, older adults and people who live alone. Patients reported that they felt reassured and supported while waiting for GP or consultant appointments. And I think that it is true to say we indirectly helped reduce pressures on both primary and acute care services.

Gracelyn Cottrell,
**SPECIALIST NURSE,
CENTRAL CO-ORDINATION HUB,
MANCHESTER TEST AND TRACE**



FEBRUARY 2022

● 17 FEBRUARY 2022 ● 21 FEBRUARY 2022

Meeting with Department for Health and Social Care colleagues leads to national recognition for our contact tracing and support to self-isolate services.

Government removes guidance on twice-weekly asymptomatic testing for staff and students in most educational and childcare settings.

23 FEBRUARY 2022

We get our final list of residents to trace as Government ends all routine contact tracing.

Since September 2020, our local team have successfully contact-traced 15,500 residents who couldn't be reached by the national Test and Trace system.

We continue supporting care providers and schools around 'Aerosol Generating Procedures' and 'fit testing' of staff. In February, we fit-test 12 staff members from two different special schools.

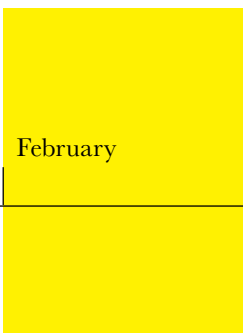
Environmental Health 'operating safely' advice and guidance to the Northern Quarter Makers Market, and Ancoats Pop-Up Food & Crafts Market.

279 Lateral Flow tests delivered across nine different Extra Care Schemes for older residents across Manchester.

24 FEBRUARY 2022

Government removes all remaining domestic legal restrictions including requirement to self-isolate.

Government ends self-isolation support payments, national funding for practical support and the medicine delivery service.



PERSONAL STORY

Whirlwind week sees winding up of contact tracing and self-isolating

Sophie Black



On Monday 21 February 2022, the Prime Minister gave a statement to the House of Commons on the Government's strategy for living with COVID-19:

“From this Thursday, 24 February, we will end the legal requirement to self-isolate following a positive test, and so we will also end self-isolation support payments... We will end routine contact tracing, and no longer ask fully vaccinated close contacts and those under 18 to test daily for seven days; and we will remove the legal requirement for close contacts who are not fully vaccinated to self-isolate.”

That was the first we knew about the end of contact tracing and isolation.

While we'd expected the announcement would come soon – 24 March had been the anticipated end – we never expected it to be so sudden.

With three days' notice, 19 months of work was stripped away from us. On the Tuesday, I joined a call with fellow contact-tracing leads across the country – a call filled with confusion, frustration and a clear sense of betrayal.

On the Wednesday morning I went into the office and gave a mini-briefing to our contact tracers and Support to Self-isolate Team. I had to translate the Prime Minister's Monday announcement into stark reality – sadly, this was the very last day they would do what had become second nature.

By its very nature, self-isolation can be a lonely place, and we knew we were making a positive difference. Our friendly, caring voices on the end of the phone were in many cases the only human interaction that a resident had that day. So I spent that Wednesday afternoon just sitting and listening to those last calls

being made. I found listening in very emotional, but also felt so proud of our brilliant team. There was even bickering over who would make the final call!

On Thursday, when our team logged on to their computers, their access to national case-record systems was blocked – even proactive work was now impossible.

This was a whirlwind of a week, a difficult week for so many of us.

On a personal note, I'm thankful to my colleagues who reached out to me with words of support and understanding. Leading our contact-tracing work handed me such a huge sense of purpose during the pandemic, and kind words eased the distress of having it taken away so abruptly.

Sophie Black,
**CONTACT TRACING PROGRAMME LEAD,
MANCHESTER TEST AND TRACE**

MARCH 2022



We wind up Manchester Test and Trace service

2 MARCH 2022

Manchester Test and Trace deliver in-person briefing to primary school headteachers.

9 MARCH 2022

‘Living Safely & Fairly With COVID Plan’ presented to the Council’s Health Scrutiny Committee.

Our neighbourhood teams’ vaccination initiatives get more imaginative and now include:

- Work with local traders in Moston and Harpurhey – at the heart of their communities these vital workers can put us in touch with a wider section of the population.
- Partnership with new charity Know Africa in Wythenshawe to promote vaccination among the wide cultural diaspora of African people living in Manchester.
- Support for 40 asylum seekers to get vaccinated – with transport and translated information in seven languages.

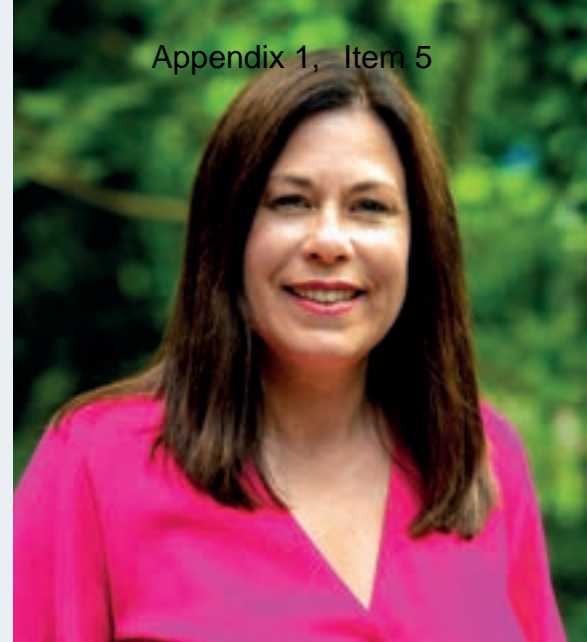
This month our Community Testing Team will carry out:

- 13 community tests
- 5 rounds of 166 asymptomatic tests for older people at Extra Care schemes.
- Pop-up events at Didsbury Mosque, the Welcome Centre in Cheetham Hill, Yaran North West in Longsight, and the Millennium Powerhouse, Moss Side.

PERSONAL STORY

Living Safely and Fairly with COVID

Sarah Doran



At the end of February 2022, the Prime Minister announced the end of COVID restrictions in England, changing the national approach to responding to COVID-19. His national ‘Living with COVID Plan’ was published on 21 February, setting a new direction for COVID-19 response.

We’d anticipated this, but it came much earlier than expected, and given the high number of cases and ongoing challenges with COVID-19 health inequalities, there was a very strong feeling in our local Manchester Test and Trace team that we needed to do something more than just ‘live with COVID’.

COVID-19 shone a light on our existing health inequalities and exacerbated them. This drove us to produce a local plan for Manchester that put Manchester people first and recognised the extra work needed locally to continue to promote health equity.

Within a week of the national strategy being published, we had our first draft of a system-wide Manchester Living Safely and Fairly Plan. The plan would have to develop over time to respond to continued policy change and to learn from our local experiences. It was also important to include the context of where we might be headed, as we knew that waves of infection would likely bring huge challenges.

Our approach:

- Remain committed to doing what is right for Manchester residents, taking an Our Manchester approach.
- Work together with communities, valuing the role of community leaders and neighbourhood working in our health protection system.
- Keep health equity and tackling health inequality at the heart of what we do.
- Build on learning from our COVID-19 response and follow the latest evidence and insights from our communities.

One of the plan’s main focuses was to build a more resilient local health protection system that had capacity and was ready to respond to whatever came our way next. We also needed to integrate COVID-19 with other infectious diseases we manage, such as tuberculosis, flu, measles, and other vaccination programmes, such as childhood immunisations.

The plan has 12 priorities and for each we describe how we had been responding up to now, how we will change our approach to live safely and fairly with COVID, and how we will go about moving from our current position to where we need to be. As part of the transition, we needed a very different approach in some areas – in particular testing, contact tracing and isolation support.

Here are those 12 priorities:

1. Resilient local health protection system
2. Infection prevention and control
3. Vaccination and treatments
4. Care homes and other high risk settings
5. People and communities that are high risk, clinically vulnerable or marginalised
6. Testing, contact tracing, outbreak management and support to self-isolate
7. Communications
8. Community engagement
9. Data and intelligence
10. Education settings
11. Workplaces and business
12. Events, leisure and religious celebrations

Manchester has been hit hard by COVID-19, experiencing higher case rates and higher death rates than many other areas in the country. We came together as a city to respond, and we still have a huge challenge as we continue to work together to ‘live safely and fairly with COVID’.

Health protection should remain a high priority for us in Manchester. The world is different now and we need to build a new normal where we are more resilient, more prepared and better able to respond.

With the expertise, experience and ongoing passion and commitment that we have in our local health protection system, supported by our brilliant colleagues at the UK Health Security Agency and in Greater Manchester, I am confident that we will make this happen.

Sarah Doran,
**ASSISTANT DIRECTOR OF
 PUBLIC HEALTH FOR MANCHESTER**

PERSONAL STORY

We're all citizens of the pandemic

Leasa Benson

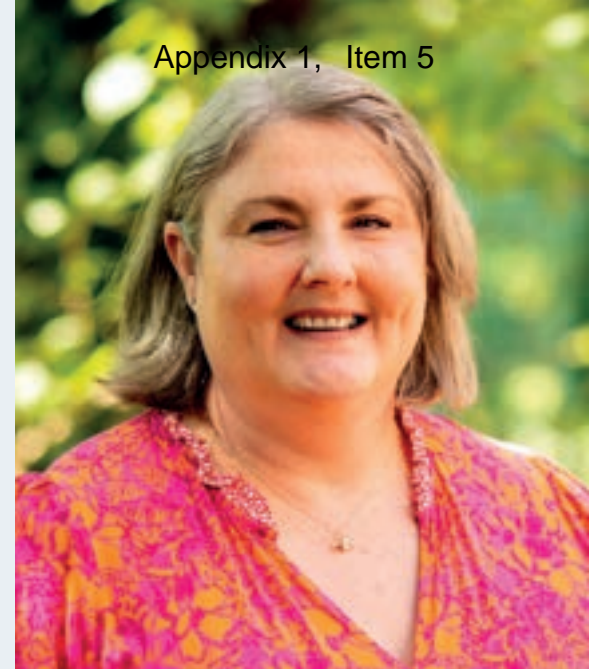
New waves of COVID-19 variants continued to test our Manchester health-protection system and affect wider groups of our residents through 2021 and into 2022. Working very closely with UK Health Security Agency colleagues, we managed and responded to outbreaks – each with its own unique conditions – wherever they happened. These challenges for both local and national colleagues have informed new national guidance and ways of working.

The introduction and success of the vaccine had a huge impact on the severity of COVID-19, which has been reflected in the outcomes for residents of our high-risk facilities, much to the relief of staff, residents and families.

The challenge of ever-changing national guidance continued through the year, and numerous pathways were introduced for different groups, depending on their vulnerability. This was mirrored by new testing recommendations for high-risk settings and removal of testing for most of the population.

One of the biggest challenges has been the reduction of COVID-19 prevention measures, which has caused both relief and anxiety.

My team worked from their dining room tables, caring for young children and extended families while producing the most remarkable work – all ‘citizens in the pandemic’ faced the same challenges everyone else did.



As we've returned to our workplaces, it's been a joy to see people in real life after so long. New team members hadn't even met us, or one another, despite working so closely (but remotely) together.

I owe my family – and the families of all my colleagues – a big thank you for putting up with and supporting us through this unrelenting time.

A brew from a loved one, delivered to our home desks, has been the most wonderful gift.

Leasa Benson,

**LEAD NURSE,
COMMUNITY HEALTH PROTECTION TEAM**

MARCH 2022

18 MARCH 2022

Didsbury Mosque pop-up event is a particularly successful mix of lateral flow kit handouts, health checks and cancer awareness information, Together Dementia support, Carers Manchester, a women's group and other stalls.

Manchester Test and Trace Central Co-ordination Hub receives a Special Recognition Award at the Council's Directorate Awards for Excellence event.

PERSONAL STORY

It was right that the Manchester Test and Trace Central Co-ordination Hub won this Special Recognition Award

David Regan



Under brilliant leadership, this Hub was a great COVID-19 success story, delivering contact tracing and self-isolation support to residents, as well as outreach testing to the most vulnerable.

The Hub later hosted the COVID Helpline and enabled thousands of residents to ask questions about the vaccination programme and get their jab booked there and then. The Helpline continues to help our most vulnerable residents navigate their way back into society.

Councillor Joanna Midgley and I visited the Hub in January 2022 and heard heart-warming stories and cases the team dealt with. For example, ensuring people who were self-isolating had access to medication and food, dealing with challenging domestic violence situations, and ensuring ambulances got to very poorly residents' homes – often saving lives.

The Hub team really was multidisciplinary, including nurses and patient advisers from our wonderful Manchester Local Care Organisation, supported by the Council's Public Health teams and our brilliant colleagues in Environmental Health and Neighbourhoods.

This Special Recognition Award was well deserved for another brilliant year of commitment, enthusiasm, resilience and team spirit. Manchester is forever indebted for what they have done for our city.

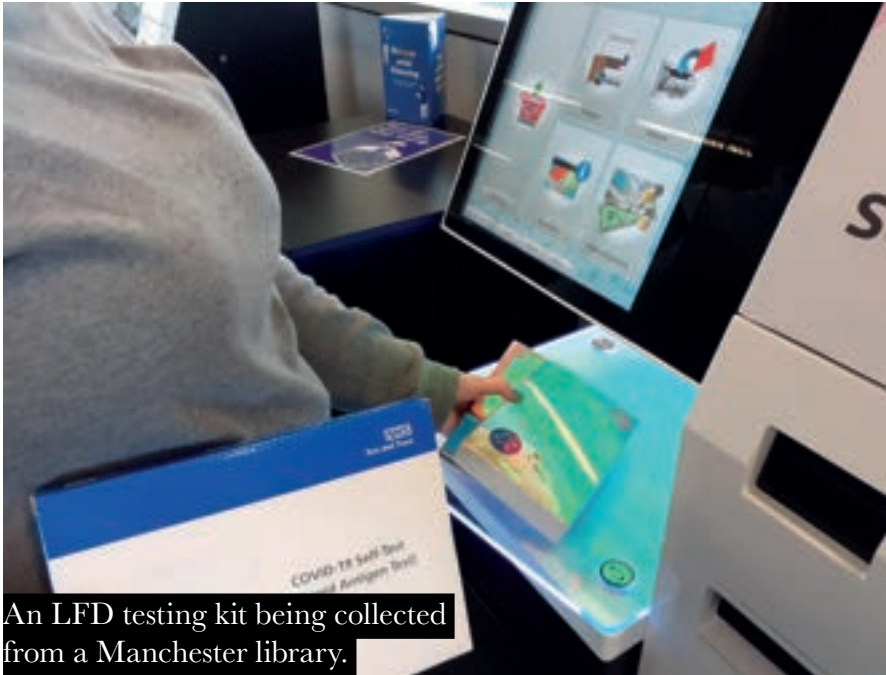
David Regan,
**DIRECTOR OF PUBLIC HEALTH,
MANCHESTER**

MARCH 2022

31 MARCH 2022

Last day of Manchester Test and Trace – we distribute the last of 535,000 lateral flow tests through community settings such as libraries.

Workshops on launch of Manchester Health Protection.



PERSONAL STORY

We've learnt to be ready whatever comes our way

Tim Keeley



Mid-2021 saw continuing enhanced testing following Manchester's Enhanced Response Area (ERA) designation earlier in the year. We boosted community testing in priority areas, working closely with Neighbourhood teams, voluntary organisations and community social enterprises to make sure we connected with the right communities. Schools in the ERA were also selected for enhanced testing, and we worked closely with colleagues in Education to encourage schools to make more testing available for staff, pupils and families.

As the pandemic continued into the summer, we began to see cases climb in schools across the city. Several outbreaks triggered intense collaboration with colleagues in Education, the Greater Manchester Health and Social Care Partnership, and the

UK Health Security Agency, which offered support for outbreak testing. Pupils' return after the summer break marked a different national approach to testing and isolation, reducing the thresholds for when councils could intervene. Face-to-face learning was prioritised – sending pupils home and on-site testing were now only allowed in exceptional circumstances.

Mid-November saw another critical point in the pandemic with the arrival of the Omicron variant. This was an emotional time for me on a professional and personal level. Our workload increased yet again, working from home full-time was reintroduced, and Christmas was only weeks away. History very much felt like it was repeating!

Fortunately, thanks to the highly functional and supportive

Manchester Test and Trace team, we had the people and tools to successfully manage this phase of the pandemic. As cases of the new variant climbed, we were able to apply previous learning and more assertive decisions on when and how to intervene, particularly around managing Omicron outbreaks in schools.

The start of 2022 was a challenging phase for a new set of reasons, as we awaited news on how the Government proposed to manage COVID-19 in the long term. Imminent large-scale reductions to the national Test and Trace programme were hinted at, and the public's perception of harm from COVID-19 began to wane.

When Test and Trace was eventually stopped, we awaited details of how different health and social care settings and

vulnerable individuals would be supported, how we might respond to community outbreaks and so on. Frustratingly, we would still be waiting for full details into summer 2022.

Understanding the Government's national approach is vital to help us fully establish our ongoing response. We will apply our combined expertise in health protection and our learning from the pandemic to whatever situation might come our way in the future.

Tim Keeley,

**TESTING PROGRAMME LEAD,
MANCHESTER TEST AND TRACE**

APRIL 2022

We launch Manchester Health Protection and the Government stop free universal symptomatic or asymptomatic testing for the general public in England.

1 APRIL 2022

Government removes guidance on voluntary COVID status certification in domestic settings and no longer recommends venues use the NHS COVID Pass.



APRIL 2022

7 APRIL 2022

107 participants invited to the closing Manchester Test and Trace Thank You Event.



Manchester Test and Trace Team's pop up COVID-19 testing facility.



PERSONAL STORY

Supporting each other and keeping smiling

Christine Raiswell



When I look back at everything that was achieved by Manchester Test and Trace I'm astounded at the resilience of all the people working together across our teams.

The pace at which we had to get things off the ground was like nothing I've worked on before and whenever you took some annual leave you could expect a whole new piece of work or new service to have been implemented by the time you came back!

A particularly challenging time was when the Omicron variant hit in the early part of December 2021. Everyone was hoping that COVID was settling down, that we were getting into a more 'business as usual' mode and we were all hoping for a more normal Christmas. In the space of a couple of weeks our local hub went from lists of around 100 cases to, at one point, over 2,000! It felt like we had to start all over again, reprioritising and revisiting all our processes.

What amazes me is that everyone just kept going, supporting our residents, and supporting each other and keeping smiling.

Christine Raiswell,
**STRATEGIC LEAD,
MANCHESTER TEST AND TRACE**



**Thank you
Manchester
Test and Trace!**

Some of your
achievements:



**MULTI-AGENCY
OUTBREAK CONTROL
TEAM MEETINGS**

supporting schools and
early years settings
during academic year
2020/21, many
meeting multiple times.

Our community health
protection team was also
dealing with large numbers
of situations and outbreaks
in care homes and other
high-risk settings.



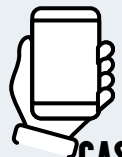
**BETWEEN MARCH 2020
AND DECEMBER 2021.**

Our Environmental
Health Team investigated
cases in over



**1,200
BUSINESSES**

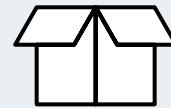
leading to 192
multi-agency outbreak
control meetings.



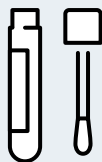
**45,575
CASES ESCALATED**

for local contact
tracing from national
Test and Trace up to
February 2022, with
a high of 2,240
on one day.

**2,708
RESIDENTS**

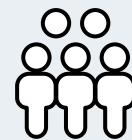


received a tailored package
of support to self-isolate,
including food, medicines
and emotional support.



Manchester Test and Trace worked with
the Government to establish

11 LOCAL PCR TESTING SITES
making COVID testing more
accessible for residents.



**5,000+
RESIDENTS**

tested as part of Operation Eagle – a
multi-agency surge-testing response to
the emerging variants of concern.

APRIL 2022

29 APRIL 2022

Council’s Awards for Excellence
Finalists from the Population
Health Team announced:

Our Ways of Working Award:
Christine Raiswell

Rising Star Award:
Annie Barton

**Giving Something
Back Award:**

Richard Scarborough and
Louise Marshall

Behind-the-Scenes Hero:
Stephanie Davern (who won!)

**Equality, Diversity and
Inclusion Award:**
Cordelle Ofori and Bev Lamb

Legacy Award: David Regan

Manager of the Year:
Peter Cooper

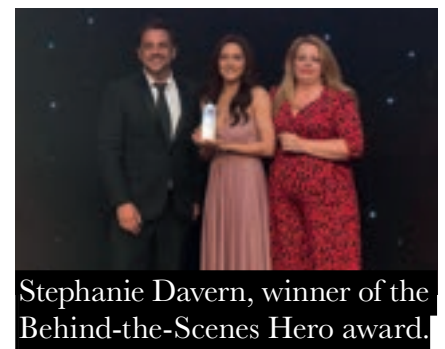
Team of the Year Award:
Community Health Protection
Team and Corporate Services
Test and Trace Payments Team

Employee of the Year Award:
Vicky Schofield and
Nicola Jepson

**Chief Executive’s
Pride in the City Award:**
Sade Philip



Manchester Public Health Team.



Stephanie Davern, winner of the Behind-the-Scenes Hero award.

PERSONAL STORY

Testing times could not deter them

Julie Bryan-Smith, Karen Podmore and Debra Moore

As three community dental nurses, our usual work – training dentistry students – ground to a halt when COVID-19 struck in early 2020, so we volunteered to be part of Manchester’s COVID testing service.

These were scary times, with nobody really knowing how the virus would evolve. We were like those wartime generations who thought ‘It will all be over by Christmas’. How wrong we were!

We’ve had a rollercoaster of highs and lows. Perhaps the lowest low was testing a drug user living in appalling conditions who was being ‘cuckooed’ by some awful people who were abusing him in every way.



That's something that will be ingrained in our memories for years to come and which thankfully we were able to notify the authorities about.

However, the highs have more than made up for the lows. We've tested many needy, vulnerable people who, without a test, would not have been able to get further care or services. Our regular additional-needs patients often brought a smile to our faces – even when they were being challenging. For their carers, just knowing our service was there for them gave them the break they so desperately needed. All this has made us feel useful.

These times have pushed us out of our comfort zones in so many ways, but the people we've come across have made it all worthwhile.

Finally, while nobody wanted this terrible pandemic – and let's hope the world sees nothing like it again – we're so grateful for the actions of so many people. One example is our Test and Trace team colleagues, who have been inspirational and

humbling, having demonstrated the most incredible compassion and empathy. We have all been on a life-changing journey, with laughs and tears along the way. We wouldn't change those things for the world.

Julie Bryan-Smith,
Karen Podmore and
Debra Moore

MANCHESTER'S COVID TESTING SERVICE



RECOVERY FROM COVID MAY–JULY 2022

RECOVERY FROM COVID MAY–JULY 2022: PEOPLE

Be Well – using your strengths to ‘build your own happy’

Liz Madge and James Sweeney

As we transition to living safely and fairly with COVID-19, Be Well – our ‘social prescribing’ service funded by Manchester Health and Care Commissioning – continues to help Manchester’s residents achieve their goals.

We support residents to achieve the goals they have in life by building on an individual’s

strengths. Our network of partners make referrals and also support people at their community venues. The options vary depending on the individual, but can be one-to-one or group support, covering issues such as managing weight, connecting with others, or employment and financial support.

Fredha and Geff are two Manchester residents who are part of this recovery.

Liz Madge,
**PROJECT MANAGER,
MANCHESTER PUBLIC HEALTH TEAM**

James Sweeney,
**DEPUTY SERVICE MANAGER,
THE BIG LIFE GROUP**



“My coach has been so supportive – my cheerleader all the way!”

Fredha is taking back control

After an accident, Fredha was unable to drive and lost her job. She started putting on a lot of weight, smoked, and ‘felt useless’. Working with her Be Well coach, she identified that losing weight was a priority – we offered free weight-loss and stop-smoking support.

Today, Fredha is two stone lighter and more active. She’s now working with an employment coach on her long-term goal: getting back into work. “I’m starting to take back control of my life,” she says. “My coach has been so supportive – my cheerleader all the way!”

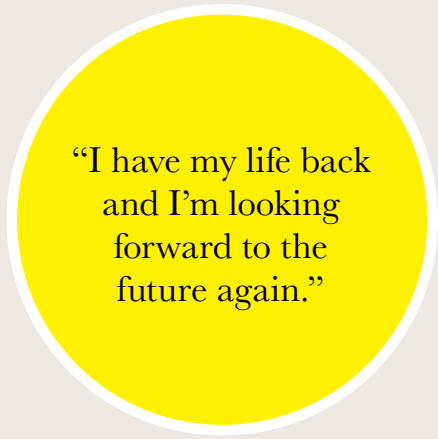

Salima Jones, Sharon West and Cordelle Ofori.



Geff – finding himself again

Geff's doctor was worried that Geff wasn't taking care of himself after his wife passed away and referred him to Be Well. Deteriorating health and the pandemic meant Geff rarely left the house and he felt low. When a Be Well coach asked what his goals were, he said: "I just want to get out of my own four walls."

Together, they looked into support for Geff's mobility; they identified suitable exercise classes at a local gym, and Geff joined a local community group. Citizens Advice Manchester also helped him claim additional benefits he was due. When we asked Geff what he'd gained from Be Well, he replied: "What haven't I gained? I have my life back and I'm looking forward to the future again – outside my own four walls!"



"I have my life back and I'm looking forward to the future again."

Prevention Programme

This ambitious programme aims to transform Manchester’s approach to health and wellbeing by improving health outcomes and reducing health inequalities.

Commissioned by Manchester Health and Care Commissioning (MHCC), led by Manchester’s Population Health Team, it embodies a personalised, asset-based approach to working with individuals and communities.

Between 2017 and 2021, the Prevention Programme:

- Set up a new citywide social prescribing and health coaching service (Be Well) to support individuals to tackle relevant social determinants of health, improving their health and wellbeing, and reducing their need for other healthcare services.

- Established the new role of Health Development Co-ordinator (HDC) in each neighbourhood, working alongside communities and integrated neighbourhood teams to improve population health by strengthening local assets to address local needs to positively impact on the health and wellbeing of communities.
- Funded support for the development of community assets relevant to health and wellbeing (Neighbourhood Health Fund), and financed projects that addressed health inequalities among older people (Older People’s Neighbourhood Support grant).

In March 2018, MHCC commissioned an independent evaluation of the Prevention Programme, to measure its efficacy and effectiveness for individuals, communities and the system. The final evaluation report was delivered in autumn 2021, finding that:

Be Well supported over 10,000 people through an accessible, inclusive service that reached those from deprived and diverse backgrounds, in line with Prevention’s aim to strengthen social determinants and tackle health inequalities.

- Be Well service users reported improved outcomes in overall wellbeing, a sense of connection to community assets, and confidence in improving social determinants (in particular, remaining in or returning to employment), with greater improvements among service users completing their support compared to those who left the service early.

- Use of unplanned care (specifically A&E attendance and emergency hospital admissions) was lower among individuals who had received support from Be Well (compared to the general population accessing unplanned care), with those receiving more support experiencing a greater reduction.
- HDCs contributed to the understanding of and conversations about health and wellbeing at a neighbourhood level. This was done by involving local people in prioritising local needs and planning to address them, sharing knowledge about neighbourhoods with service providers, making new connections between services and community leaders, supporting the introduction of new ways of working across neighbourhood services, and building relationships between primary care and other

neighbourhood services.

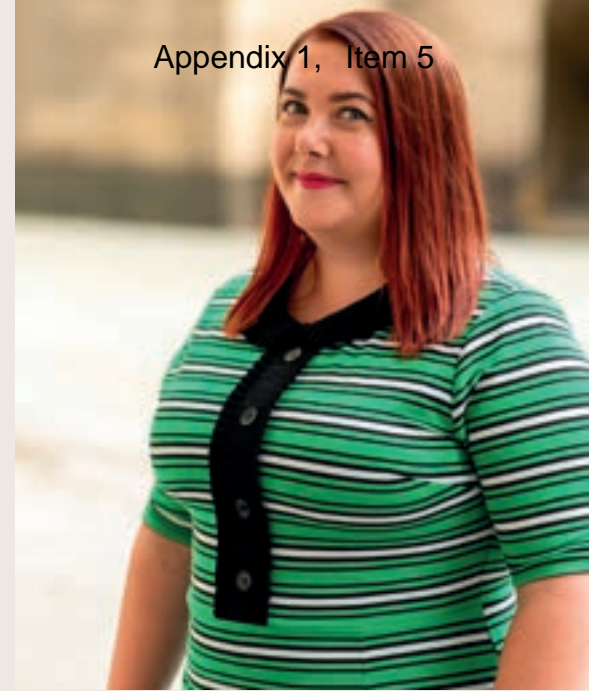
- The Be Well service represents a positive return on investment after five years, both financially (from employment and unplanned hospital admissions outcomes) and in public value (from improvements in service user wellbeing and reduced social isolation).

The Be Well service and HDC roles are now well embedded within neighbourhoods and played an important role in Manchester's responses to the COVID-19 pandemic. This infrastructure for supporting and improving health and wellbeing among individuals and communities will be further developed through Manchester's Population Health Recovery plans in coming months and years.

Prevention Programme Team
**SALIMA JONES, LYDIA FLEUTY,
 SHARON WEST, CORDELLE OFORI**

Winning hearts and minds

Charli Dickenson



This collaborative, innovative approach to tackling poor heart and mental health across Manchester emerged from the need to do things differently, in a way that's community-led and that understands how the wider social determinants of health affect health inequalities across the city.

In 2019 we created a team to build a 'Community Led Initiatives' workstream, including eight Community Development Fieldworkers, based out in small North Manchester communities.

The idea was to get to know communities in a much more focused way to truly understand their needs and what being healthy and well looks like to them.

Since then the programme has developed and shifted, guided by the community. New ideas and projects are always sprouting up and the fieldworkers are usually found at the heart of things, encouraging and enabling

exciting things to happen. Things like poetry trails, fun cycling classes, soup recipe competitions, numerous gardening and growing projects – we could go on – bring people together and connect them to their community.

In summer 2021, we came together to reflect on our work to date, including the opportunities and the challenges we'd faced along the way. We also wanted to think about what had helped us have the impact we'd seen and how we'd encourage more people to work in this way.

It quickly became clear that the same themes were emerging time and time again – things that, without planning, had become the principles underpinning all our work:

- Listening to people
- Working together
- Building trust
- Continually learning.

Most would agree that those are pretty good principles, and we probably could have come up with them at the beginning of the programme. But what was different was how we embedded those principles in our work. There were consistent ways of working in each project we'd done, which we decided to name 'our behaviours':

Be Brave Consider new things that haven't been done before, talk to people who aren't the usual suspects, challenge the system, don't do things just because 'that's the way it's always been done'.

Just try something, and don't worry if it doesn't work

Don't sit around talking about something for ages, just get out there and do it. Don't be afraid of making mistakes or failing, because we'll learn more from those experiences than if we'd done nothing.

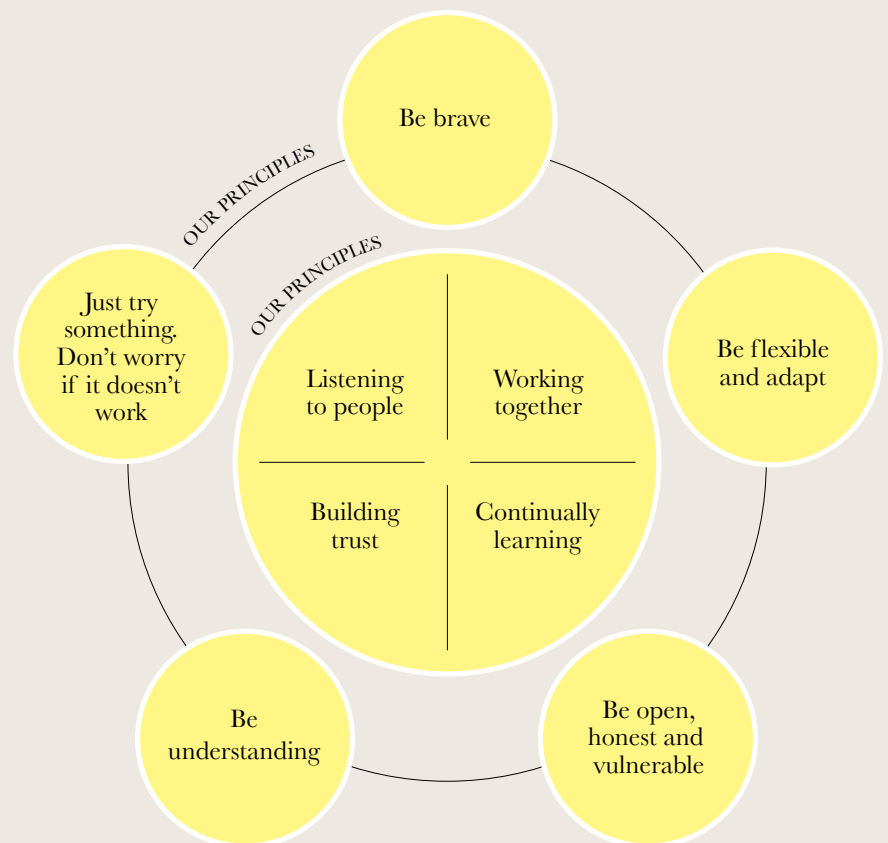
Be open, honest and

vulnerable Share your experiences, bring your whole self to conversations, don't expect people to reveal everything about their lives to you without giving anything in return, working with people as equals.

Be flexible and adaptable Don't overplan, and be ready to adjust those plans if things don't work out. And when things go really well – put some more energy in those places!

Be understanding Come to new experiences with an open mind, don't make assumptions about people's lives, embrace complexity and put yourself in other people's shoes.

The team continues to work in partnership with the community to spread their ideas and build new initiatives, while championing these ways of working with even more communities, peers and other professionals across Manchester.



Charli Dickenson,
WINNING HEARTS AND MINDS
PROGRAMME LEAD

Inside track on community feedback

Sade Philip

We set up COVID Health Equity Manchester (CHEM) in July 2020 in response to the disproportionate impact COVID-19 was having on disabled people, those experiencing racial inequalities, and other marginalised groups. Part of its success is understanding the community's needs and being able to react to them quickly and flexibly.

To do this we needed to hear the community's voice – and this is where our 'sounding boards' come into their own.

A collection of influential organisations and individuals representing each community came together to become 'critical friends' of CHEM. This meant we could make decisions that would be well received, and work within targeted communities or areas where data showed extra work was needed.

The sounding boards covered the following communities:

- Black African and Caribbean
- Disabled people
- South Asian
- Pakistani
- Bangladeshi
- Socially excluded groups.

As the project manager for CHEM, I've found the sounding boards to be an integral part of our ability to respond to communities' needs during the pandemic; they also help us to build trust between communities and the system. During the past two years, I've learnt a lot about building relationships, being open to a wider understanding and doing things differently. The level of collaboration and insight we've gained has been invaluable and has shown how important lived experiences and culture are to serving and supporting the people of Manchester.

Sade Philip,
**PROJECT MANAGER,
HEALTH INEQUALITIES**



Sounding boards in their own words.

The insight, knowledge and support of the ‘sounding boards’ has been invaluable in tailoring our approach to engaging communities in ways we’ve never done before.

“... a really important step for us as a systematically overlooked group so that we could centre our users’ needs and challenges.”

Bangladeshi Sounding Board

“... groundbreaking community engagement ... reaching, informing and supporting [our community] to stay safe, stay alive and get important information and services. Sets the pace and direction for the future of engagement with communities experiencing racial inequalities. Begins to enlighten future approaches and ways of working, which can potentially lead to a reduction of racial inequalities across Manchester.”

South Asian Sounding Board

“... a platform offering valuable contributions that help shape policy to eradicate health inequalities/inequities ... instrumental on many fronts, key being immeasurable support driving vaccine uptake by bringing engagement to the communities, having vaccines available across the areas, and tailoring it to the community to address the issue of equity.”

Black African and Caribbean Sounding Board

“... has given our community a safe and informative space where they can speak and raise issues... They feel valued and appreciative... plus they have hope and trust that their welfare and wellbeing are being taken into consideration.”

Pakistani Sounding Board



Critical friends: 'sounding boards' built trust.

“... a positive, solution-focused group which brings together ... the lived experiences of disabled people around community/COVID issues. Has real clout ... to design and influence meaningful change ... to the barriers, and inequalities inherent within our society. Our communities were kept up-to-date and informed during the pandemic ... focused COVID vaccine clinic organised ... sign language interpreters in an accessible and known community space, CALM Vaccine clinics to ensure a safe and comfortable environment for people with learning difficulties or Autism and an Access checklist for all community vaccine clinics.”

Disabled People’s Engagement Sounding Board

“... excited to be part of this investment in health equity ... giving a platform to small and big organisations ... unique opportunity to directly feed into innovative and pathbreaking work.”

Inclusion Health Sounding Board

Engagement work for Marmot plan

Marmot Engagement Work Team

Engaging with residents and frontline staff is a key priority as we develop the Marmot action plan. We're reaching out to those with lived experience of health inequalities or first-hand experience of discrimination, aiming to include the opinions of people who have few opportunities to have their views heard.

We were aware of factors such as the cost of living crisis, housing and employment, but we were keen to learn what other systemic inequalities lay outside of these categories. These inequalities have existed for some time but were further exacerbated by the pandemic.

We spoke to other teams in the Council, as well as the VCSE sector, asking questions such as 'what are the challenges?', 'who are we not reaching?' and 'what would make a difference?'

The feedback was invaluable. 'Intersectionality' was a key theme coming through many discussions, highlighting the experiences of those facing multiple disadvantages.

It wasn't until we met with people that we realised the true impact of COVID on their lives, and how they're struggling day-to-day post-COVID.

One organisation explained that "people aren't hard to reach, services are", emphasising the need to make services more accessible.

While we acknowledge that the needs of Manchester residents are significant, we also know that the main strength of the city is its diversity and that with the help of local people, we can find solutions and make a real difference.

Having collated the feedback from the engagement discussions, we must now set realistic and honest expectations by keeping people updated with what we're doing with their information. To get back in touch with those who kindly gave their time to speak to us is to ensure that we do not lose the enthusiasm of those who are keen to help us tackle inequalities.

Marmot Engagement Work Team
**MARTINA STREET, LIZ MADGE,
STEPHANIE ARCHER, SAYDAH BAZ-ITANI
AND BETH BRADY**



Conclusion

Dr Cordelle Ofori

This entire report demonstrates how the city took its own unique and informed approach to working together with its many and diverse neighbourhoods during the pandemic.

That approach was not only the right thing to do, but it has set the foundations and networks needed to move to the next stage – how the city recovers and goes forward in a fair way.

This, combined with what our communities have told us in the past, will feed into Manchester's action plan and response to making the city fairer. This response will also align with the findings of Professor Sir Michael Marmot, who famously analysed how the conditions in which people are born, grow, live, work and age can lead to health inequalities. Manchester has already had a strong focus for many years on these issues, but now it is even more imperative to act.

As a society and as a system of services we now have the opportunity to address those inequality gaps, as well as to focus on where more support is needed to address issues of fairness and equity. In other words, we need to do deeper work with certain groups or communities that may need more support to get to the same vantage point.

We know how big that challenge was before the pandemic, but now COVID has not only increased those gaps, but added to them. We know that for some people life is hard through issues such as long-term unemployment, poverty, systemic discrimination and racism.

Quite simply, as a city we have to dig deep, be brave and tackle those equity gaps.

Working with our partner organisations and communities, we will be taking a targeted approach in eight key areas, working in a way that residents have guided:

1. Giving children and young people the best start in life
2. Lifting low-income households out of poverty and debt
3. Cutting unemployment and creating good jobs
4. Preventing illness and early death from the big killers – heart disease, lung disease, diabetes and cancer
5. Improving housing and creating safe, warm and affordable homes
6. Improving our environment and surroundings in the areas where we live, transport, and tackling climate change
7. Fighting systemic and structural discrimination and racism
8. Strengthening community power and social connections.



Given the breadth and scale of the plan, it will take some time to get underway, so we have also identified five additional projects that will kick-start delivery of the plan with a focus on improving health equity and exemplifying our principles and approach.

But of course, none of this is possible without a Manchester-wide understanding and backing of an approach where helping those who need it most also has major positive implications for the rest of the city, its opportunities and potential to grow and develop. This is the time to do it and Manchester has never shied away from a challenge. We know the facts: it's time to act.

Dr Cordelle Ofori,
**ASSISTANT DIRECTOR OF PUBLIC
 HEALTH FOR MANCHESTER**



Manchester has never
shied away from
a challenge.

We know the facts:
it's time to act.



And a final opportunity for me to say thank you as Director of Public Health to everyone who contributed to this second report. We were so fortunate to be able to call on the expertise once again of Penny Shannon, Head of Health Communications and Barry Cooper, Senior Communications Officer, who have really captured the perspectives and stories of so many. Thanks also to Mike Carter, Craig Green and Barrie Leach. A special mention for Sophie Black, Health Protection Programme Lead, who took on the role of co-ordinating the annual report process from start to finish. What a brilliant job she has done.

Last year we thanked our wonderful colleagues at Public Health England before their move over to the UK Health Security Agency on 1 October 2021. Almost one year on, despite this major organisational change, we are still able to call on their support and advice. Dr Caroline Rumble, who is the nominated locality lead for Manchester, is now a key member of our local Health Protection Board – Caroline, a big shout out to you and your colleagues.

David Regan
Director of Public Health

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 November 2022

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

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.

Wards Affected: All

Contact Officers:

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

Background document (available for public inspection): 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.

| Date | Item | Recommendation | Action | Contact Officer |
|-----------------|---|---|--|--|
| 12 October 2022 | HSC/22/40 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027 | The Committee recommend that the Executive Member for Healthy Manchester and Adult Social Care organise a coalition of voices event, hosted in Manchester by the Mayor of Greater Manchester to invite and challenge the Secretary of State for Health and Social Care on the issue of health inequalities. | The recommendation has been forwarded to Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care | Lee Walker Scrutiny Support Officer |

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 **31 October 2022**, 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 *

There are no Key Decisions currently listed within the remit of this Committee.

3. Items for Information

Care Quality Commission (CQC) Reports

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 | Report Published | Type of Service | Rating |
|-----------------------|--|---|------------------|-----------------|---|
| Zinnia Healthcare Ltd | Yew Tree Lane Northern Moor Manchester M23 0E | https://www.cqc.org.uk/location/1-283360594 | 14 October 2022 | Care Home | Overall: Inadequate Safe: Inadequate Effective: Good Caring: Requires Improvement Responsive: Good Well-led: Inadequate |

| | | | | | |
|--------------------------------------|--|---|-----------------|-----------------------------------|---|
| Mesopotamia Surgical Ultima Vitality | Ultima Vitality 718A Wilmslow Road Manchester M20 2DW | https://www.cqc.org.uk/location/1-1856710337 | 13 October 2022 | Independent Doctor | Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good |
| Cornellius Healthcare Ltd | Cornellius Healthcare Suite 3, Alderman Gatley House Hale Top Wythenshawe Civic Centre Manchester M22 5RQ | https://www.cqc.org.uk/location/1-10279442627 | 19 October 2022 | Home Care Service | Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good |
| Spire Healthcare Ltd | Spire Manchester Hospital 170 Barlow Moor Road West Didsbury Manchester M20 2AF | https://www.cqc.org.uk/location/1-3075405928 | 20 October 2022 | Independent Hospital | Overall: Outstanding Safe: Good Effective: Good Caring: Outstanding Responsive: Good Well-led: Outstanding |
| Eleanor EHC Ltd | Eleanor Harnham House 134 Palatine Road, West Didsbury Manchester M20 3ZA | https://www.cqc.org.uk/location/1-130053897 | 19 October 2022 | Independent Mental Health Service | Overall: Inadequate Safe: Inadequate Effective: Requires Improvement Caring: Inadequate Responsive: Requires Improvement Well-led: Inadequate |

| | | | | | |
|--------------------------------|---|---|-----------------|--------------------|---|
| Daisy Fieldz Care Services Ltd | Daisy Bank 39 Daisy Bank Road Manchester M14 5GP | https://www.cqc.org.uk/location/1-10854227191 | 19 October 2022 | Care Home | Overall: Good Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good |
| Pall Mall Medical Ltd | Pall Mall Medical Pall Mall Manchester 61a King Street Manchester M2 4PD | https://www.cqc.org.uk/location/1-196117019 | 27 October 2022 | Independent Doctor | Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good |

Vaccination and COVID-19 Update

Contact Officers:

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

The latest data from the Coronavirus (COVID-19) Infection Survey shows that 3.21% of the population in England (or around 1 in 30 people) tested positive for COVID-19. This equates to around 1,748,400 people. In the 7 days ending 22 October, there were 259 newly confirmed cases of COVID-19 in Manchester residents - a rate of 46.6 cases per 100,000 population. This represents a reduction of 12.8% compared with the previous non-overlapping 7-day period (ending 15 October).

In the latest week (week ending 23 October 2022), the rate of hospital admissions for COVID-19-confirmed patients in England continued to decrease to 10.06 per 100,000 people. The intensive care unit (ICU) and high dependency unit (HDU) admission rate remained similar at 0.38 per 100,000 people. Overall hospital admissions of COVID-19-confirmed patients decreased in all English regions, with a slight decrease across Greater Manchester Hospitals.

- The Winter Vaccination Programme continues to be delivered with a focus on both flu and Covid. A Greater Manchester campaign using resources created by the Manchester City Council Communications Team was launched on Friday 21 October, using "characters" that are now appearing on billboards, social media and other channels to promote uptake. Good progress has been made with care home residents and staff and uptake of the autumn covid booster and annual flu jab by the over 65s is good, however, more targeted work with specific ethnic minority communities and pregnant women is required. In addition, and for flu only, a push to encourage parents and guardians to ensure their 2 to 3 year olds get the jab from primary care and older children to get the jab at school is underway.

**Health Scrutiny Committee
Work Programme – November 2022**

Wednesday 9 November 2022, 10am (Report deadline Monday 31 October 2022)

| Item | Purpose | Lead Executive Member | Strategic Director/ Lead Officer | Comments |
|---|--|------------------------|-------------------------------------|----------|
| Update on the 2023/24 budget position | To receive a report on the Council's anticipated budget position for 2023/24, the budget process and draft proposals for any services in the remit of this committee. | Councillor T. Robinson | Bernadette Enright David Regan | |
| Funding and Charging Reforms - including the implementation of the Care Cap and Fair Cost of Care | To receive a report on the implications of the funding and charging reforms in Manchester including local analysis on the financial and operational impact and planning to deliver the reforms across Adult Social Care and in our financial assessment teams. | Councillor T. Robinson | Bernadette Enright | |
| Public Health Annual Report 2022 | To receive for information the Public Health Annual Report 2022 | Councillor T. Robinson | David Regan | |
| Overview Report | The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission. | - | Lee Walker | |

Wednesday 7 December 2022, 10am (Report deadline Monday 28 November 2022)

| Item | Purpose | Lead Executive Member | Strategic Director/ Lead Officer | Comments |
|--|--|------------------------|----------------------------------|---|
| Learning Disability | To receive a report that describes the services and support to people with a learning disability in Manchester including the development of the Planning with People Board, work on Transforming Care, our commissioning strategy and health priorities, transition, and provider review. | Councillor T. Robinson | Bernadette Enright | |
| Climate Change – Impact of the recent heatwave | To consider a report that discusses the impact of the recent heatwave, both in terms of physical and mental health and resilience building across the system. | Councillor T. Robinson | David Regan | Deferred from the 12 October 22 meeting |
| Overview Report | The monthly report includes the recommendations monitor, relevant key decisions, the Committee’s work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission. | - | Lee Walker | |

Wednesday 11 January 2023, 10am (Report deadline Friday 30 December 2022)

| Item | Purpose | Lead Executive Member | Strategic Director/ Lead Officer | Comments |
|--|---|------------------------|----------------------------------|----------|
| Care Quality Commission regulation and inspection of Adult Social Care | To receive a report that provides an overview of the planned introduction of Care Quality Commission regulation and inspection of local authority statutory responsibilities including social work, and the planned approach in Manchester. | Councillor T. Robinson | Bernadette Enright | |

| | | | | |
|-------------------------------|--|------------------------|--------------------|--|
| Liberty Protection Safeguards | To receive a report on the introduction and plans to implement the Liberty Protection Safeguards in Manchester including work across the partnership. | Councillor T. Robinson | Bernadette Enright | |
| Health Infrastructure | This report will provide and update on development at the North Manchester General Hospital. There will be an in-depth focus on developments at Wythenshawe Hospital. In addition, the Committee will hear more about primary care and community health developments (e.g., Gorton Hub) | Councillor T. Robinson | Chris Gaffey | |
| Overview Report | The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission. | | Lee Walker | |

Wednesday 8 February 2023, 10am (Report deadline Monday 30 January 2023)

| Item | Purpose | Lead Executive Member | Strategic Director/ Lead Officer | Comments |
|---|---|------------------------|-----------------------------------|----------|
| 2023/24 Budget Report | Consideration of the final 2023/24 budget proposals that will go onto February Budget Executive and Scrutiny and March Council. | Councillor T. Robinson | Bernadette Enright David Regan | |
| Access to NHS Primary Care – GP, Dentistry and Pharmacy | To receive a suite of reports that provides an update on the provision and access to primary care services across the city. These reports will include how primary care services are addressing the Closing the Gap NHS agenda. | Councillor T. Robinson | Chris Gaffey | |

| | | | | |
|------------------------------------|--|------------------------|----------------------------|---|
| Drugs, Alcohol and Tobacco Control | Following the report to the Committee in January 2022, one year on the Committee will receive an update on addiction services with additional information on services addressing gambling related harm. Service users will attend the meeting. | Councillor T. Robinson | David Regan Marie Earle | |
| Climate Change and Health | Theme and scope of this report to be determined. | Councillor T. Robinson | David Regan | Invitation to Cllr Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee |
| Overview Report | The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission. | - | Lee Walker | |

Wednesday 8 March 2023, 10am (Report deadline Monday 27 February 2023)

| Item | Purpose | Lead Executive Member | Strategic Director/ Lead Officer | Comments |
|---|---|------------------------|-------------------------------------|----------|
| Our Manchester Carers Strategy Update | Further to previous reports and presentations to the Committee, an update and overview of our work to support carers of all ages in Manchester including our work with the VCSE will be provided. | Councillor T. Robinson | Bernadette Enright Zoe Robertson | |
| Plans and services relating to Dementia in Manchester | To receive a report that describes plans and services relating to Dementia in Manchester. | Councillor T. Robinson | Bernadette Enright Zoe Robertson | |
| Overview Report | The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and | - | Lee Walker | |

| | | | | |
|--|--|--|--|--|
| | items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission. | | | |
|--|--|--|--|--|

Items to be Scheduled

| Item | Purpose | Executive Member | Strategic Director/ Lead Officer | Comments |
|---------------------------------|---|------------------------|----------------------------------|----------|
| Preventative Screening Services | To receive a report that provides information on the local arrangements and activities to deliver health prevention screening services. | Councillor T. Robinson | David Regan Sarah Doran | |
| Update on Sounding Boards | <p>Building upon the positive contribution during the pandemic the Committee will receive a report that describes the evolution of Sounding Boards and how these will be used to connect with residents and improve health outcomes.</p> <p>The main functions of the Sounding Boards are to:</p> <ul style="list-style-type: none"> • Bring together a group of people that can act as a voice for their communities. • Give the communities they represent a voice in the development and delivery of CHEM's programme of work. • Identify and share what the priority issues and concerns are for the communities they represent. • Share their views on how statutory sector initiatives and activities might inadvertently impact adversely on different | Councillor T. Robinson | David Regan Cordelle Ofori | |

| | | | | |
|--|--|------------------------|-----------------------------------|---|
| | communities and provide potential solutions. | | | |
| Manchester Equipment & Adaptations Partnership | To receive an update report that provides information on the findings and recommendations of the review undertaken of the delivery model for both minor and major adaptations. | Councillor T. Robinson | Bernadette Enright Karen Crier | Update on the report considered 22 June 2022. |
| The Ockenden Report - Manchester Foundation Trust's Response | To receive a report that provides an update on the progress to date on Manchester Foundation Trust's Final Ockenden Action Plan (Created May 2022 in response to the recommendations of the Ockenden Report published 30 March 2022). This update report to include comparative data and how Manchester compared to the Shrewsbury and Telford Hospital NHS Trust and to include an update on advocacy and the voice of the women and families. | Councillor T. Robinson | Chris Gaffey Kate Provan | Update on the report considered 22 June 2022. |