

Manchester's 12 Point COVID-19 Action Plan:

Winter 2020 – December

(Version 4.1- Produced 8th December 2020)

Introduction

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

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

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

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

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

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

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

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

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

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



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

We ensured pathways are in place for essential frontline health and care workers and designated teaching staff to have priority access to testing whilst demand is outstripping capacity and laboratory constraints limit slots available

We continued to reinforce messages and communications about when to get a test in order to manage demand and expectations for testing

Priorities for the next period

Promote the use of home testing kits with key target groups who cannot access a regional or local testing site or who may find this route easier by directing them to gov.uk site or by phoning 119

Further develop and implement approaches that ensure access to testing for people who are unable to access the national programme using a locally supported system including;

- assisted swabbing for residents that need it
- locally provided swabbing for essential workers at times when demand outstrips capacity
- supporting high risk/vulnerable groups to book and access testing

Develop and deliver a Targeted Testing at Scale (TTaS) Programme for Manchester as part of the GM and national approach to using Lateral Flow Devices for point of care testing (see Appendix 1).

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

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

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

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

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

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

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

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

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

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

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

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

Priorities for the next period
Continue to enhance the Greater Manchester and National COVID-19 campaigns with specific Manchester messages
Continue to deliver specific communication campaigns in relation to events
Continue to support the Director of Public Health and Executive Member for Adult Health and Wellbeing with proactive media work in relation to Manchester outbreaks

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

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

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

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

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

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

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

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

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

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

Progress against objectives in the previous period
We consolidated the Safety Advisory Group approach to review event applications and risk assessments, strengthening the integration of Public Health into the process to support the ongoing review of event plans and proposals against a backdrop of changing regulations and guidance
We ensured that any event taken forward can be an exemplar of best practice in meeting and surpassing the standards laid out in the UK government guidance and seeking to utilise events to promote, not challenge the social distancing and hygiene directives and to influence and change people's behaviours
We supported the PSA Squash (Sept) to develop a COVID secure plan that enabled them to stage their first world tour event post lockdown, with 64 international athletes over 7 days of competition behind closed doors that provided live broadcast and highlights packages on TV, website and social media platforms
We supported the decision-making process around cancellation of close density crowd events such as Christmas Markets, Christmas Lights Switch On event and New Year Fireworks
We managed the adjustment of plans for Bonfire Night and Remembrance Sunday activities that supported a coordinated GM approach to cancel, scale back or move activity online

Priorities for the next period
Continue to support Lighttopia to confirm plans to host their light festival in Heaton Park – reacting to and adjusting approach against changing backdrop of regulations and guidance
Provide a suitable festive environment and support the pragmatic development of event opportunities that emerge in the post lockdown city centre recovery period from 3 rd December
Continue to advance partnership opportunities during the winter months that can be delivered within the envelope of local and national restrictions including International Swimming (Feb 2021) and Para Powerlifting World Cup (March 2021).
Develop an agreed approach to support event organisers to plan for April 2021 and beyond.

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

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

Progress against objectives in the previous period

We worked with schools on the remote learning offer in the event of pupils being at home following an outbreak
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We provided regular communications with schools and other settings to respond to their concerns

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

Priorities for the next period

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

Plan and implement an approach for contact tracing with schools over the Christmas break
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Provide an overview of the remote learning offer across all schools and identify gaps/issues in offer, targeting support where appropriate
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Consider the potential use of Lateral Flow Tests for secondary school pupils and college students as part of the Manchester TTaS Programme.
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Leads: Amanda Corcoran (Director of Education), Fiona Worrall (Strategic Director Neighbourhoods), Sarah Doran (Consultant in Public Health), Christine Raiswell (Strategic Lead, Manchester Test and Trace), Isobel Booler Education Department MCC)

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

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

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

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

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

Progress against objectives in the previous period
We have appointed Dale Ward (Equilibrium) as the provider representative on the Care Homes Board in order to develop its work in line with the needs of providers
We have issued Initial guidance on window visiting issued providers and further guidance is being refined
Completed and submitted an MLCO and Adult Social Care Winter Plan in line with new national guidance to DHSC
As part of our new digital offer to support online/remote consultation, COVID symptom tracking using the Restore2 methodology and improved capacity and issue tracking we ordered 91 iPads for care homes and will begin rolling out applications in Nov2020
We refined the care home dashboard to cover capacity, infection rates, clinical outcomes.
As part of our work with local Health Protection Teams and PHE to identify and fill gaps in testing we have a MDT for Outbreak Control Meeting in operation
We are developing an enhanced approach to risk identification and risk management across the care market and have completed an options paper to take to the Care Homes Board

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

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

12. Develop and deliver the Mass Vaccination Programme in Manchester

Each local area in the country has had to develop plans that demonstrate their ability to deliver a mass vaccination programme for their resident and registered populations from 1st December 2020. A formal mass vaccination programme for Manchester has now been established and a summary of the current plans for the programme is attached as **Appendix 3**. This is a very dynamic programme and local delivery plans are updated on a daily basis.

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

Appendix 1 – Targeted Testing at Scale: The Manchester approach

1. Introduction

The following national programmes are underway in Manchester:

1.1 Universities

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

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

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

1.2 NHS Trusts

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

1.3 Schools

The North West STAR Academy Trust is participating in the national pilot and one of their schools, Eden Academy, is in Cheetham Hill. This pilot will be delivered by the Military and the DPH, Director of Children’s Services and Director of Education have been informed and will support the pilot locally so that learning can be taken into the wider schools’ programme. The pilot ends on the 18th December 2020

1.4 Care Home Visitors

Following a pilot for care home visiting in Devon and Cornwall a national programme is now being rolled out and care homes in Manchester will be supported to implement locally (see appendix 2).

2. Aim and objectives of the Manchester TTaS Programme

2.1 The strategic aim of the programme is to coordinate the roll out of targeted rapid antigen testing at scale that prioritises the following approaches:

- 1) To deploy rapid antigen testing to identify asymptomatic, COVID-19 positive individuals in settings of higher risk of transmission or where the consequence of infection is higher
- 2) To explore the deployment of rapid antigen testing to speed up the process of identification of asymptomatic, COVID-19 positive, individuals in outbreak settings
- 3) To explore ways to use rapid antigen testing as an enabler – potential for ‘test and release’ to reduce isolation of contacts and to enhance community engagement activities in localities

2.2 The initial core team will be led by David Regan, Director of Public Health, Manchester City Council (MCC) supported by a Deputy SRO Sharon West (Public Health) and a Clinical Lead, Dr Paul Wright, Deputy Clinical Director, Manchester Health and Care Commissioning (MHCC).

2.3 The scale of this programme will require the deployment of significant resource from Manchester City Council and the following lead roles have been identified:

- Communications Lead
- Engagement Lead
- Workforce Lead
- Data and Intelligence Lead
- Finance Lead
- Estates Lead

2.4 Greater Manchester has submitted proposals for TTaS to the Government and if these are agreed there will be additional resources provided and Army logistic support available. It is anticipated that Manchester will be asked to mobilise the first phase of the programme before the Christmas break.

3. The priority cohorts

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

Schools with a focus on secondary school pupils and teaching staff

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

High risk workplace settings

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

High risk occupational groups

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

Care home visiting (see appendix 2)

As stated above we will support the roll out of the national programme, the DPH and DASS will ensure the local work is governed through the Care Homes Board

Communities and localities with high transmission rates

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

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

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

4. The service model

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

- Clinical protocols including Single Operating Procedures (SOP)
- Site identification and management using the same approach for local testing sites and intelligence received from the Liverpool pilot. An initial list of potential sites is provided

below although there are several processes to be completed with DHSC and other stakeholders before any of these can be agreed:

- FC United, Moston (Large)
- Ukranian Centre, Cheetham (Large)
- University site (Large)
- Convert planned PCR Testing sites to Asymptomatic Testing sites x 2 (Large)
- Medium sites in other community locations (x 10)
- Storage and distribution of testing kits with the New Smithfield Market identified as the main storage hub
- Workforce requirements drawing on Council resources, support from partner agencies and an agreement with the universities on the potential use of medical and nursing students once the university programme has been completed. The workforce requirements based on the DHSC blueprint would be approximately 370 wte staff. The workforce blueprint proposes 45 staff for each large testing site, 11 staff for each medium testing site and 2 staff for small testing sites. In addition, staff would also be required to enhance community engagement activities to ensure there is a take up of the offer by residents living in high prevalence areas. The key unknown variable is the amount of funding that will be available to commission external agencies to staff some of the sites supported by Army logistics personnel.
- Digital solutions for the efficient operation of the programme including booking tests, managing test centres, providing results and ensuring positive test results are logged on the national test and trace system.

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

4.2 Initial maximum estimated cohort numbers in bold are:

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

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

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

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

Finally, consideration is being given to the potential use of one of the University sites before Christmas to offer LFTs to care home visitors and specific occupational groups. It is acknowledged that not all care homes will be able to offer LFTs and this will provide an important back up arrangement. In addition, if capacity allows some of the occupational groups listed above who would benefit from rapid asymptomatic testing could be offered a LFT.

Appendix 2 - Care Home Visiting (The Manchester Approach)

1. Introduction

The Manchester health and care system recognises how important it is for people living in care homes to have visitors, and how important it is for friends and family members to be able to visit their loved ones in care homes. This is our Manchester approach to facilitating care home visits using testing.

This is the overall approach and will not apply in all care homes all the time as circumstances will vary, for example, if there is an outbreak of COVID-19 infections in a home. We are clear that this is a risk minimisation programme – it does not eliminate the risk of Covid-19 coming into a home via visitors.

Outdoor visits and window visits can continue without testing, at the discretion of care home managers.

2. Overview

Testing of care home staff and residents is already embedded in Manchester. The increased availability of Lateral Flow tests, with results available within 30 minutes, now means we can use testing to improve the safety of care home visiting, reducing the likelihood that someone is bringing COVID-19 into a care home.

Care homes are busy places which have been under sustained pressure throughout the pandemic. We want to put a process in place which balances facilitating visits with ensuring staff in homes can manage the extra work involved, bearing in mind that we will shortly be asking care homes to also facilitate the COVID-19 vaccination programme. Keeping people safe in this process is our highest priority.

Each care home is different, with different numbers of residents, with different needs. Each home has its own layout, facilities and setting. Care home managers are best placed to understand the detail of how to make this process work well for residents and visitors.

3. How will it work?

3.1 Before visits

- Each home will need Standard Operating Procedures for this whole process to include carrying out tests, management of visitors and environmental cleaning protocols
- Each home will need to carry out an individual risk assessment for residents receiving visitors
- Test kits will be sent to all care homes, along with links to training and guidance
- Staff will be trained in how to use the tests via the gov.uk portal
- Homes will ensure staff do the training and will record this
- Care Homes will inform visitors of the testing and visiting process before visiting starts. There are some Government template letters to help with this
- Visitors will need to book an appointment to visit, unless it is an emergency, or it can be facilitated at short notice by the Care Home
- Visits in exceptional circumstances, such as end of life, should always be facilitated

- Up to two nominated people can be registered to visit each resident (at separate times, not together) Exceptional cases will require further discussion with the Care Home.
- People should not attempt to visit a care home if:
 - they live with someone who has tested positive for COVID-19 in the last 14 days
 - they have had COVID-19 or flu like symptoms in the past 14 days or have been unwell in any way with diarrhoea, vomiting or any other new symptoms within the last 48 hours
 - they have been identified as a contact of a positive case in the last 14 days
- Visitors must have a negative Polymerase Chain Reaction (PCR) test 3 days before the day of the proposed visit, to make sure they are not bringing in the virus to the testing area. Visitors can order a home PCR test or book at one of the local testing centres
- Care homes will work with social workers if necessary, to ensure people with additional needs or who are unable to consent to visits are supported

3.2 On the day

Visitors will have two options to complete a Lateral Flow Test (LFT). The first option is set out below and the LFT will take place at the care homes. However, if the care home is unable to undertake LFTs then pending confirmation of designated LFT sites, visitors will be able to go to one of these sites and have a LFT under supervision and receive their test results within 30 minutes. If the test is negative then the visit can go ahead. If the test is positive then the visit will not be allowed and they must return home to isolate immediately. They will be given advice at the testing site on booking a confirmatory PCR test.

Care Home LFT protocol

- Visitors will need to consent to testing and to sharing test results
- Visitors will complete a throat and nasal swab test in a specific test area and will need to wait 30 minutes for the result
- If the visitor gets a positive result the visit cannot take place and the visitor will need to take a PCR test which the care home will schedule a priority courier to collect. The person will need to leave and follow the relevant guidance
- If the visitor gets a negative result then the visit can go ahead with infection prevention measures in place. Personal Protective Equipment will be provided by the home
- Where visiting is indoors, people should remain 2m apart as much as possible with physical contact limited to hand holding
- The duration of visits is up to each Care Home
- Facilities, including toilets and refreshments, will not be available during or after the visit
- Rigorous infection prevention and control measures must be always in place

3.3 Number of visits

- The number of visits per resident will be low to start with while everyone gets used to the processes involved. We will work with homes to try to increase the frequency of visits once it is safe to do so.
- The frequency and duration of visits may need to change depending on staff availability, local infection rates, advice from Public Health and of course the welcome roll out of the vaccine
- If there is a COVID-19 outbreak in the home, indoor visiting should stop (except in the case of end of life) to protect vulnerable residents, staff and visitors. Window visits may

continue at the discretion of the home manager on advice from the community health protection team.

- Our overarching aim is to manage the demand for visits fairly and safely.

3.4 When will this happen?

- We are expecting all homes to receive testing kits by 18/12/2020.
- Smaller homes may find it difficult to set aside enough space for this process. As stated above some LFT sites are being set up, which will give care homes the choice to signpost intended visitors there
- We need to keep people safe through this process. Visits using testing will only start in a care home once everything is in place. The home needs to be confident with the new testing procedures **and** confident that they can safely manage visitors in the home, as well as continuing with their usual daily work of caring for residents.
- Visits will therefore not start in all care homes on the same day.
- A pack of useful information and resources will be sent to all homes including the latest guidance by the 14th December and will answer questions raised by care homes at the Webinars held on Monday 7th (Manchester) and Tuesday 8th December (GM).

Appendix 3 – The Manchester Mass Vaccination Programme

1. Introduction

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

2. Current Overview

- 2.1 The Pfizer vaccine was approved by the MHRA on 2nd December 2020 and the AstraZeneca vaccine is now at the final stage of approval. NHS Trusts in tranche 1, which commenced on 8 December, are now ready to vaccinate people over 80 attending hospital (outpatients and in patients), their workforce and care home staff. MRI and Wythenshawe hospitals are expected to be part of the tranche 2 hospital roll out from Monday 14th December.
- 2.2 The Primary Care Network (PCN) Wave 1 Wythenshawe site will be operational from Monday 14th December and up to four other PCN sites are expected to be mobilised the week commencing 21 December 2020.
- 2.3 The GM Mass Vaccination Site at Manchester Tennis Centre is also on standby to deliver aspects of the programme and significant support has been provided from the Manchester team (MHCC and MCC) to enable the site to be ready.
- 2.4 The Programme Management Office (PMO) is reviewing all initial workstream plans, risks and issues to ensure resources are in place in advance of receiving any vaccines. An overall Programme Plan has been produced and the governance report is going to the Health and Wellbeing Board on 9 December 2020.

- 2.5 The PCN Enhanced Service Specification and Collaboration Agreement has been considered and sign off of the Directly Enhanced Service (DES) contract has been completed by the majority of PCNs.
- 2.6 The finance and workforce modelling and plans are being developed and being shared regularly with the Greater Manchester Health and Social Care Partnership to ensure a consistent approach. The initial Manchester-specific priority cohort and vaccination delivery modelling has been produced by MHCC Business Intelligence Team and can be adjusted as more information becomes available (e.g. changes to the national JCVI cohort priority list).
- 2.7 Pending further national guidance on the use of the Pfizer vaccine it is hoped that a “mobile service” (i.e taking the vaccine to people) can be offered to care home residents and staff as soon as is practical.
- 2.8 The British Islamic Medical Association have produced a helpful guidance note which states "There is no content of animal origin (i.e., no gelatine) and no products are derived from foetal cell lines. The remaining excipients are not of concern". This is from the MHRA source document.