

# Manchester Health Protection System

**Living Safely and Fairly with Covid-19 in Manchester**



March 2022

## Our Plan

This is a plan based on what our current understanding is on national policy direction on Covid-19 and based on what the epidemiology (scientific study of Covid-19 and how it is found, spread and controlled) is telling us.

As with all our Covid-19 plans, it is iterative and will be updated and developed over time. Indeed, there are several important national policy announcements (e.g. Testing) expected in the next month that will be incorporated.

We are committed to reviewing our work, learning from our experiences so far and sharing our learning and understanding as we move to learn to live safely and fairly with Covid-19. Our plan is a system wide plan, coordinated by leads in different organisations and directorates, who will work with a wide range of people who live and work in the city to drive the delivery of the plan.

The plan includes:

- Summary of our Covid-19 response so far
- Covid-19 Inequalities
- Epidemiology, including possible future scenarios
- National Living Safely with Covid-19 Strategy key information
- Building a shared understanding of what 'living safely and fairly with Covid-19' means for Manchester – our approach, what we will do and inequalities considerations
- Local Governance arrangements
- Our 12-point plan for Living Safely and Fairly with Covid-19 in Manchester
- Resource Requirements

## Covid-19 Response – The Manchester Difference

**It hit us harder.  
We helped each other.  
We fought back stronger.**

From Manchester's Public Health Annual Report Jan 2020-August 2021

Manchester has been hit hard with 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 to Covid-19, and we still have a huge challenge when we continue to work together to 'live safely and fairly with Covid-19'.

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

## Covid-19 Inequalities (1)

Covid-19 has shone a light on existing health inequalities and underlying health conditions of our population and exacerbated them for our most vulnerable residents.

National evidence shows that:

- People who live in the most deprived areas of England and Wales were around twice as likely to die after contracting COVID-19.
- People of Black, Asian and other minority ethnic groups were more exposed to COVID-19, more likely to be diagnosed with it and more likely to die from it than those of white ethnicity
- Compared to people under 40 years old, the chances of dying from COVID-19 were 70 times higher for those aged over 80 and 50 times higher among those aged 70-79
- The risk of death involving COVID-19 in England was 3.1 times greater for more-disabled men and 3.5 times greater for more-disabled women, compared with non-disabled men and women.
- COVID-related deaths for people with a learning disability were dramatically higher than the general population in England and Wales

In Manchester, the age standardised rate of COVID-19 cases and deaths involving COVID were both higher among people living in the most deprived 20% of areas within the city across the course of the pandemic.

## Covid-19 Inequalities (2)



### The Manchester Challenge

- Up to 200 languages spoken (most ethnically diverse outside London), 100 in Central Manchester alone
- Much younger population than other major towns and cities - just under 50% of the population is aged under 25 (and around 40% are likely to be multilingual)
- People come to work, learn, worship, shop and play -Manchester is the second most visited local authority after London
- 43% of LSOAs are ranked in the most deprived 10% of areas in England
- Geographically small city with large population - high population density



- The nature of Manchester's geography, demography and assets made residents of Manchester more vulnerable to COVID-19 with **higher rates of transmission**, and large numbers of people at higher risk of **severe disease and death** (see graphs in Appendix 1 and 2)
- These factors also meant that the response to the pandemic including testing, contact tracing, support to self-isolate and delivery of the vaccination programme were more challenging and resource intensive
- These factors need to be considered to ensure this plan is delivered equitably

## Covid-19 Inequalities (3)

Manchester also has a high number of complex and high risk settings.

These are settings where individuals may be more vulnerable to Covid-19, where Covid-19 is more likely to spread and where outbreaks may be harder to control.

### Complex and High Risk Settings in Manchester include:

- Adult's care homes
- Supported living accommodation
- Homeless hostels
- Asylum seeker provision
- Prison
- Universities Halls of Residences/large shared private accommodation
- Manchester Airport
- Hospice
- Day centres
- Children's care homes and residential settings
- Boarding schools
- Special Educational Needs schools
- Large businesses, warehouses

## Covid-19 Inequalities (4)

Health and wellbeing of the population – before, during and after Covid-19

Before	During and after
<ul style="list-style-type: none"> <li>• Stalling life expectancy/healthy life expectancy</li> <li>• Increasing health inequalities/'social gradient'</li> <li>• Prevalence of preventable long term conditions</li> <li>• Prevalence of risk factors for LTCs ('health behaviours', wider determinants)</li> </ul>	<ul style="list-style-type: none"> <li>• Impact of C19 on health and health inequalities</li> <li>• Impact of C19 containment measures on health and health inequalities</li> <li>• Impact of C19 containment measures on social and economic circumstances and inequalities</li> <li>• Disproportionate impact on some people (young and old, disabled, mental health conditions, minority ethnic communities, key workers, carers)</li> </ul>

Existing health inequalities in the City were also exacerbated by COVID-19 potentially leading to a vicious cycle where people who are more vulnerable to disease due to their socio-economic circumstances, then face further adverse impacts on their circumstances as result of COVID-19 illness or containment measures, which puts them further at risk of severe illness for example

- Manchester's unemployment rate compared to England's for people aged 16-64 was beginning to widen before the pandemic and has further widened since the pandemic
- There were 2,546 households in temporary accommodation at the end of March 2021. This is an increase of 17% from March 2020.

## Covid-19 Inequalities (5)

- The impact of Covid-19 has been felt by our children and young people in education settings: On average, each school age child in Manchester lost 43 days face to face learning.
- For every reported case of a female in Key Stage 4 (GCSEs), there were 26 identified contacts who also needed to self-isolate. This is higher than the mean average of 22 contacts for every case of a male in Key Stage 4.
- The number of confirmed cases of Covid-19 over the academic year were higher in school age children living in more deprived wards (particularly in the north of the city), and in wards with larger ethnic minority populations including Longsight, Cheetham, Crumpsall, Moss Side and Levenshulme.
- Manchester residents have needed extra support to self-isolate due their often complex circumstances and working situations which will continue as the legal requirement to self-isolate is removed. Our local Manchester Test and Trace Service reached out to 23,000 residents to offer support and 2,700 were given practical, clinical and emotional support.
- 9,392 residents have received a Test and Trace Support payment of £500 to support them to self-isolate – a total of £4,696,000. This scheme ran from 28/9/2020 and stopped on 23/2/2022



## Epidemiology - Context and where we may be headed (1)

- Omicron has demonstrated a wave of Covid-19 with less direct health harms than previous waves, due to population levels of immunity (vaccines and prior infection) and to some extent inherent reduction in severity.
- Covid-19 is not yet endemic - It will become endemic once it is predictable and there is a clearer understanding of how to manage it.
- Even with vaccination, Covid-19 and its variants will continue to circulate for some time.
- SAGE have estimated it will take at least a further five years for Covid-19 to settle to a predictable endemic state and the path to endemicity will be critically dependent on:
  - ❖ how the virus evolves
  - ❖ the rate of waning of immunity
  - ❖ chosen policies on vaccination and boosting
- There are likely to be further waves of infection, due to waning immunity and/or new variants emerging but it may be hard to spot when and where these are occurring in Manchester without routine and reliable local surveillance data.

## Epidemiology - Context and where we may be headed (2)

- A future Variant of Concern could be more or less transmissible, and more or less dangerous.
- Waves of new variants are likely to continue until a very much higher percentage of the world's population has been vaccinated.
- Repeated vaccination may be required to maintain sufficient vaccine-derived immunity for future Covid-19 control.
- We are moving to minimal restrictions with rates still at very high levels, therefore it is likely that reasonably high levels will remain for some time, possibly falling to lower levels in the summer. However, Delta was a summer wave, and in the last two years we have had a new wave roughly every 6 months.
- It is a realistic possibility that, over the next five years, there will be epidemics of sufficient size to overwhelm health and care services (SAGE - Scientific Advisory Group for Emergencies).

## There are various possible future scenarios (Further details in Appendix 3 and 4)

World Health Organisation describes 3 scenarios:

Scenario	
<b>1: 5th endemic coronavirus</b>	Covid-19 remains highly contagious but causes mild illness in most cases It is added to the existing 4 coronaviruses that already circulate endemically (SAGE estimates this could take 5 years)
<b>2: Flu like</b>	Covid-19 behaves like seasonal flu with recurring epidemics and severe disease is seen in people most at risk
<b>3: Ongoing pandemic through various Variants of Concern</b>	A new variant emerges that evades acquired immunity resulting in large number of cases, overloaded health system and more deaths

Scientific Advisory Group for Emergencies (SAGE) describes 4 possible scenarios and compares these to the current Omicron variant:

Scenario	
<b>1: Reasonable Best-Case</b>	Relatively small resurgence in Autumn/ Winter with low levels of severe disease
<b>2: Central Optimistic (most likely)</b>	Seasonal wave of infections in Autumn Winter with similar size and severity to Omicron wave
<b>3: Central Pessimistic (most likely)</b>	Emergence of new variant of concern results in large waves of infections at short notice and outside Autumn/ Winter season. Severe disease and mortality concentrated in certain groups – unvaccinated, vulnerable, older people
<b>4: Reasonable Worst-Case</b>	Large waves of infections with increased levels of severe disease seen across populations, with most severe health outcomes primarily in people with no prior immunity

## National policy context (1):

### Covid-19 Response: Living with Covid-19 published on 21st Feb 2022

**Objective:** To enable the country to manage Covid-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.

#### Government response centred around the following four principles:

- Living with Covid-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses;
- Protecting people most vulnerable to Covid-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing;
- Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency;
- Securing innovations and opportunities from the Covid-19 response, including investment in life sciences.

## National policy context (2):

### 21st Feb

- the Government removed the guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing (still in place for high risk education settings e.g. SEND)

### 24th Feb

- Routine contact tracing ended (local teams will continue to carry out context-specific contact tracing as part of outbreak response)
- Legal requirement to self-isolate following a positive test removed.
- Fully vaccinated close contacts and those under the age of 18 no longer required to test daily for 7 days, and the legal requirement for close contacts who are not fully vaccinated to self-isolate removed
- End to self-isolation support payments and national funding for practical support. The medicine delivery service will no longer be available.
- The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations revoked.
- End of the legal obligation for individuals to tell their employers when they are required to self-isolate.

### 24th March

- Covid-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end.

## National policy context (3):

### 31st March

- National Test and Trace will end
- National Education Advice Service (accessed through DfE Helpline) will end

### 1st April

- No longer provide free universal PCR and lateral flow testing for the general public (tests will be made available to purchase). Limited symptomatic testing available for a small number of at-risk groups – further details to be confirmed. Free symptomatic and routine testing will remain available in health and social care settings.
- Remove the current guidance on voluntary Covid-19-status certification in domestic settings and no longer recommend that certain venues use the NHS Covid-19 Pass.
- Update guidance setting out the ongoing steps that people with Covid-19 should take to minimise contact with other people. This will align with the changes to testing.
- Consolidate guidance to the public and businesses, in line with public health advice.
- Remove the health and safety requirement for every employer to explicitly consider Covid-19 in their risk assessments.
- Replace the existing set of 'Working Safely' guidance with new public health guidance.

## Building a shared understanding of what 'living safely and fairly with Covid-19' means for Manchester

### Our approach:

- Remain committed to doing what is right for our Manchester residents, taking an Our Manchester approach
- Work together with our 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

### We will:

- Consider the national policy direction from Feb/March 2022 as more information is released
- Look at the local patterns of infection and transmission to help inform our plans
- Review current local and Greater Manchester arrangements – both function and resourcing
- Build a resilient local health protection system, retaining the crucial skills, knowledge and experience of teams we have built up over the past two years working on Covid-19 response
- Remain prepared for future Covid-19 surges and be able to respond early and rapidly to outbreaks
- Integrate Covid-19 work with other infectious diseases that we respond to locally, e.g. TB, flu, measles, other vaccination programmes (childhood immunisations)
- Have a renewed focus on other important health protection issues and deliver new programmes of work
- Through the Chief Executive of the City Council and Director of Public Health continue the dialogue with central Government to ensure the learning from Manchester is fed into national policy developments.

## Inequalities considerations

Significant inequalities and disproportionate direct and indirect impacts of Covid-19 have been evident and persisted throughout the pandemic

We will:

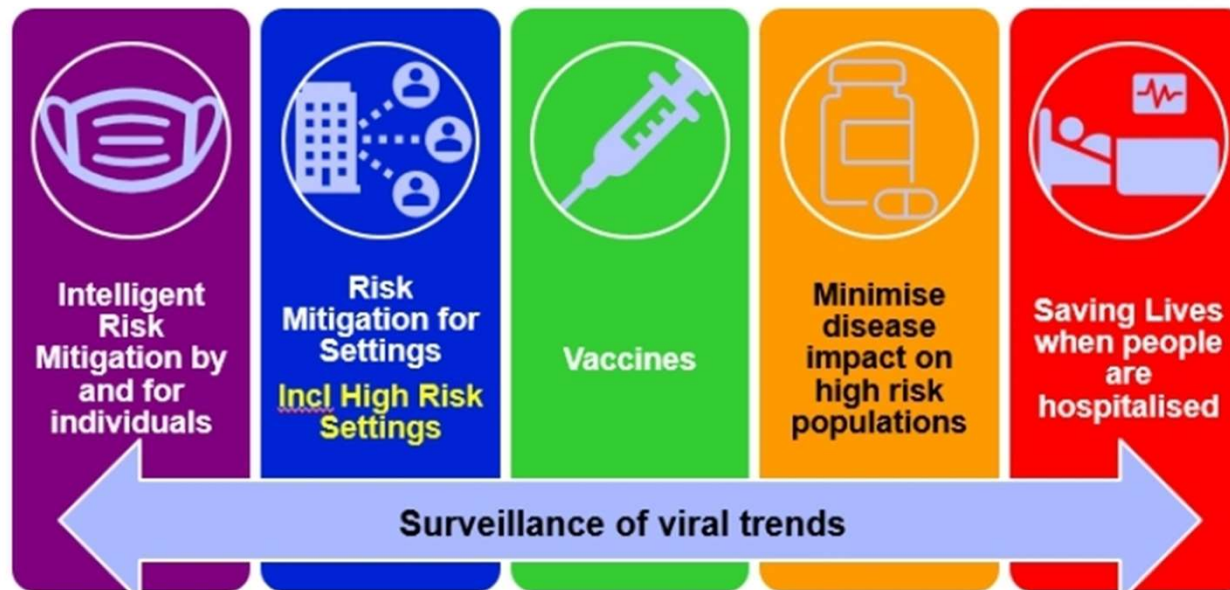
- Protect high risk settings and people who are more vulnerable to disease, to reduce the impact of Covid-19 on individuals and communities at highest risk of poor outcomes (people may be vulnerable because of clinical and or social reasons)
- Assess and mitigate equalities impacts as part of any review and change in national Covid-19 policy/guidance
- Rebuild population health and address both the direct and wider impacts of the pandemic on health and wellbeing and on health inequalities
- Ensure that plans to tackle the health service treatment "backlog" have a strong inequalities focus

It is unknown if enhanced support will be available to places with ongoing high case rates.



## 5 Cornerstones to make Living Safely and Fairly with Covid-19 work

The Association of Directors of Public Health has identified 5 cornerstones to make Living Safely and Fairly with Covid-19 work

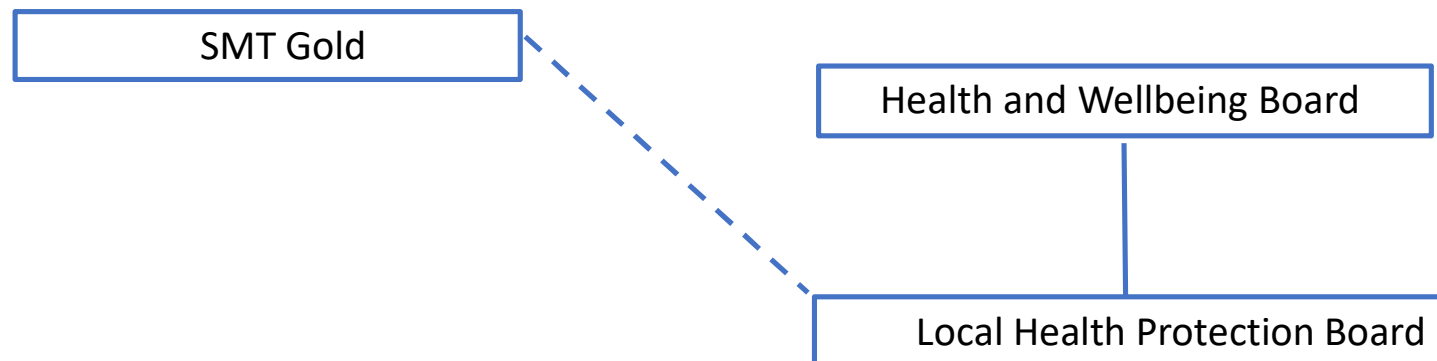


## Local Governance Emerging Arrangements

Throughout the pandemic we have had strong governance arrangements to oversee our Covid-19 response. Our Local Health Protection Board (Covid-19 Response Group/ Covid-19 Task Group), chaired by the Director of Public Health, had a dedicated Covid-19 focus and reported into the Health and Wellbeing Board and SMT Gold meetings, chaired by MCC's Chief Executive.

Moving forward, we will incorporate the Covid-19 Task Group back into a wider Health Protection Board, which will cover Covid-19 and other health protection issues.

The Health Protection Board will report into the Health and Wellbeing Board and will link to SMT Gold, which will be stood up as and when required. It is important to note that the Manchester Partnership Board will be considering the wider NHS challenges and care system pressures relating to the "backlog".



## Our Twelve Priorities

Our Twelve Point Action Plan has been updated regularly since August 2020 and has mirrored the national and Greater Manchester approach.

The Plan has been revised in line with the new national strategy and our own Living Safely and Fairly with Covid-19 in Manchester vision.

For each of our priorities we have described:

- How we are currently responding to Covid-19
- How we will change our approach to live safely and fairly with Covid-19
- How we will go about moving from our current position to where we need to be

As part of the transition, there will be a very different approach needed to some areas of work, in particular testing, contact tracing and isolation support.

### Our 12 priorities are:

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 (revised approach)
7. Communications
8. Community engagement
9. Data and intelligence
10. Education settings
11. Workplaces and businesses
12. Events, leisure and religious celebrations

## 1. BUILDING A RESILIENT LOCAL HEALTH PROTECTION SYSTEM

**AIM: Develop a new, resilient local health protection system using the learning and skills developed through our Covid-19 response to respond to future surges, outbreak and variants of Covid-19 as well as other health protection threats such as measles, TB and poor air quality**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

**Lead: Sarah Doran**

### Responding to Covid-19: *current position*

- Manchester Test and Trace provides strategic and operational Covid-19 response around testing, contact tracing, support to self isolate, outbreak response to Covid-19 and vaccination helpline
- Covid-19 Central Co-ordination Hub in place with clinical and non-clinical staff
- Specialist Community Health Protection Team provides advice, support and outbreak management for Covid-19 and other infections in high risk settings
- Environmental Health Team provides advice, support and outbreak management for workplaces and businesses
- Data and Intelligence, Communications and Neighbourhood Teams have been essential to Covid-19 response work
- Some work has now stopped based on govt strategy e.g. contact tracing outside of outbreak situations and support to isolate (from 24th Feb), compliance and enforcement activity now stood down in line with removal of plan B measures

### Living Safely With Covid-19: *our priorities for the future*

- Develop a new resilient local health protection system with public facing, specialist advice, outreach and strategic functions
- Retain some capacity using skills and expertise built up through Covid-19 response
- Work ongoing to identify key priorities but likely to include:
  - Living safely and fairly with Covid-19
  - Increasing screening and vaccination, with a focus on childhood immunisations, flu and Covid-19 vaccination
  - TB work programme
  - Reducing health inequalities associated with poor air quality
- Develop plans that can be scaled up at pace based on local surveillance and data analysis with all partners sufficiently engaged and resourced.
- Reintroduce compliance and enforcement measures if required to manage future peaks/variants

### Transition Plan: *how we will achieve this*

- Local Health Protection Board will be refreshed and re-established to oversee the new local health protection system and the Living Safely and Fairly with Covid-19 work
- Transition planning will scope and implement a new local health protection system by June 2022
- Current arrangements funded until June 2022 and plans for capacity required July onwards will consider how we head out of emergency response and towards business as usual but retain capacity to stand up elements of emergency response swiftly, whilst uncertainty of the virus evolution remains.
- Plans will include retaining some compliance and enforcement capability to re-establish previous arrangements should legally enforced measures/restrictions be put in place again

## 2. INFECTION PREVENTION AND CONTROL

**AIM: Increase skills and good practice in infection prevention control across settings and residents to minimise risk of transmission of infectious diseases including Covid-19**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

**Lead: Leasa Benson**

**Responding to Covid-19:  
current position**

- Enhanced Infection Prevention and Control (IPC) measures in place across health and care settings
- Increased awareness of IPC measures across the general public and settings including social distancing, ventilation, improved hand and respiratory hygiene, use of face coverings and environmental cleaning.
- Outbreak management includes enhanced IPC controls
- A mixed model of Personal Protective Equipment (PPE) provision with most now provided through the national portal
- Local PPE mutual aid hub is in place
- Specialist advice provided by Community Health Protection Team and Environmental health Team

**Living Safely With Covid-19:  
our priorities for the future**

- Promotion of key public health messages including staying at home, respiratory and hand hygiene and environmental cleaning to reduce transmission of all infections including Covid-19
- Consider policy options to improve ventilation and indoor air quality in schools, workplaces, enclosed public spaces and homes
- Continue to use enhanced IPC controls to manage outbreaks
- Increased focus on IPC training and awareness across sectors, building on skills and knowledge developed during the pandemic
- Investigate cost effectiveness of additional measures including CO2 monitors and filtration systems
- Continue to support enhanced IPC measures as the norm in some health and social care settings
- Support providers to access national PPE supplies and retain a locality contingency role

**Transition Plan:  
how we will achieve this**

- Inclusion of IPC measures in all relevant plans and service specifications
- Continued messages to the public around keeping safe, hand and respiratory hygiene and ventilation etc, for example encouraging face coverings on public transport
- Retain a locally deployable stockpile of PPE
- Implement the E-Bug Programme across education settings

### 3. VACCINATION & TREATMENTS (1)

**AIM: Maximise vaccination coverage and improve vaccine equity for first and second doses and booster vaccinations; develop and deliver annual winter vaccination programme, ensure availability and equitable access to appropriate treatment for those who are eligible**

**Manchester Covid-19**

**Living Safely and Fairly  
With Covid-19**

**Lead: Manisha Kumar & David Regan**

## VACCINATION

**Responding to Covid-19:  
current position**

**Living Safely With Covid-19:  
our priorities for the future**

**Transition Plan:  
how we will achieve this**

- Mixed model of delivery in place including Local Vaccination Sites and GP practices, Mass Vaccination Clinics, Hospital Hubs, community pharmacies, schools, pop ups, housebound delivery and bespoke clinics for specific target groups.
- Vaccine equity plan delivering a number of activities focussed on communities (either geographically, by ethnicity or other risk groups) with lower vaccine coverage including; data driven approach, culturally competent targeted communications and engagement,, bespoke targeted vaccination clinics, neighbourhood based approach, and continuous learning, evaluation and improvement of offer informed by community insight
- "Think Family" approach for schools (12-15) vaccination programme with enhanced support offer for schools in priority/lower coverage areas and communities
- Helplines available to support with non-digital booking and access, and a range of Covid-19 related queries with clinical staff and interpreters available

- Tackling inequalities and improving vaccine equity for population groups and areas of the city with lower vaccine coverage
- Ensure Evergreen offer in place across the city to respond to demand for first and second doses; and ability to increase capacity if needed for any future surge
- Ensure a continued offer for new phases as they are introduced e.g. Healthy primary school aged children, spring boosters and any further doses ,
- Ensure an accessible out of school offer is promoted and available to children, young people and families that is aligned to the evergreen offer
- Plan for Autumn 22/23 annual winter vaccination programme which may require additional capacity – building on the model for the programme so far
- Local Vaccination Helpline to continue to be offered by Local Health Protection Co-ordination Hub (previously called Manchester Test and Trace Coordination Hub)
- NHS Gateway phoneline to continue including targeted outbound calling

- Commitment in place to deliver 'Evergreen' offer until March 2023 with a strong focus on inequalities and community engagement including delivery for housebound, community pop ups and bespoke clinics alongside fixed-site offers.
- Hyperlocal outreach offer to continue with mobile units and peripatetic vaccination team working in partnership with neighbourhood teams to target areas and communities who are marginalised, underserved or have lower vaccine coverage
- Lobby for change to current national commissioning and payment models to enable flexible, nuanced and resource intensive approach required to improve coverage in Manchester
- Apply workforce models for Covid-19 vaccination to other vaccination programmes
- Local Vaccination Helpline to be expanded to offer help on other vaccinations, such as childhood imms, as well as Covid-19

### 3. VACCINATION & TREATMENTS (2)

**AIM: Maximise vaccination coverage and improve vaccine equity for first and second doses and booster vaccinations; develop and deliver annual winter vaccination programme, ensure availability and equitable access to appropriate treatment for those who are eligible**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

Lead: Manisha Kumar & David Regan

#### TREATMENTS

**Responding to Covid-19:  
current position**

**Living Safely With Covid-19:  
our priorities for the future**

**Transition Plan:  
how we will achieve this**

- Antiviral and monoclonal antibody treatments are available for certain high risk individuals who test positive for Covid-19 and who have mild-moderate symptoms. The treatments are aimed at reducing severity of covid-19 and reducing the risk of hospitalisation. Treatments are delivered via CMDUs (Covid Medication Delivery Units) within the first 5 days of acute Covid-19 illness. Current eligibility is based on positive lateral flow test or positive PCR result.
- Hot clinics are a GP led primary care service for people with suspected or confirmed positive Covid-19, where they can be seen in person for an assessment. Clinics are based in Central, South and North Manchester for those able to travel.
- Home visits if required are provided by a patient's own General Practice
- People at high risk of severe disease will be referred either into the Covid-19 Home Oxygen Monitoring Service, considered for antiviral treatment or escalated into hospital if required
- Long Covid Clinics at all 3 Manchester hospital sites following GP assessment and referral

- Ensure equitable access to Covid Medication Delivery Units (CMDUs) so that all eligible people at risk can access antiviral and monoclonal antibody treatments if they have mild-moderate symptoms
- Continue offer of access to face to face care if needed for patients with Suspected Covid-19, through GP, Hot Clinics or Home visit.
- Further escalation route into Hospital or CMDU (for considering antiviral treatment) will remain.
- Availability of testing capability is essential for eligible people to access treatment.
- Encourage vaccination to prevent long Covid-19, and increase awareness of symptoms and available support
- Ensure emergency preparedness for futures waves

- Detailed government guidance awaited to confirm that free testing remains in place for people eligible for treatments, as part of 'limited symptomatic testing' for a small number of at risk groups" to ensure that they can go on to access life-saving treatments.
- Deliver good communications to ensure that eligible individuals know how to test and access treatment if develop symptoms of covid-19.
- Development of Long Covid rehabilitation offer from Manchester Local Care Organisation
- Development of robust emergency preparedness and business continuity plans to address possible future waves

## 4. CARE HOMES & OTHER HIGH RISK SETTINGS

**AIM: Protect the city's most vulnerable residents by reducing and minimising the effects of Covid-19 outbreaks in high risk settings, such as adult's care homes, children's care homes and residential settings, supported living accommodation, homeless hostels, asylum seeker provision, hospice, day centres, boarding schools, Special Educational Needs schools and the prison.**

### Manchester Covid-19

### Living Safely and Fairly With Covid-19

Leads: Leasa Benson & Nicola Rea

#### Responding to Covid-19: *current position*

- Community Health Protection Team (CHPT) supports vulnerable residents and high risk settings
- Partnership work with Manchester Test and Trace Coordination Hub, Environmental Health, Adult Social Care, UK Health Security Agency, education and homelessness service colleagues
- Monitoring Covid-19 cases in residents and staff, supporting settings to manage situations, and reporting to various regulators
- Managing outbreaks
- Providing support and guidance on staff and resident testing regimes
- Promotion of vaccination uptake in staff and residents in high-risk settings
- Providing regular comms and guidance to settings
- Virtual visits where concern is raised
- Training and education sessions on specific areas of Infection Prevention and Control
- Specialist support for settings providing high risk procedures

#### Living Safely With Covid-19: *our priorities for the future*

- Continued role in supporting high risk settings with outbreak management, including enhanced infection prevention and control measures and regular staff and resident asymptomatic testing regimes and outbreak testing as guided by national policy
- Continuation of review and distribution of new and updated guidance and other comms
- Ongoing communication between the Community Health Protection Team, Adult Social Care, children's social care, education, homelessness services and other care providers around Covid-19 and other communicable diseases
- Promotion of vaccination programmes and promotion of vaccine status checks for new residents
- Planned and spot check support visits to providers with concerns post outbreak
- Return to proactive visits to provide support and guidance on infection prevention and control measures and managerial responsibilities around health protection issues, outbreak response and prevention of health protection incidents

#### Transition Plan: *how we will achieve this*

- Retain staffing levels and expertise of specialist Community Health Protection Team staff, ensuring sufficient capacity and knowledge base
- Work in partnership with Greater Manchester contact tracing hub, UKSHA, GM Health Protection Collaborative as part of Health Protection reforms and ongoing review of Health Protection delivery locally and across Greater Manchester
- A clear communications plan for health protection issues in high risk settings, including planned and emergency situations
- Work closely with neighbourhood colleagues to raise awareness of actual and potential health protection risks in specific areas of the city
- Local health protection system leadership to influence local, Greater Manchester and national groups, boards & committees, ensuring health protection remains a priority with future planning of services and developments.



## 5. HIGH RISK, CLINICALLY VULNERABLE & MARGINALISED COMMUNITIES

**AIM: Ensure the needs of people and communities that are high risk, clinically vulnerable or marginalised are prioritised and addressed within the broader Living Safely and Fairly with Covid-19 plans**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

**Lead: Cordelle Ofori**

**Responding to Covid-19:  
current position**

- Covid-19 Health Equity Manchester (CHEM) engaging and working with communities at high risk of adverse impacts to deliver culturally competent bespoke messages and engagement approaches, improve vaccination coverage, and enable people to keep safe and well. Activities include establishment of Sounding Boards and Disabled People's Engagement Board; Targeted Fund for voluntary and community organisations; Covid-19 CHATS; working with community influencers and leaders to share messaging' and working with neighbourhood teams to target Covid-19 response work
- The shielding programme for people who were previously considered Clinically Extremely Vulnerable ended on 15.9.21 however many people never stopped shielding and are now anxious about what the removal of restrictions will mean for them.

**Living Safely With Covid-19:  
our priorities for the future**

- Continue to promote the importance of vaccination for high risk groups and ensure that information and the vaccination offer itself is accessible , and work continues build trust, dispel myths and address vaccine hesitancy
- Ensure equitable access to testing and treatment for people in high risk groups who develop Covid-19 symptoms and would be eligible for treatment to prevent severe illness and death
- Ensure that people who were clinically extremely vulnerable (CEV) are supported and enabled to safely integrate back into society.
- Address the indirect consequences of Covid-19 with a focus on what matters to people in the CHEM risk groups e.g. Mental Health; Long Covid-19; food, housing and income security; children and young people, and primary care and as part of Manchester's Build Back Fairer/Marmot Action Plan

**Transition Plan:  
how we will achieve this**

- Maintain, develop and strengthen the CHEM infrastructure and approaches to engagement, inclusive communication and inclusive data that underpin the work to address health equity
- Work with NHS, primary care and neighbourhood teams to identify and address any inequalities in access to Covid-19 Medication Units, Hot Clinics and opportunities for treatment for eligible individuals
- Welcome back events being planned with the support of libraries and galleries to enable those that were categorized or saw themselves as clinically extremely vulnerable to participate in activities in a safe way.
- Further guidance is awaited on the national Enhanced Protection Programme (EPP) approach for people who were clinically extremely vulnerable.
- Ensure voice of Communities that Experience Racial Inequality, Inclusion Health and other marginalised groups influence delivery of the Build Back Fairer plans.

## 6. TESTING, CONTACT TRACING, SUPPORT TO ISOLATE, OUTBREAK MANAGEMENT (1)

**AIM: Focus testing on those most vulnerable to disease and those in high-risk settings, to ensure these residents are protected. Testing to be used for treatment, prevention, surveillance and outbreak investigation.**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

**Leads: Sarah Doran & Christine Raiswell**

### TESTING

**Responding to Covid-19:  
our current position**

**Living Safely With Covid-19:  
our priorities for the future**

**Transition Plan:  
how we will achieve this**

- Free universal testing for general population until 31st March 2022:
  - 9 PCR test sites (7 'local' and 2 regional), and PCR home delivery, run by NHS Test and Trace
  - LFD test provision through pharmacies, community venues, workforce schemes, and home delivery
  - Community agile 'pop up' testing, targeted to reduce health inequalities
- Routine testing for health and social care staff and residents/patients in high-risk settings
- Enhanced testing as part of outbreak response for example schools, prison and businesses
- Mobile Testing units available for large scale outbreak / variants of concern response
- Twice weekly asymptomatic testing for school staff and secondary school students encouraged
- Local testing team delivering regular and outbreak testing in high-risk settings, and home swabbing.

- Much of our approach will be guided by national policy and infrastructure, where full details are to be confirmed over the coming weeks.
- Continued twice weekly testing for SEND schools (regular testing in other education settings ended on 21st February)
- Continued routine and symptomatic testing for health and social care settings following national guidance
- Use of enhanced testing as a control measure for outbreak management in high risk settings
- Ensure equitable access to available testing for Manchester residents, based upon factors such as income, digital access and ability to leave home.
- Ensure testing is accessible for 'at-risk' groups as government guidance becomes available.
- Ensure we have the capacity and capability to scale up provision rapidly.

- Continue to work closely with UKHSA colleagues to understand and influence ongoing changes, e.g. how mass testing can be re-established rapidly, how testing will be made available to specified groups (e.g. those identified in Government report as 'at-risk').
- Continue collaborative working with Education, Adult Social Care, and Communications colleagues to share understanding of upcoming changes to guidance and manage its effective implementation
- PCR float stock will be made available to support outbreak response
- Maintain a supply of LFD kits in reserve given uncertainty around national arrangements.
- Costed options for securing additional supplies of tests to ensure cost is not a barrier for residents to access testing.

## 6. TESTING, CONTACT TRACING, SUPPORT TO ISOLATE, OUTBREAK MANAGEMENT (2)

**AIM: Identify local outbreaks of COVID early and provide an integrated, rapid response through effective management, drawing on the expertise and learning developed over the pandemic.**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

**Leads: Sarah Doran & Christine Raiswell**

### CONTACT TRACING & OUTBREAK MANAGEMENT

**Responding to Covid-19:  
current position**

**Living Safely With Covid-19:  
our priorities for the future**

**Transition Plan:  
how we will achieve this**

- As our Single Point of Contact, our Local Test and Trace Coordination Hub has received detail of cases of COVID in settings, working to risk assess and triage out to teams to lead investigations in their specialist areas:
  - Environmental Health team (inc. businesses, offices, hospitality, justice)
  - Community Health Protection Team (inc. care settings, early years and schools)
- Multiagency Outbreak Control Team meetings called where required, involving UK Health Security Agency colleagues where appropriate.
- We have had clinical, expert contact tracing staff in place in our Local Manchester Test and Trace Team, undertaking complex contact tracing of residents who have not engaged
- We have taken the lead from national on tracing as part of Variant Of Concern (VOC) response
- GM Integrated CT Hub has provided additional surge capacity & resilience
- All routine individual contact tracing ended on 24 February 2022.

- A revised national Covid-19 Outbreak Management Framework is expected in March. This will further outline our local role. Moving forward, it is understood:
  - Outbreak management will move to be focussed only on high risk settings, and will need to include testing and antiviral prescription routes. Outbreak management for COVID will be delivered by local and regional teams with no national system in place.
  - Contact tracing would only be required as part of outbreak management and in response to new variants, although circumstances whereby the latter would be required are as yet unclear. We will need to ensure we have capacity to scale up this specialist provision rapidly.

- We will retain capacity and expertise for contact tracing and outbreak management supported by the Greater Manchester Integrated Hub as part of health protection reforms and ongoing review of health protection delivery
- We will engage with businesses on wellbeing agenda and importance of changing presenteeism
- Clear communications to business and the public on importance of staying at home for all communicable diseases
- We will gather insight from the two years of Covid-19 tracing and outbreak management and ensure lessons are applied to future health protection systems.

## 6. TESTING, CONTACT TRACING, SUPPORT TO ISOLATE, OUTBREAK MANAGEMENT (3)

**AIM: Ensure support is available for residents who are self-isolating by connecting people to existing support provision and engaging with employers**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

**Leads: Christine Raiswell & Shefali Kapoor**

### SUPPORT TO ISOLATE

**Responding to Covid-19:  
current position**

**Living Safely With Covid-19:  
our priorities for the future**

**Transition Plan:  
how we will achieve this**

- The legal duty to self-isolate ended on 24 Feb, moving to an advisory position to stay at home.
- Non-financial support: over the past year our local Test and Trace Coordination Hub has fulfilled requirements set out in DHSC Framework to support residents to self isolate. We have called any resident who has declared a support need during the contact tracing process.
- Our clinical team has given advice for people feeling unwell and we have offered support to access medicines and GPs.
- We have worked closely with the Food Partnership and VCSE organisations to ensure culturally sensitive provision is available.
- Financial support: colleagues in Revenues & Benefits have administered the NHS Test & Trace Payment scheme, which has exceeded expected demand. This scheme ended on 24 Feb 2022.
- Wider Humanitarian Support: Covid Response Hub has been in place offering support with food, getting online, loneliness, delivery of medication and support with fuel. Proposed that Covid Response hub will end on 31st March.

- Our Manchester Test and Trace Hub will continue to offer advice and support to residents about Covid-19 and other health protection issues in its new Health Protection Co-ordination Hub function
- Develop and adapt our support in light of the ways poverty and certain types of employment are likely to mean that some residents will be less able to follow any discretionary advice which might exist on isolation, creating increased risks of higher infection rates and outbreaks
- Continue to develop the Manchester Food Partnership which will support the city's approach to tackling poverty
- Work with communications team to provide messages as to how to prepare for isolation if measures are reintroduced

- There is an inequalities risk with employers setting policy/culture on staying at home advice when unwell so engagement with businesses and employers will be vital.
- Where our local team speak to residents opting to stay at home (via choice or experiencing symptoms) we will link them into existing provision via the Family Poverty Strategy, including CAB to explore financial support.
- Humanitarian Support - Any calls for signposting/ information in relation to Covid will be absorbed by the contact centre
- We will continue the Food Partnership, although resources are required in the short term to grow and develop a sustainable entity.
- Business case developed to establish food partnership to continue work developed amongst food providers across the city.

## 7. COMMUNICATIONS

**AIM: Co-ordinate an effective communications response to an inclusive recovery, enabling Manchester residents to live safely with Covid-19 and help them make well considered and informed decisions, including around staying safe and well, vaccinations and responding to Variants of Concern.**

**Manchester Covid-19**

**Living Safely and Fairly  
With Covid-19**

**Lead: Alun Ireland**

### **Responding to Covid-19: current position**

- Communications has played a key role in amplifying and localising national public health messaging, reassuring communities and supporting people impacted by Covid. Links to national messaging via weekly Cabinet Office briefing
- Regular local insight surveys and national research used to inform messaging and policy.
- Multi-channel communications campaign in place throughout the pandemic
- Tailored materials developed to address the information needs and concerns of priority audiences
- Additional investment in engagement and community capacity building, through Covid-19 funding with an emphasis on neighbourhood level messaging from trusted sources.

### **Living Safely With Covid-19: our priorities for the future**

- Communications will be critical over coming months/weeks as policy and guidance changes
- Communications support will be required if risks increase (outbreaks, future peaks, variants and so on)
- Potential that humanitarian support may also be needed again in future peaks
- Recognised need for targeted messages and engagement support for those at risk or less likely to comply with public health messages
- Focus on where people can get help
- The focus on health equity through COVID Health Equity Manchester (CHEM) has transformed community engagement and built a level of trust and co-operation. This partnership approach is our blueprint for the future
- Communications support on wider health protection issues as part of building resilient health protection system.

### **Transition Plan: how we will achieve this**

- Develop a system-wide communications strategy and approach for the next 3 months to manage outbreaks, future peaks and variants of concern
- Develop a clear narrative with direction and guidance on how people can stay safe, protect themselves and their loved ones, particularly those at highest risk in their community
- Develop clear messages and guidance to businesses and the public on importance of staying at home for all communicable diseases
- Build on new approaches to community engagement rooted in equality and equity, including developing culturally competent, targeted public health messages supporting targeted engagement activity
- Continue using data and insights to increase the efficacy of messaging and activities.

## 8. COMMUNITY ENGAGEMENT

**AIM: Deliver targeted community engagement that supports wider aims and objectives, ensuring that appropriate and culturally sensitive approaches are taken**

**Manchester Covid-19**

**Living Safely and Fairly  
With Covid-19**

**Lead: Shefali Kapoor**

**Responding to Covid-19:  
*current position***

- Targeted engagement approaches taking place across the city, particularly with those communities where vaccination rates are low and/ or where there are higher numbers of the population that have been disproportionately affected by Covid-19.
- This activity and feedback received from the community has helped inform our communications material
- Additional resource embedded within the council's Neighbourhood team; work with health colleagues to focus on this activity
- Regular messaging going out to over 1000 community groups via Covid-19 Community Toolkit

**Living Safely With Covid-19:  
*our priorities for the future***

- Continue to utilise day to day engagement activities as a way of promoting how to live with covid safely
- Work closely with health, COVID Health Equity Manchester (CHEM) and other partners to continue to proactively engage with communities that have been disproportionately affected by Covid-19
- Continue to use the Team Around the Neighbourhood and use of data and intelligence as a way of targeting activity and working in partnership to deliver activity at a local level
- Engagement model used for Covid-19 response to be used with other health protection issues affecting our communities as part of building a resilient health protection system

**Transition Plan:  
*how we will achieve this***

- Engagement Strategy to draw on learning from Covid-19, and sustainability of current work needs to be considered
- Embed activity through day to day activity via the Team Around the Neighbourhood.

## 9. DATA & INTELLIGENCE

**AIM: Ensure that decisions in respect of the living safely and fairly with Covid-19 and the wider recovery programme are informed consistently by high quality data and intelligence**

**Manchester Covid-19**

**Living Safely and Fairly  
With Covid-19**

**Lead: Neil Bendel**

**Responding to Covid-19:  
current position**

**Living Safely With Covid-19:  
our priorities for the future**

**Transition Plan:  
how we will achieve this**

- **Data:** We access a range of individual record level data via Covid-19 Situational Awareness Explorer (Power BI) including positive and negative tests results, cases, contact tracing cases and contacts; enhanced contact tracing (common exposures and postcode coincidences) and vaccination
- **Surveillance:** We undertake a range of strategic and more in -depth analysis of patterns and trends in Covid-19 at whole population level utilising full range of data available
- **Reporting:** With partners, we produce a range of routine reports, dashboards and tools relating directly to Covid-19 for a number of different audiences, including Covid-19 Weekly Data Updates, Daily Covid-19 Dashboard, IMT Covid-19 19 update, Covid-19 Neighbourhood Surveillance Dashboard and Covid-19 recovery dashboard

- **Data:** Data derived from testing activities will be more limited in scope, thus necessitating the greater use of qualitative local insight from sounding boards, schools, universities and local businesses etc.
- **Surveillance:** We will move from whole population surveillance to surveillance based on targeted testing in high-risk setting and vulnerable populations and make greater use of alternative, non-testing-based data sources such as wastewater analysis
- **Reporting:** We will refocus our reporting on the new Manchester Health Protection Board. Less regular but more targeted reporting. Greater focus on Long Covid-19 and other sequelae of infection. Undertake more retrospective analysis of data as part of national / local review of Covid-19 response activities

- **Data:** Set up local data collection and recording processes. More joined up, structured arrangements for gathering, collating and analysing local insight from businesses and communities.
- **Surveillance:** Identify sources of syndromic surveillance e.g. hospital admissions, GP presentations, absenteeism for 'Covid-like-symptoms'.
- **Reporting:** Develop broader Health Protection Dashboard(s) to replace Covid-specific ones. More analysis will be undertaken at pan-LA level by GM ICS and GMCA teams ('do once and share').

## 10. EDUCATION SETTINGS

**AIM: Support early years, schools, colleges, universities and other higher education settings to remain open and operate as safely as possible, using effective infection control measures, vaccination and supporting management of outbreaks**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

**Leads: Amanda Corcoran & Christine Raiswell**

### EARLY YEARS, SCHOOLS AND COLLEGES

**Responding to Covid-19:  
current position**

**Living Safely With Covid-19:  
our priorities for the future**

**Transition Plan:  
how we will achieve this**

Manchester Test and Trace, Education Teams and Health and Safety supporting education settings:

- Monitoring Covid-19 cases and supporting settings to manage situations
- Managing outbreaks using the Greater Manchester Outbreak Management Framework for Schools and Colleges
- Providing regular comms and guidance to settings
- Providing advice on Covid-19-related HR matters for schools
- Promoting vaccination
- Supporting with risk assessment and Covid-19 controls
- Schools encouraging regular asymptomatic testing and providing onsite testing at starts of term
- Enhanced testing to manage outbreaks including use of mobile testing units

- Continued role in supporting education settings with advice to manage outbreaks including enhanced measures and testing – in line with processes for other infectious disease outbreaks
- Continued regular testing in SEND and other specialist settings (regular testing for other education settings finished on 1st Feb)
- Education settings will need to have outbreak plans in place
- Ongoing communication between the local health protection system and education leaders around Covid-19 and other infectious diseases
- Increasing vaccination uptake in children and young people with a focus on health inequalities
- Continued role providing advice on Covid-19-related HR matters for schools
- UKHSA Educational Setting Advice Service (accessed through DfE Helpline) will be decommissioned from 31 March 2022. Our local helpline for education settings will continue to be available via our Health Protection Co-ordination Hub

- Manchester Public Health Advice to Schools Group will expand its remit to cover all education settings (early years through to Universities) and wider health protection issues. The group will continue to provide relevant advice.
- Ensure sufficient surge capacity is available to support outbreaks and single cases of high risk infections such as TB, in education settings (testing and outbreak vaccination/chemoprophylaxis where appropriate)
- Continue to support work to increase vaccination uptake, working with the Vaccination Programme Leads
- Implement EBug Programme across education settings



## 10. EDUCATION SETTINGS

**AIM:** Support early years, schools, colleges, universities and other higher education settings to remain open and operate as safely as possible, using effective infection control measures, vaccination and supporting management of outbreaks.

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

Leads: Sarah Doran, Jenny Clough, Arpana Verma

### UNIVERSITIES AND HIGHER EDUCATION SETTINGS

**Responding to Covid-19:**  
*current position*

**Living Safely With Covid-19:**  
*our priorities for the future*

**Transition Plan:**  
*how we will achieve this*

- Manchester Test and Trace supporting Universities and Higher Education settings
- Monitoring Covid-19 cases with regular joint meetings to examine cases
- Supporting with risk assessment and Covid-19 controls
- Supporting settings to manage situations
- Managing outbreaks using the Greater Manchester Outbreak Management Framework for Universities, with focus on outbreaks within Halls of Residence
- Providing regular comms and guidance to settings
- Promoting regular testing in students and staff
- Promoting vaccination uptake amongst students and staff
- Supporting Universities to manage Covid-19 related issues with International students and large scale events
- Universities Learning and Networking Group supports joint working between Universities, Manchester Test and Trace and UK Health Security Agency

- Continued role in supporting Universities and Higher Education settings with advice to manage outbreaks including enhanced measures and outbreak testing – in line with processes for other infectious disease outbreaks
- Universities and Higher Education settings will need to have outbreak plans in place
- Ongoing communication between the local health protection system and Universities around Covid-19 and other infectious diseases
- Continue to promote vaccination uptake in students and staff
- Continued role in supporting Universities to manage Covid-19 related issues with International students and large scale events
- UKHSA Educational Setting Advice Service (accessed through DfE Helpline) will be decommissioned from 31 March 2022. Our local helpline for education settings will continue to be available via our Health Protection Co-ordination Hub

- Universities Learning and Networking Group to continue to meet and focus on key events, such as Welcome week, sharing good practice, student mental health support with an emergency stand up option for outbreak situations
- Manchester Public Health Advice to Schools Group will expand its remit to cover all education settings (early years through to Universities) and wider health protection issues. The group will continue to provide relevant advice.
- Ensure sufficient surge capacity is available to support outbreaks and single cases of high risk infections such as TB, in University and HE settings (testing and outbreak vaccination/chemoprophylaxis where appropriate)
- Continue to support work to increase vaccination uptake, working with the Vaccination Programme Leads

## 11. WORKPLACES, BUSINESSES & BORDER

**AIM: 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**

**Manchester Covid-19**

**Living Safely and Fairly With Covid-19**

**Lead: Carmel Hughes**

**Responding to Covid-19:  
current position**

- Environmental Health (EH) support outbreaks in Manchester workplace businesses and Borders at Manchester Airport
- EH partnership work with the Community Health Protection Team and Manchester Test and Trace Central Co-ordination Hub on complex settings such as Asylum Seekers settings and Bridging Hotels and with UKSHA on outbreak management at Immigration Centres and Justice settings
- Current work includes:
- Monitoring Covid-19 cases in workplace staff, supporting settings to manage situations and reporting to various regulators
- Managing outbreaks
- Providing support and guidance to Business owners and Managers providing regular comms and guidance to the settings
- Visits where concern is raised
- Engagement visits to small and medium sized businesses in wards identified in the 12 point plan
- Assistance at vaccination pop up events in local communities

**Living Safely With Covid-19:  
our priorities for the future**

- Continued role for regulatory services in managing outbreaks, particularly in workplaces, replicating approach for other infectious diseases/threats to health
- Ongoing communication and guidance to businesses on living safely and fairly with Covid
- Respond to concerns raised by employees and members of the public
- Promote vaccination programmes during visits to local businesses
- Ongoing communication and guidance supporting Hospitality and Large Venues with continued work with licensing strategy and local Out of Hours colleagues
- Ongoing work with the current HSE Spot check initiative for Office based settings in Manchester

**Transition Plan:  
how we will achieve this**

- Continue to support and advise business on current national and local guidance
- Continue to use data and intelligence surveillance tools
- Facilitate DHSC/UKHSA wastewater epidemiology feasibility pilot schemes with high risk business settings and report findings and on going workstreams
- Continue to support the development and integration of the case management system for Covid infection in business settings
- Integrate covid and vaccination engagement work into food business visits and engage with the Manchester Food board, coordinated by Population Health Team, and focus on Food Poverty.
- Develop work with Be Smokefree (Shisha) Community outreach and the new Population Health Regulatory Project Manager

## 12. EVENTS, LEISURE & RELIGIOUS CELEBRATIONS

**AIM:** Facilitate the recovery of the city by supporting the shift from regulatory to voluntary guidance for events, leisure and religious celebrations, and to ensure the sector is well positioned to respond to any national policy changes

Manchester Covid-19

Living Safely and Fairly  
With Covid-19

Leads: Barry Gillespie & Carmel Hughes

Responding to Covid-19:  
*current position*

- Supporting, wherever possible, events, leisure and religious celebrations to take place.
- Population Health and Environmental Health active participation in planning, risk assessment and Safety Advisory Groups
- Taking a Twin Track Approach: Professional and expert liaison, advice and support to the sector, including large scale venues, to help them to deliver safe events and fulfil legal requirements; adequately protecting their staff, contractors and visitors
- We encourage staff to be vaccinated.
- Where businesses might fail to comply, the authority will exercise legal powers to enforce.

Living Safely With Covid-19:  
*our priorities for the future*

- We want Manchester to be a Covid-safe and welcoming city, with a thriving cultural, sports, leisure and religious offer, giving people a renewed sense of place
- We will support the sector to transition from regulatory to voluntary guidance for events, leisure, sports and religious celebrations
- We will continue to advise all events providers and venue operators of remaining legal responsibilities under the Health and Safety at Work Act and Workplace Health, Safety and Welfare Regulations, which will ensure that a level of control remains in place, enabling us and them to respond and manage risks from future possible Covid-19 scenarios

Transition Plan:  
*how we will achieve this*

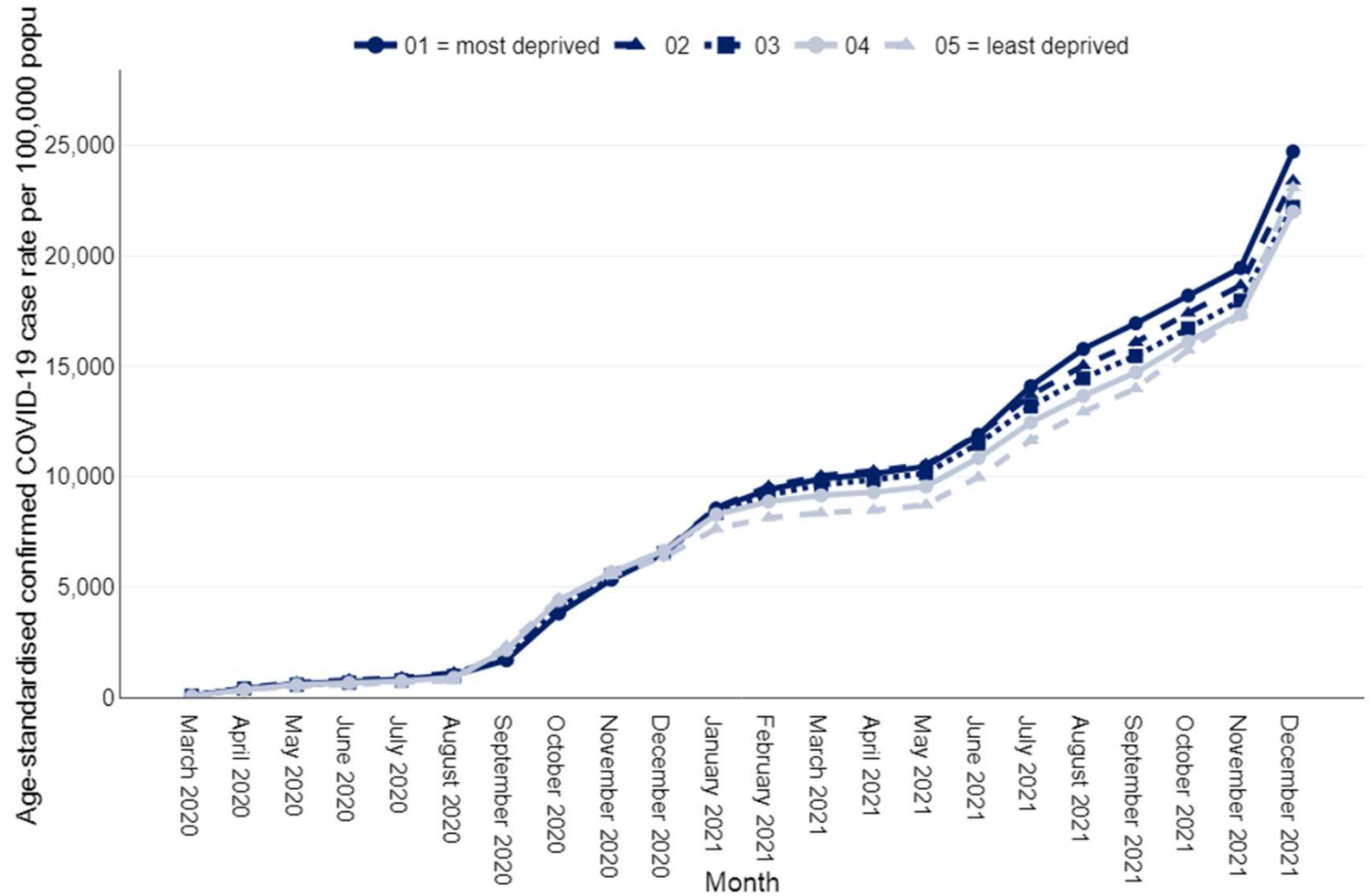
- Collaboration: We will build upon relationships and collaborations which began during the pandemic between Population Health, Environmental Health, and Licensing teams, including ongoing participation in the Safety Advisory Group Process
- Project Management Support: Population Health have employed a Project Manager to support areas where regulation can support and promote public health. This manager will capture and coordinate intelligence around risks in relation to events and beyond, coordinating collaborations with partners and escalating to the Director of Public Health if needed
- Vigilance: We will remind our partners and providers in the sector that some risk from Covid-19 remains, that risks may increase and decrease and that planning for all events, leisure and religious celebrations should be carried out with this in mind, particularly for mass participation events – both in respect of public, staff and medical response.

## Resource Requirements

- The Government have agreed that unspent Contain Outbreak Management Fund (COMF) resources allocated in 2021/22 can be carried forward into 2022/23
- This will aid transition planning, however, COMF is not recurrent. Work will take place in the first quarter of 2022/23 with Council and Manchester Health and Care Commissioning/ICS colleagues to identify the core resources needed from the public health grant and other sources to sustain the revised health protection system. This will be a collaborative approach that will also involve the UK Health Security Agency (UKHSA)

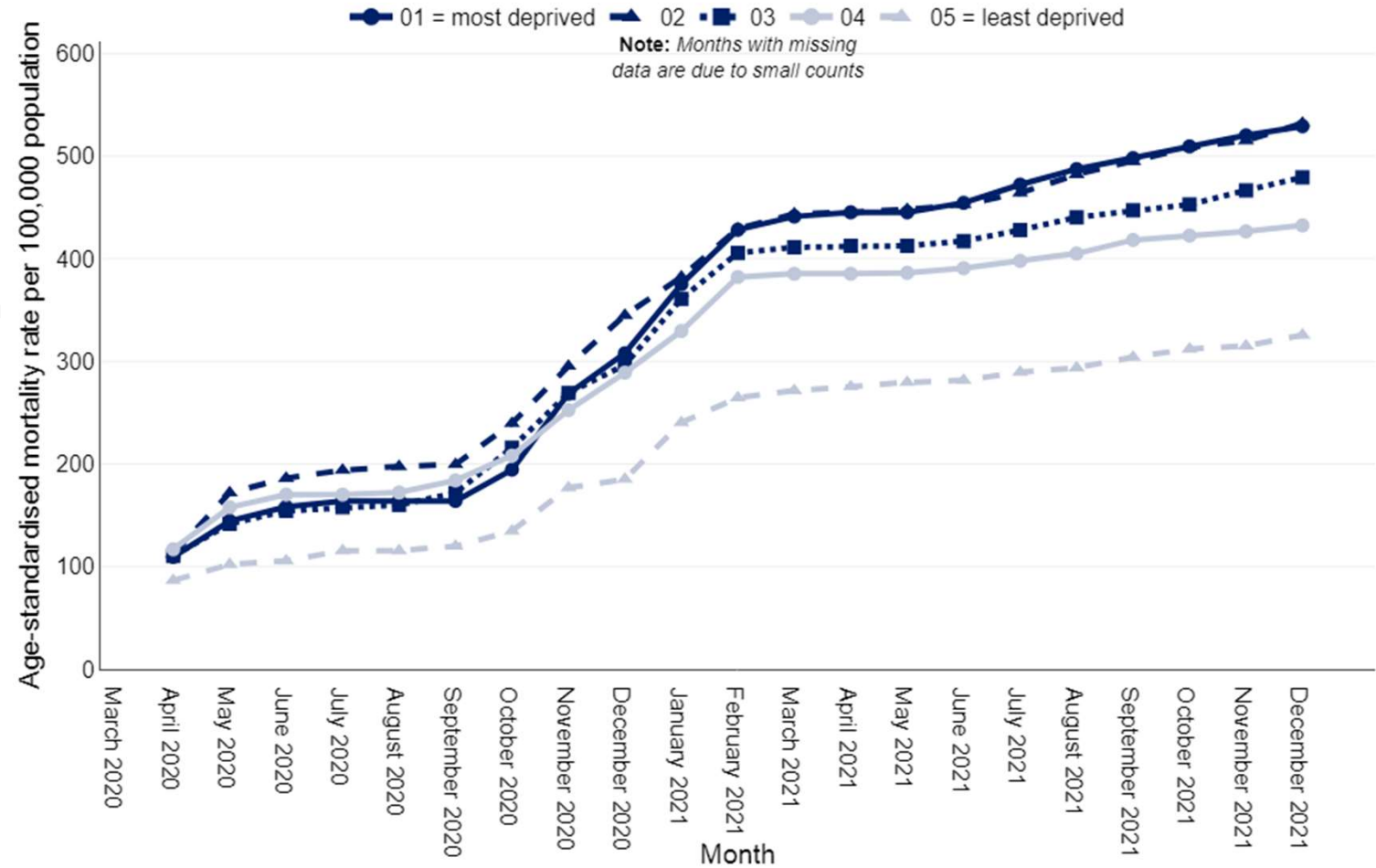
# Appendix 1

Cumulative age-standardised COVID-19 cases rate per 100,000 population in Manchester by deprivation quintile (March 2020 to December 2021)



## Appendix 2

Cumulative age-standardised mortality rate per 100,000 population for deaths involving COVID-19 in Manchester by deprivation quintile (March 2020 to December 2021)



## Appendix 3

### WHO Predicted Scenarios

- **Scenario N°1: 5th endemic coronavirus** SARS-CoV-2 remains highly contagious but causes mild illness in the majority of cases. The virus can be grouped with the 4 other coronaviruses that circulate endemically. This scenario is not unrealistic, but it may take many years to be realised. SAGE estimates this could take as long as 5 years
- **Scenario N°2: “Flu-Like”** The disease presents itself as recurring epidemics when the conditions of transmission are favourable (similar to seasonal influenza). Since the population has basic immunity, severe forms of the disease are observed only in people at risk. It will be important to continue to vaccinate at-risk groups and adopt preventive measures when transmission is high
- **Scenario 3: Ongoing pandemic through new VOCs** A new variant emerges evading acquired immunity and resulting in a large number of cases. The health system is overloaded and therefore there are more deaths. The situation is very similar to what was experienced at the beginning of 2020 in many regions of the world

## Appendix 4 (Part 1)

### SAGE - Future evolution of the virus

There are various possible scenarios, including:

Key: Relative to Omicron characteristics

	Less/better
	Equal to
	More/worse

Scenario	Transmissibility	Immune escape	Intrinsic severity	Realised severity
1: Reasonable Best-Case				
2: Central Optimistic				
3: Central Pessimistic				
4: Reasonable Worst-Case				

Source: [S1513 Viral Evolution Scenarios.pdf \(publishing.service.gov.uk\)](#)



## Appendix 4 (Part 2)

### SAGE - Future evolution of the virus

There are various possible scenarios, including:

#### 1. Reasonable Best Case

- Further variants emerge but there are no gains in transmissibility and severity.
- Vaccines retain their effectiveness
- Minor seasonal/regional outbreaks.
- Existing vaccines used annually to boost only most vulnerable.
- Antiviral drugs reduce death and illness.

**In next 12-18 months:**  
relatively small resurgence in Autumn/ Winter with low levels of severe disease

#### 2. Central Optimistic

- Waves of infection occur
- Waning immunity and/or
- New variants, some will cause more severe disease
- Good and bad years
- Immunity protects most people
- Resistance to antiviral drugs starts

**In next 12-18 months:**  
seasonal wave of infections in Autumn Winter with similar size and severity to Omicron wave

#### 3. Central Pessimistic

- Repeated, disruptive waves of infection
- Waves driven by unpredictable emergence of variants
- Existing immunity and new vaccines continue to protect people
- Resistance to antiviral drugs is widespread

**In next 12-18 months:**  
emergence of new variant of concern results in large waves of infections at short notice and outside Autumn/ Winter season. Severe disease and mortality concentrated in certain groups – unvaccinated, vulnerable, older people

#### 4. Reasonable Worst Case

- High levels of transmission
- Incomplete global vaccination
- Transmission among animals leads to repeated emergence of variants (some which cause severe disease and escape immunity)
- There are increased long term impacts of infection

**In next 12-18 months:**  
large waves of infections with increased levels of severe disease seen across populations, with most severe health outcomes primarily in people with no prior immunity