

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee - 23 June 2020

**Subject:** COVID-19 update

**Report of:** Deputy Chief Executive and City Treasurer

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**Summary**

In light of the current national and international public health emergency situation, Manchester and Greater Manchester (GM) declared a major incident on Friday 20 March 2020. This activated the multi agency response arrangements in line with the GM generic response plan and the pandemic flu plan. The Prime Minister's unprecedented announcement at 8.30pm on Monday 23 March set out the seriousness of the situation and the expectations of all residents, businesses and public services. Reports to the Executive on 6 May and 3 June 2020 set out in detail the Council's response to this crisis. Over recent days and weeks, the lockdown guidance has eased and a number of further specific guidance notes have been received which are informing our actions and response.

This note is intended to provide Scrutiny with a brief summary of the current situation in the city in relation to COVID-19 and an update on the work progressing in Manchester in relation to areas within the remit of this committee. Further detail on specific issues will be available as required.

**Recommendation**

The Committee is asked to note the report.

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**Wards Affected:** All

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<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

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

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

None

## **1. Purpose**

- 1.1 In light of the current national and international public health emergency situation, Manchester and Greater Manchester (GM) declared a major incident on Friday 20 March 2020. This activated the multi agency response arrangements in line with the GM generic response plan and the pandemic flu plan. The Prime Minister's unprecedented announcement at 8.30pm on Monday 23 March 2020 set out the seriousness of the situation and the expectations of all residents, businesses and public services. Over the last days and weeks, the lockdown guidance has eased and a number of further specific guidance notes have been received which are informing our actions and response.
- 1.2 This note is intended to provide scrutiny with a brief summary of the current situation in the city in relation to COVID-19 and an update on the work progressing in Manchester in relation to areas covered within the remit of this committee. Further detail on specific issues will be available as required.

## **2. Public Health**

- 2.1 As of 14 June 2020, there were 1,671 confirmed cases of COVID-19 in Manchester, a rate of 305.1 per 100,000 population. There were 362 registered deaths involving COVID-19 up to 29 May 2020 amongst Manchester residents, and of these 73, or 20.2%, had occurred in care homes. The infection rate and the number of deaths involving COVID-19 in Manchester is continuing to fall. This is evidenced by the fact that there is now 48.1% capacity in Manchester hospital mortuaries and the planned additional mortuary capacity has been stood down.
- 2.2 The national contact tracing service (NHS Test and Trace) was launched on 28 May and people who test positive for COVID-19 are now automatically referred into the service. Local Authorities (LAs) have started to receive daily data reports on the number of residents who have been contacted. A national £300 million ring fenced fund has also been made available to LAs to support the development of local COVID-19 Management plans. The confirmation of the Manchester allocation has now been received, however, further discussions are taking place with Greater Manchester (GM) colleagues to consider the resources needed at a GM and locality level.
- 2.3 Greater Manchester (GM) has been selected as one of 11 national Beacons (pilots) for Test and Trace, and Tameside will be the host authority. This is in recognition of the work that has been undertaken to develop a GM model that is aligned to the national service.
- 2.4 The Director of Public Health (DPH) at the City Council will lead the development of the Manchester COVID-19 Management Plan with local partners. The plan will cover the management of outbreaks in all settings including care homes, schools and the workplace. In Manchester there will also be a focus on groups that may be at particular risk, such as the homeless

population. The Plan will be signed off by the Leader of the Council and Chief Executive on 30 June 2020.

- 2.5 The National Health Service will undertake contact tracing by phone and work closely with local teams in Manchester and Greater Manchester (Public Health England) to respond to outbreaks in various settings and deal with more complex cases.
- 2.6 The success of the service will be dependent on an effective testing strategy and Manchester has made excellent progress on this to date. Manchester, along with Trafford, implemented a local policy to test all hospital patients prior to discharge to care homes, well in advance of the national directive.
- 2.7 Manchester key workers also have very good access to the regional testing centres at the Etihad and Airport and the Army Mobile Testing Units (MTUs). However, it will be important for data from these centres and MTUs to be made available to the GM and Manchester teams. This is so that appropriate trace and isolate actions can be taken and outbreak plans implemented. It is expected that data will be made available to LAs before the end of June.
- 2.8 Similarly, the new national model for Care Home testing will give more control to LAs through the DPH and Director of Adult Social Services. This will ensure that extra care, mental health and learning disability facilities will have better access to testing.
- 2.9 The governance of the Manchester Plan will be through the Health and Wellbeing Board, chaired by the Leader of the Council and will be part of the portfolio of the Executive Member for Adult Health and Wellbeing.
- 2.10 The Public Health England report: COVID-19: review of disparities in risks and outcomes was published on 2 June 2020. The report confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them particularly in relation to Black and Minority Ethnic communities. The recommendations relating to the report are expected to be published in mid-June and will be considered by the Manchester 'Addressing Inequalities' workstream of the Manchester COVID-19 Response Group. This Group, chaired by the Director of Public Health, will collate local data and intelligence and ensure that local action is taken across all partner agencies.

### **3. MCC Financial Impacts**

- 3.1 To date, £33.756m of emergency grant funding has been received from the Government for Council related costs and income losses arising from COVID-19, of this £389k was applied to costs in 2019/20 leaving £33.367m for 2020/21.
- 3.2 From April 2020, every Local Authority has been required to submit monthly returns to MHCLG setting out the forecast financial implications of COVID-19. The second return for the Council was submitted on 15 May, and for 2020/21 includes an estimated £40.3m of additional costs of which £7.8m is expected

to be funded by the CCG or GMCA and £2m relates to the HRA, leaving £30.5m against the Council's mainstream budget.

- 3.3 Alongside this there is a forecast loss of income totalling £139.5m of which £3.5m will fall to other preceptors in relation to the loss of Business Rates and Council Tax, with the remaining £136m relating to the Council. The overall net impact on the Council is £166.5m (including £0.4m from 2019/20). The impact on the budget will fall in both 2020/21 and 2021/22 due to the way the Collection Fund operates for Business Rates and Council Tax whereby in year losses (or surpluses) are not applied until the following year, the Airport dividend is applied a year in arrears and Bus lane and parking lane enforcement income shortfall impact the level of reserves rather than the current year budget.
- 3.4 Taking into account the grant and the adjustment between financial years, together with expected continuing pressures which will arise it is currently forecast that there will be a budget gap of c£33m in 2020/21, rising to £157m in 2021/22. This report goes onto set out the details behind these figures. A further breakdown of the additional costs and impact is set out for this Committee below.

#### *Additional Costs*

- 3.5 The additional costs/income shortfalls reported for 2020/21 against the grant to the Council of £33.756m are as shown in the table below. Whilst the total reported pressures are £180.3m this includes costs which are being funded by other sources including the ring-fenced HRA, CCG funded support for discharge/admission prevention via specific COVID-19 grant to CCGs and funding from the GMCA for some homelessness costs. In addition £3.484m of the income loss against business rates and council tax relates to precepts due to GMCA. The net effect on the Council's general fund is £166.931m.
- 3.6 This represents a **shortfall of £133.2m** for the Council against the General Fund (£135.2m including the HRA) after the MHCLG grant of £33.7m has been applied.

	<b>MCC General Fund Only</b>	<b>HRA</b>	<b>Other (CCG/ GMCA)</b>	<b>MHCLG Return*</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
2019/20 cost pressures	0.389			0.389
2020/21 forecast cost pressures*	30.499	1.965	7.847	40.311
<b>Total forecast cost pressures</b>	<b>30.888</b>	<b>1.965</b>	<b>7.847</b>	<b>40.700</b>
Forecast Income Shortfalls	136.043	0.040	3.484	139.567
<b>Total</b>	<b>166.931</b>	<b>2.005</b>	<b>11.331</b>	<b>180.267</b>

3.7 The table below shows the breakdown of the £40.3m additional costs (including those funded by others) reported for 2020/21.

<b>Section B1</b>			
<b>Breakdown for MHCLG Return (inc CCG and GMCA funded):</b>	<b>April 2020 £'m</b>	<b>May 2020 £'m</b>	<b>Forecast Cost £m</b>
1a - Adult Social Care - additional demand	0.561	0.652	9.624
1b - Adult Social Care - supporting the market	0.351	0.784	2.467
1c - Adult Social Care - workforce pressures	0.030	0.137	0.479
1d - Adult Social Care - other (including PPE)	0.289	0.356	4.722
<b>Adult social care total</b>	<b>1.231</b>	<b>1.929</b>	<b>17.292</b>
2a - Children's Social Care - workforce pressures	0.019	0.019	0.23
2b - Children's Social Care - residential care	0.240	0.440	1.494
2c - Children's Social Care - care leavers	0.017	0.017	0.208
2d - Children Social Care - other	0.504	0.704	3.504
<b>Children's services - total</b>	<b>0.780</b>	<b>1.180</b>	<b>5.436</b>
3a - Education - SEND			
3b - Education - Home to school transport	0.072	0.072	1.465
3c - Education - Other	0.044	0.029	0.145
<b>Education - total</b>	<b>0.116</b>	<b>0.101</b>	<b>1.610</b>
4 - Highways and Transport	0.193	0.175	0.573
5 - Public Health		0.191	0.596
6a - Housing - homelessness services			
6b- Housing - rough sleeping - accommodating and supporting	1.099	1.099	6.786

those brought into alternative accommodation			
6c - Housing - other excluding HRA			
<b>Housing total excluding HRA</b>	<b>1.099</b>	<b>1.099</b>	<b>6.786</b>
7a - Cultural & related - Sports, leisure and community facilities	0	0.654	0.872
7b - Cultural & related - other			
<b>Cultural &amp; related total</b>	<b>0</b>	<b>0.654</b>	<b>0.872</b>
8a - Environmental and regulatory services (including excess death management)	0.028	0.281	0.519
8b - Environment & regulatory - waste management			0.618
8c - Environment & regulatory - other			
<b>Environment &amp; regulatory - total</b>	<b>0.028</b>	<b>0.281</b>	<b>1.137</b>
9 - Planning and Development			
10 - Police, Fire and rescue			
11a - Finance & corporate - ICT, remote working	0.216	0.111	1.145
11b - Finance & corporate - Revenue & benefits expansion	0.005	0	0.042
11c - Finance & corporate - other	0.165	0.099	0.58
<b>Finance &amp; corporate - total</b>	<b>0.386</b>	<b>0.210</b>	<b>1.767</b>
12a - Other - Shielding	0.000	0.157	1.028
12b - Other - PPE (non-Adult Social Care, HRA)			
12c - Other - costs associated with unachieved savings/delayed projects	0.083	0.083	1.25
12d - Other - excluding service areas above			
<i>Other total (includes Shielding)</i>	<b>0.083</b>	<b>0.240</b>	<b>2.278</b>
<b>TOTAL SPENDING PRESSURE (General fund)</b>	<b>3.916</b>	<b>6.060</b>	<b>38.347</b>
13a - Housing Revenue Account (HRA) - workforce pressures			

13b - HRA - supplies and materials including PPE			
13c - HRA other	0.291	0.291	1.965
<i>HRA total spending pressure</i>	<b>0.291</b>	<b>0.291</b>	<b>1.965</b>
Total General Fund (inc CCG/GMCA funded costs) + HRA	4.207	6.351	40.312

#### *Impact on Income*

- 3.8 The total income loss is now **£139.528m** (with a further £0.040m against the HRA in respect of voids and the increased turnaround time). This includes sums due to other preceptors from Business Rates and Council Tax. The net impact on income (allowing for reliefs announced as part of the budget and to support businesses through COVID-19) is as follows:

Main Income Category	Loss £m
Business Rates*	23.870
Council Tax*	18.705
Sales, Fees and Charges	19.688
Commercial	77.265
<b>Total</b>	<b>139.528</b>
HRA (void turnaround times)	0.040

*\*note this is the 100% collection figure for Business Rates and Council Tax and includes income due to other preceptors such as GM Mayor (inc Fire) and Police*

- 3.9 The impact on the Council's General Fund revenue budget will largely fall in 2021/22 because business rates and council tax reductions go through the Collection Fund and impact on the revenue budget in the following financial year, rather than the year in which the income is (or is not) collected. Likewise the Council has an airport dividend reserve which means that a significant proportion of the income (£56m) is used a year in arrears. Finally the figures have now been adjusted for bus lane and parking lane enforcement income which impacts on the level of the reserve to fund future commitments.

#### *Impact on MCC Budget*

- 3.10 The impact on the budget for 2020/21 and 2021/22 is set out in the table below, again based on the position from the May returns.

	2019/20 £m	2020/21 £m	2021/22 £m
<b>COVID-19 Emergency Funding</b>	<b>0.389</b>	<b>33.367</b>	<b>0</b>

Additional Costs (MCC Element only)	0.389	30.499	20.858
<b>Income</b>			
<b>Loss of Income (MCC Element only)*</b>		136.043	106.054
<i>Adjustment for element of airport dividend (£70.7m) not budgeted to use in year</i>		(55.809)	(8.729)
<i>2020/21 Council Tax and Business Rates shortfalls impact a year in arrears</i>		(39.091)	39.091
<i>Bus Lane and Parking Income - impact on reserves capacity</i>		(5.358)	0.000
<b>Budget impact of lost income</b>	<b>0.000</b>	<b>35.785</b>	<b>136.416</b>
Total Costs and Net income losses	0.389	66.284	157.274
<b>COVID 19 Emergency Funding</b>	<b>(0.389)</b>	<b>(33.367)</b>	<b>0</b>
<b>Budget shortfall after application of grant</b>	<b>0.000</b>	<b>32.917</b>	<b>157.274</b>

*\*Loss of income netted down for sums that would fall on other preceptors (not MCC) of Council Tax and Business Rates which totals £3.484m*

3.11 As part of the work to reduce costs in this financial year whilst work is carried out to address the options for the longer term financial impact on the council a series of savings proposals are going to the July Executive. These include sensible and practical measures such as to review staff vacancies and uncommitted budgets. These have been developed following a line by line budget review with Heads of Service.

3.12 In total the additional net savings and further income identified for 2020/21 is £21.1m. Of this £8.9m relates to Directorate related savings with the balance coming from a net £1m improvement in grant funding, £8m income from interest on commercial loans, £2.8m reduced revenue contribution to capital and other smaller net favourable movements of £0.4m relating to savings on utilities costs and improved pension savings offset by small increases in Levies. The Directorate savings relevant to this committee are set out in the table below. The position, alongside the use of reserves, will be reviewed as the financial impact becomes clearer.

Initial Savings/Efficiencies Identified

Description of Efficiency/Increased Income	2020/21 £000	2021/22 £000	FTE
<b>Staffing Savings</b>			
ASC Management	87	0	3.0
Day Services	165	0	7.5

Manchester Services for Independent Living (MSIL)	128	0	6.5
Learning Disability	101	0	6.0
Population Health & Wellbeing	14	0	1.0
Strategic Commissioning	25	0	2.0
Other workforce budget adjustments	78	0	0.0
Reablement Services	603	0	46.0
	<b>1,200</b>	<b>0</b>	<b>72.0</b>
<b>Non Staffing Savings</b>			
The balance of unallocated funding from the National Living Wage budget and 20% of uncommitted price inflation	550	0	0
Funding for the social worker career pathway scheme which will now be implemented 1st April 2021	325	0	0
Slippage on new Extracare schemes at Oaklands House Fallowfield and Dahlia House South Burnage Lane resulting reduction in care costs	325	0	0
Budget slippage in Public Health	100	0	0
Budget slippage in Carers budgets	100	0	0
	<b>1,400</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>2,600</b>	<b>0</b>	<b>0</b>

3.13 The staff savings are based on realistic assumptions on the estimated time required to recruit to posts in the current situation and consequent non-recurrent budget slippage. It is expected most posts will be recruited across the summer. Generally, the impact is being managed with prioritisation of essential requirements. It is clear however where services are holding caseloads, such as Reablement and MSIL, there will be an impact on these services ability to hold maximum caseloads for a time. In addition, the impact on services such as MSIL, who are working to reduce waiting lists is clearly compounded by the Covid-19 restrictions which have been in place. Recruitment to Reablement and MSIL posts has been difficult for some time and the services continue to work with HR on alternative approaches. Urgent and emergency support is provided through a risk based approach aimed at minimising the risk of any safeguarding issues arising. A number of posts within Day Services are being held vacant pending a review of the service delivery model and offer.

3.14 The non-staffing savings reflect a realistic assessment of likely spending in the areas identified in the table. The savings are non-recurrent for 2020/21. The core 2020/21 uplifts in relation to national living wage have been completed within budget however there remains some final inflationary uplifts in relation to spot providers which require a prudent approach to the remaining price inflation allocation. The revised implementation date for the social work career pathway scheme will afford time to re-visit the proposals to ensure they align with the new structures and any revisions emerging from work on the Improvement Programme, including any reflective learning from the Covid-19 Crisis about new ways of working. Slippage on extracare schemes at Fallowfield and Burnage Lane reflect a six month delay due to a change in the building contractor. The Public Health and Carers budget reflects a six months delay in new investments and minor budget slippage.

3.15 The measures required to address the longer term financial position, some of which may need to be introduced in this financial year, are being developed for Executive Members to consider in the Autumn. This work will include the scrutiny process and involvement of elected members as well as other key stakeholders.

3.16 It has been reported that the government will deliver a 'mini budget' in July which is likely to include measures to boost the economy and may include further support for local government. The Council will continue to work with Core Cities and GM Authorities to make representations to the Government to seek solutions to address the funding shortfall.

#### COVID-19 Related Government Funding

3.17 As well as the direct support of £33.7m from MHCLG towards the Council's COVID-19 directly related costs the following additional government support has been received. A significant proportion of which is providing direct support to businesses. A separate report was taken to the June Executive setting on the position on the funding streams.

<b>Funding Source</b>	<b>Manchester £000</b>
COVID-19 Emergency Funding for Local Government - (£1.6bn nationally) - first allocation	18,589
COVID-19 Emergency Funding for Local Government - (£1.6bn nationally) - second allocation	15,167
Council Tax Hardship Fund (£500m nationally)	7,458
Emergency Support for Rough Sleepers (£3.2m nationally)	68
Care Home Infection Control Fund (£600m nationally)	3,342

Reopening High Streets Safely Fund (£50m nationally)	489
Test and Trace service (£300 nationally)	4,837
Additional Hardship Funding (£63m nationally)	tbc
<u>Support for Businesses</u>	
Expanded Retail Discount 2020/21 (excludes 1% for Fire Authorities)	138,477
Small Business Grant Fund and Retail, Hospitality and Leisure Grant Fund (£12.3bn nationally)	121,032
Local Authority Discretionary Grants Fund	5,432

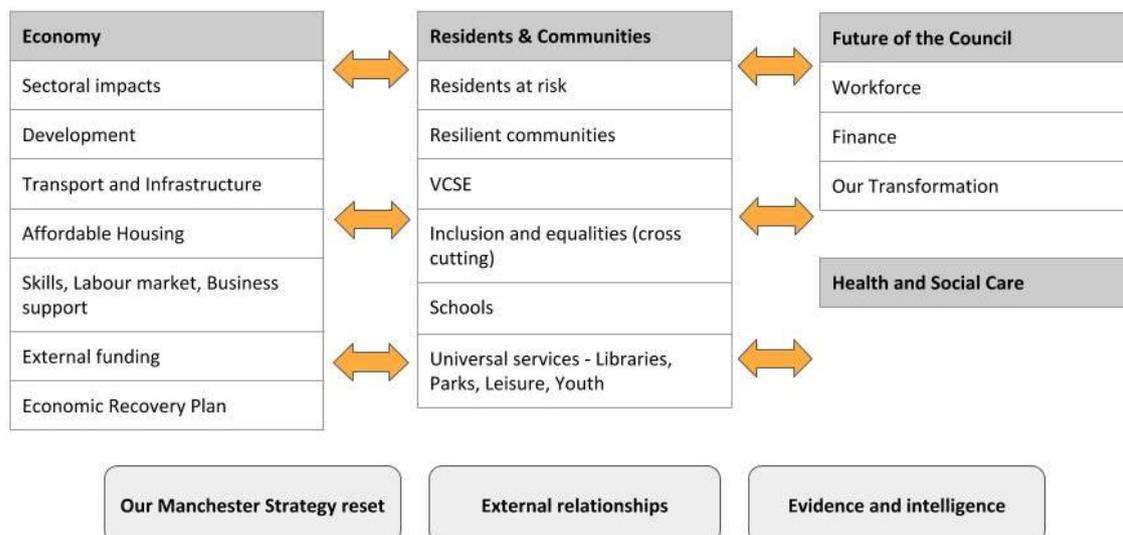
#### 4. Response and planning ahead for the recovery

- 4.1 The Covid-19 crisis has had a very significant impact across the City of Manchester. The initial focus was on the immediate coordinated response to support the city during the lockdown period. Although the response work will continue for some time, preparations are now underway to manage the phased opening up of the city, and to plan ahead for the longer term challenges that will begin to become clearer as we emerge from the lockdown period.
- 4.2 This forward planning work will help to plan for the city's recovery including its economy, residents and communities, as well as the impact on the Council including its services and finances. This work will be undertaken with key stakeholders in the city in order to develop the best possible joint plans.
- 4.3 Four workstreams are being progressed in order for the City and the Council to prepare effectively for the recovery. These are highly interdependent with each other, as illustrated in the diagram below. Each workstream involves a significant portfolio of work, and each is in the process of identifying short, medium and longer term priority actions. The workstreams are:
- Economy
  - Residents and Communities
  - Impact on the Council / Future Council
  - Health and Social Care

Underpinned by:

- Evidence base and impact for each of the above workstreams
- External relationships with a range of key partners

- Reset of the Our Manchester Strategy



## 5. Our Manchester Strategy reset

- 5.1 There is a need to review and reset the Our Manchester Strategy 2016-2025 for the City, to respond to the post-COVID-19 challenges the city now faces. The forward planning work will start this reset with a consultation that is firmly rooted in the Our Manchester approach, addressing the significant challenges but also some of the opportunities over the next five. This work will be led by the Our Manchester Forum and will conclude in February 2021.
- 5.2 The global, national and local context in 2020 is very different to 2015-2016 when the strategy was developed. As well as the highly uncertain impacts of the COVID-19 pandemic, the need to tackle climate change has become even more urgent and is one of the defining challenges for the city's economy, transport, energy, buildings, and green and blue infrastructure. Inclusion and equalities is also expected to be a key theme in the strategy reset, heightened by the disproportionate impact that COVID-19 has had on different groups across the city.

## 6. Workforce

- 6.1 The total workforce is c7,300 fte of whom c2,800 people working from either their usual workplace or a new workplace, a further 3,400 are working from home with around 800 people are not able to work because they are either shielded, vulnerable or the roles or a suitable alternative cannot be found. The exact numbers will continue to fluctuate in-line with staff returning from isolation, sickness absence or redeployment of staff. The overall number of staff that have been redeployed has been c 216.
- 6.2 The total number of COVID-19 related absences has continued to reduce week on week with the current total standing at 81 compared to 529 at the start of the lockdown period. Symptomatic staff in essential roles across

Children's and Adults are continuing to be referred for testing, in the main via the internal booking system (rather than the government website) as it means we can better track rates of COVID positive staff and support colleagues to return to work if they test negative.

- 6.3 A Resourcing Hub has been established to support the move of staff into roles required to support the response or recovery work. The redeployment process continues to work well and circa 147 staff have volunteered to move via targeted reach outs, broadcasts or redeploying agency staff that weren't required in their substantive area. Areas which have required additional staff include the Resilience Hub and phone line to provide support to vulnerable residents.
- 6.4 Following the Government's latest advice on 10 May regarding the initial relaxation of lockdown measures. A workforce planning exercise has been undertaken to understand the number of services and staff intending to return. This work is supported by HR, Estates and Health & Safety to ensure appropriate measures are in place to ensure a safe return for staff. None of these staff will return to work until all health and safety requirements are met and the estate is fitted with additional sanitizer, self clean packs and signage which both clearly marks out safe working spaces and the responsibility of staff to minimise the risk in the workplace. Given the lead in time for this activity we are aiming for Monday 8 June for additional staff returning to the workplace (circa 124).
- 6.5 The 800 employees who are not working at all are a focus of attention as this situation obviously cannot continue indefinitely. A detailed plan of action is being drawn up to ensure that work can be completed by this group, many of whom work in the community on front line activities so will be able to return to work shortly, it is hoped. A small group from this 800 have been identified as being in posts which can access government money for furloughing, this does not affect the individual employee who will receive the same salary as now but does mean the City Council can access some limited government funding.
- 6.6 An all staff survey is underway and the final results will be shared at the committee, but early results indicate the following trends:
  - Staff and managers generally feel well supported to work at home
  - Equipment and particularly good chairs are an issue for significant minority
  - The mental health of staff is poorer following the COVID crisis than before although most people are coping well
  - Staff who are working from home feel they are mostly able to be as, if not more, productive than they were in the office
  - With regard to returning to the workplace (mostly office) most staff do not want that to be full time but rather on a pattern which is mutually beneficial. One or two days a week is the most common pattern mentioned.

- Commuting and the use of public transport, and safety fears on public transport are often mentioned as reasons why working from home is preferred.
  - Many staff need children to go back to school, probably in September, before they can start returning to the workplace, although over half of the respondents at the time this report was written did not have caring responsibilities.
- 6.7 The Human Resources and Organisation Development (HROD) teams are now moving from an incident response position to one which is more long term in outlook and are developing, with colleagues, a view on how we will be working for the foreseeable future, probably less based in the workplace and more flexible and mobile, including home working.
- 6.8 COVID-19 policy positions were negotiated with Trade Union colleagues covering:
- Redeployment - establishing the policy position underpinning the Resourcing Hub, and creating the ability to rapidly respond to resourcing pressures, during both the response and recovery phases.
  - Pay Policy position - providing reassurance and clarity on pay arrangements for those unable to work due to the nature of their role, or because they or a family member has underlying health conditions. The policy position also established a position for regular casual workers, honouring their normal pay over the appropriate holiday pay reference period, as well as establishing that COVID-19 related sickness absence would not trigger stages under the existing Management of Attendance Policy.
  - Annual Leave - in response to Coronavirus Working Time Regulations Amendment clarity was provided on carry forward of statutory annual leave untaken due to COVID-19 response, whilst reiterating the Council's policy position on the cancellation of additional leave acquired through the Annual Leave Purchase Scheme (ALPS).

## **7. Adult Social Care**

- 7.1 A brief summary of the range of measures introduced to support the care home market and maintenance of care provision throughout the Covid-19 outbreak is detailed in a separate report elsewhere on the agenda.
- 7.2 Adult Social Care is a vital component of our local system to support Manchester people to live independently and with the best possible quality of life. The care and support provided allows people to continue to live in the most independent way and is based on an assessment that looks to promote the strengths of the person and connections to family, carers, friends and the community in which they have chosen to live.
- 7.3 COVID-19 has raised the profile and value of Adult Social Care, showing how it can support people to live in the community with support from a diverse

range of provision, which has been developed over many years with the involvement and shaping of those with the people the services support.

7.4 In response to the additional demands of COVID-19 the priorities of Adult Social Care were to:

- **Maintain capacity of care services** - supporting care providers to continue to be able to meet the care needs of the people already receiving services, many of whom have higher risk characteristics relating to COVID-19 (older age groups and multiple long term conditions).
- **Support care providers to support service delivery** - making daily contact with providers to understand their needs and to respond appropriately.
- **Generate additional capacity of care services** - based on the needs for Manchester and moving with the latest understanding of the need for care and support and the need to expand services where necessary.

7.5 A COVID-19 response plan within Adult Social Care has ensured a structured response across services including temporary closure of some services, management of new approach to hospital discharge and stand up of the integrated control room, management of safe and well calls with c.1,500 on the shielded list, preparation for any potential introduction of Care Act Easements (not yet required), adjustments to normal practice given changed circumstances and work to ensure staff and citizens have access to testing.

7.6 An outline of the core components of COVID-19 cost detailed in the table at 3.7 for Adult Social Care is set out below. Many areas are based on working assumptions that continue to be refined as we respond to the dynamic impacts on need, capacity, quality and sustainability of the care market and pressures related to assessment and delivery of internal care and support services.

**(i) Additional Demand - £9.6m** and includes the following elements:

- The cost impact of block booking capacity in the care market to ensure people can be supported in the right place and at the right time to meet their assessed needs;
- The estimated costs of the rapid hospital discharge programme to support the NHS to have sufficient capacity to care for those most severely affected by the COVID virus;
- Cost of discharges for people with complex needs; and
- Modelling of additional homecare and residential care placements.

**(ii) Supporting the Market - £2.5m**, primarily reflects care market support for the period to July 2020 and includes:

- One off payments to residential and nursing care homes to support their additional costs such as PPE and agency staff;

- Paying home care providers on commissioned hours rather than actual hours to provide stability until the end of July; and
- One off payments to support provider costs for agency staff and PPE to specialist homes for people with Learning Disability and Mental Health needs, for Home Care Providers and Shared Lives.

**(iii) Workforce Pressures - £0.5m** includes:

- Setting up of a 'Bank' of staff to maintain capacity and allow for flexibility across services. Includes social workers, unqualified social workers and support staff for provider services;
- Additional staffing costs (including overtime) for setting up the Control Room and to support Hospital Discharges over the Easter Bank Holiday and weekend period; and
- Overtime payments for targeted Safe and Well Checks to potentially vulnerable people.

**(iv) Adult Social Care PPE - £4.3m** includes:

- Manchester and Trafford PPE Mutual Aid Hub established to enable a coordinated response to the pandemic; and
- Future assumed demands for PPE, for different masks (including FFP3), coveralls and face visors to support health and care workers in their support to shielded and vulnerable residents and COVID-19 diagnosed patients post September.

**(v) Adult Social Care Other - £0.4m** includes:

- Income loss for self funding Clients already receiving a package of care and consequently has a hospital stay; and
- Increase in welfare funerals; and
- Replicating the one off payments to cover agency and PPE to Cash Personal budgets.

## **8. Planning ahead for the recovery**

8.1 Health and Social Care partners will work together to refresh the Our Healthier Manchester Locality Plan that sets the long-term vision and priorities for the city of Manchester - improving health outcomes for citizens, tackling health inequalities, and ensuring the health and social care system is financially sustainable. The Locality Plan was recently refreshed and while the overall aims are expected to be similar, the context in terms of the impacts of COVID-19 on health and well-being is significantly changed and more challenging across the city, as well as being highly uncertain and dynamic.

8.2 The Locality Plan refresh will set the context for reviews of the more detailed priorities and plans that will be developed by Health and Social Care partners in the city. It will also be aligned with the Our Manchester Strategy reset and the review of other city-wide strategies that have an impact on health and well-being.

- 8.3 Although there are still significant challenges with the response to COVID-19, work is now starting on planning ahead for the recovery. A Health and Social Care workstream has been established that will work closely with the other recovery workstreams, involving key partners from across the city through the Transformation Accountability Board. The workstream will consider the following issues.
- 8.4 Increasing the economic impact of health and social care during the recovery. This includes the role that health and social care organisations have as important 'anchor institutions' within the city, increasing the social value of health and social care organisations, and the roles of health and social care in achieving the city's zero carbon ambitions. The health and social care sector can also be a catalyst of wider regeneration, for example through the plans to redevelop the North Manchester General Hospital site. Health innovation and life sciences as important drivers of the economy, as set out in the Manchester Inclusive Growth Strategy. Health and work are highly interdependent issues so this workstream will also look at how to support residents to be fit for work, particularly in light of the impacts of COVID-19.
- 8.5 Supporting our residents and communities with their health and social care needs. This includes narrowing inequalities with a focus on the differential impacts that COVID-19 has had on different communities in the city, protecting the most vulnerable, and improving the social determinants of health and reducing poverty. This work will also look at the role of the VCSE sector in relation to health and social care. The work will look at the improvements and innovations developed during COVID-19, learn lessons and mainstream improvements made.
- 8.6 Changes to our ways of working and organisations. This will focus on making the Hospital Cell and Community Cell arrangements work effectively to deliver the response and recovery from COVID-19, as well as helping Manchester Local Care Organisation achieve its 10-year ambitions. It will include a focus on the financial sustainability of health and social care. It will look at how to support our workforce to deliver and progress, and plan organisational change effectively across partners.
- 8.7 Updating our strategies, evidence and intelligence. This will include updating the Locality Plan and Population Health Plan, and the importance of health and well-being within the Our Manchester Strategy reset. It will capitalise on the Michael Marmot review of health equity 2020 including focus on health outcomes and the wider determinants of health for residents. It will ensure that inclusion and equalities are front and centre to all of the above work, reflecting on the significant health impacts that COVID-19 have had on Black, Asian and Ethnic Minorities within Manchester as well as nationally. Evidence and intelligence will underpin all of the recovery work including listening to the diverse voices of Manchester's population and building our services around a better understanding of what is important to them.