

**Manchester City Council  
Report for Information**

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

**Subject:** Manchester Test and Trace

**Report of:** Director of Public Health

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**Summary**

This report provides more detailed information on the national, Greater Manchester and Manchester approach to Test and Trace and the development of the Manchester COVID-19 Management Plan, referred to in the overarching COVID-19 Update Report. The Manchester Test and Trace Team went “live” on Monday 8 June 2020 and the Director of Public Health is the Senior Responsible Officer (SRO) for the development of the COVID-19 Management Plan.

**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):**

## **1. Introduction**

- 1.1** Contact tracing is a tried and trusted approach to prevent the spread of infection and to contain and prevent outbreaks. Established contact tracing practice involves identifying those who have been in close contact with an infected person, encouraging them to self-isolate for 14 days and monitoring their health.
- 1.2** Comprehensive contact tracing alongside mass testing are common features in countries that have so far succeeded in keeping the number of cases of COVID-19 relatively low, such as Germany and South Korea. There is now a recognition that in the absence of a vaccine or effective treatment a medium/long term approach to Test and Trace is needed (18 months - 2 years).
- 1.3** The UK Government launched the NHS Test and Trace service on 28th May 2020 as part of an integrated test, trace, constrain and enable (TTCE) approach to COVID-19. From Monday 8 June 2020 both the Greater Manchester and Manchester teams went “live” and the local services became operational. The Manchester team includes experienced contact tracers from the Manchester Local Care Organisation (RU Clear Chlamydia Screening Service staff), MCC Environmental Health Team and the Manchester Public Health Team. A full description of how the new arrangements will work is provided in section 2 below.
- 1.4** A national £300 million ring fenced fund has also been made available to LAs to support the development of local COVID-19 Management plans and ensure there is sufficient local capacity to deliver an effective test and trace service. The Director of Public Health is working with the City Treasurer on the capacity and resource requirements relating to the Manchester allocation.
- 1.5** Greater Manchester (GM) as one of the 11 national Beacons (pilots) will be in a position to share best practice with other areas of the country who will face similar challenges.

## **2. The approach to test and trace in Greater Manchester and Manchester Test, Trace, Contain and Enable (TTCE)**

- 2.1** The TTCE approach for Greater Manchester will put local planning and response at the forefront of identification and management of COVID-19 infections by:
  - Improving the speed of the response - Put local government at the centre of the outbreak response.
  - Building on local knowledge - Led by Directors of Public Health, working with Public Health England (PHE) local health protection teams and incorporating existing public health planning and statutory responsibilities.

- Improving coordination - Helping to coordinate efforts between local and national governments, the NHS, private and community sectors and the general public. Connecting local and national policy via the Joint Biosecurity Centre (JBC).

The GM TTCE approach will involve the creation of 10 bespoke Local Outbreak Control Plans, centring on seven key themes, as outlined by the Department of Health and Social Care, these are:

- 1) Care homes and schools
- 2) High risk places, locations and communities
- 3) Local testing capacity
- 4) Contact tracing in complex settings
- 5) Data and intelligence
- 6) Vulnerable people
- 7) Local Boards

The Manchester Public Health Team are currently collating the production of the Manchester Local Outbreak Control Plan (COVID-19 Management Plan) which will be structured around these themes. A brief progress update for each of the themes is presented below.

## **2.2 Priority 1a) - Care Homes**

### **2.2.1 National Roles and Responsibilities**

Under the TTCE approach, care homes will be classed as a complex setting, and all contact tracing and testing responsibilities will be passed to regional and local systems (GM and localities).

### **2.2.2 GM Roles and Responsibilities**

The GM approach to supporting complex settings is to provide additional, co-ordinated support at a system level, to prevent and risk manage the potential for an outbreak. Care homes (for older adults and other categories of vulnerable adults) are already regarded as priority settings by the GM Directors of Public Health that require the development of robust health protection / outbreak planning.

### **2.2.3 Locality roles and responsibilities**

The management of cases or an 'outbreak' in care homes is a locality role including the contact tracing in relation to the staff and residents and visitors. Any wider contract tracing – relating to the families of staff for example – would go through the national test and trace service.

## **2.3 Priority 1b) - Schools**

### **2.3.1 National Roles and Responsibilities**

Under the TTCE approach, schools will be classed as a complex setting, and all contact tracing and testing responsibilities will be passed to regional and GM functions.

### **2.3.2 GM Roles and Responsibilities**

For a single case or suspected cluster/outbreak in a school, the GM Integrated Contact Tracing Hub (GMICTH) will undertake contact tracing in partnership with the Locality Team.

### **2.3.3 Locality roles and responsibilities**

Local authorities will manage the consequences of control measures including the need to identify alternative education arrangements and community impact. In complex outbreaks, the local authority Public Health Team will play a leading role in Outbreak Control Team (OCT) meetings as is the case now.

## **2.4 Priority 2 - High risk places, locations and communities**

The GMICTH will manage all complex contact tracing on behalf of GM, with the exception of:

- Contact tracing of cases or an 'outbreak' in care homes which is a *locality* role including the contact tracing, but only in relation to the staff and residents.
- Contact tracing of rough sleepers or homeless or other groups requiring specific community knowledge or links as this is also locality role.

A scenario planning toolkit has been produced and scenario planning is now taking place within localities and with key partners such as GMP. Pan GM guidance for localities is being produced to support work in key settings such as:

- Primary care settings
- Secondary care settings
- Social care settings
- Schools and Early Years
- Business sectors
- Community settings

## **2.5 Priority 3 - Testing Capacity**

### **2.5.1 National Roles and Responsibilities**

Current COVID-19 testing activity has been developed to date under a number of national 'Pillars'. The Pillars includes the same steps of: Requesting, Testing, Laboratory analysis and Reporting.

#### **Pillar 1 Acute NHS Trust led testing – delivered locally**

- Testing for virus itself indicating a current infection

- Throat and nasal swabbing
- Symptomatic or asymptomatic presentation
- Testing for Hospital patients and in some organisations -staff (NB-this is the case in Manchester hospitals)
- Requested, tested locally, analysed and reported within the Hospital cells

#### **Pillar 2 – Nationally commissioned testing - delivered locally**

- Testing for virus itself indicating a current infection
- Throat and nasal swabbing
- Symptomatic or asymptomatic presentation
- Testing for Care Homes, essential workers, and all symptomatic individuals
- Satellite sites (locally booked), Mobile Testing Units (MTUs) and postal self-administered tests (nationally booked)
- Non-hospital/PHE Laboratories such as the 'Lighthouse Labs'
- Requested via a national portal on Gov.uk, tested at any site, analysed at any lab

#### **Pillar 3 – Serology Testing - Nationally commissioned testing - delivered locally**

- Commenced in June 2020
- Antibody testing – 'serology test'. The presence of antibodies in a person's serum (taken from a blood sample) indicates past infection and does not necessarily confirm any form of immunity at the time. Results are being collected as a measure of previous infection and thus the spread of COVID-19 in the population.
- Blood sample
- Asymptomatic presentation
- All NHS staff in hospitals, NHS patients, with roll out to primary care and staff, in Care Homes (Manchester will be part of the social care pilot)
- Requested through employers' systems, tested within workplace or care setting, analysed in hospital laboratories, reporting through employers' systems.

### **2.5.2 GM Roles and Responsibilities**

To strengthen the testing arrangements as described above, a Mass Testing Strategy for GM was agreed at the end of April 2020. The strategy set out a number of objectives to ensure GM can respond to and accommodate increased demand for testing.

Mass Testing will ensure that high priority groups of patients, residents and key workers in health and care sectors can be offered and access antigen testing through Pillar 1 or Pillar 2.

### **2.5.3 Locality roles and responsibilities**

Each of the 10 GM Local Authorities will use the GM strategy as a framework and the Manchester COVID-19 Management Plan will provide a full description of the Manchester model for community testing currently being finalised.

## **2.6 Priority 4 - Contact tracing in complex settings**

### **2.6.1 National roles and responsibilities**

The NHS Test and Trace service:

- Ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus and includes targeted asymptomatic testing of setting and cohorts for whom there may be an increased risk of infection or harm.
- Traces the close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

The National Test and Trace service has 3 levels:

**Level 3** (National Call Handlers contracted from external providers) who are responsible for:

- Providing advice to contacts according to Standard Operation Procedures (SOPs) and scripts. This will include the Household and Community contexts of cases escalated to Level 1.
- Escalating difficult issues to the level 2 staff.

**Level 2** (Professional contact tracers recruited through NHS Providers) who are responsible for:

- Interviewing index cases (i.e those who test positive), and identifying their contacts using SOPs and scripts.
- Handling issues escalated from level 3 staff.
- Escalating complex issues and situations to Level 1.

### **2.6.2 GM roles and responsibilities**

**Level 1** (regional and local arrangements) who are responsible for:  
Leading on 'complex' contact tracing.

- Consequence Management.
- Supporting vulnerable people and households.

Level 1 in Greater Manchester will be provided predominantly through the GM Integrated Contact Tracing Hub, delivered collaboratively on a city-region footprint and including staff from PHE. The 10 Localities including Manchester have a specified role within Level 1.

Level 1 is being delivered as a city-regional collaboration involving PHE NW, GMHSCP, GMCA, all 10 GM Local Authorities and other key sector partners such as GM Police, GM Fire and Rescue Services and Hospital Trusts. The specific sector-level roles and responsibilities of GM hospital trusts, GM Police and GM Fire & Rescue Services associated with delivering Level 1 of the national test and trace arrangements are as follows:

- Establishing and maintaining a single point of contact.
- Receiving details of escalated cases from GMICTH.
- Workplace contact tracing for staff with a confirmed diagnosis. (Contact tracing of household and community contacts will be completed through the national system).
- Organisational infection control, prevention and mitigation activity.
- Outbreak management in line with national guidance and supported by GMICTH staff.
- Identification and declaration of a major incident where the threat from the outbreak is severe, because the impacts on partners or communities are disruptive or because there is a need for formal multi-agency coordination.
- Business Continuity / Contingency Planning.
- Escalating issues to the GMICTH.

### **2.6.3 Locality Roles and Responsibilities**

The locality roles and responsibilities associated with delivering Level 1 of the national test and trace arrangements are as follows:

- Establishment and delivery of a locality SPOC-In Manchester this is Sarah Doran, Consultant in Public Health
- Escalation of locally identified potential contact tracing requirements to GM SPOC.
- Oversight and management of contact tracing requirements in relation to care homes.
- Contact tracing for complex scenarios which fall outside the scope of the SOP, or where there is an acute level of complexity that requires a bespoke response.
- Coordination of locality consequence management in relation to complex settings.
- Safeguarding potentially vulnerable people and providing support to potential vulnerable individuals / households.
- Coordination of local communications and engagement
- Interpretation and application of national and GM policy and guidance within a local setting.
- Training and development of staff in the locality.
- Joint management of an outbreak in accordance with SOP (e.g schools).
- Continue with wider proactive and preventative work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases

## **2.7 Data and Intelligence**

### **2.7.1 National roles and responsibilities**

Public Health England's will continue to provide information to localities about COVID-19 from a range of sources to provide situational awareness. Current data sources include confirmed laboratory cases across England and community surveillance through PHE's network of health protection teams.

### **2.7.2 GM roles and responsibilities**

Greater Manchester is looking to establish a robust digital architecture which allows information to flow from PHE to GM to localities and back again, alongside case management and recording. Ensuring the right data protection is in place in Greater Manchester to support the Contact Tracing work is vital to its success.

### **2.7.3 Locality roles and responsibilities**

Currently the Manchester Public Health Team utilises the PHE Online Tracker to monitor the impact of the pandemic in the city. An example of the daily reporting schedule is provided in the table below. In addition the Government Office for Science publishes regional R values and the latest of these is also provided in the second table below. An enhanced reporting schedule specifically relating to test and trace is now under development and will include pillar 2 testing data as well as pillar 1 data. This will give a much more comprehensive picture of infection rates in the city and robust data sets of what is happening at all levels of the NHS Test and Trace Service.

## COVID-19 Cases - PHE Online tracker (Thursday 18 June 2020)

Date data reported (2020)	UK Cumulative Totals		UK Daily Totals		Local Daily Totals	
	Cases	Deaths	Cases	Deaths in all settings	Manchester Cases	Manchester cases rate (per 100,000 resident population)
Tues 16th June	298,136	41,969	1,279 Pillar 1 - 329 Pillar 2 - 950	233	1,685 9 new cases	307.7 England rate 281.4
Wed 17 <sup>th</sup> June	299,251	42,153	1,115 Pillar 1 - 328 Pillar 2 - 787	184	1,693 8 new cases	309.2 England rate 281.9

**UK cumulative cases:** includes tests carried out by commercial partners which are not included in the 4 national totals

**Pillar 1:** swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers

**Pillar 2:** swab testing for essential workers and their households, as well as other groups that meet the eligibility criteria

**Reporting of deaths** – This changed on 1<sup>st</sup> June to include all deaths before 24 May 2020 of people who tested positive through pillar

The R number cannot be calculated for sub regions or Upper Tier Local Authority Areas (UTLAs) so it is impossible to ascertain the different contributions of local areas to the R number for the North West. There is no R number for Manchester or for Greater Manchester and therefore we must look at other credible data sources such as hospital admission rates, death rates and infection rates.

The R estimates, published by the Government Office for Science on Friday 12 June 2020 cover each of the NHS England regions in England. The average R value for the UK, as a whole, remains at 0.7-0.9 R values are shown as the range and the most likely estimate is in the middle of this range. Therefore compared to the week ending the 5 June 2020 the R value for the North West Region has gone down slightly.

<b>Region</b>	<b>R</b>
England	0.8-1.0
East of England	0.7-0.9
London	0.8-1.0
Midlands	0.8-1.0
North East and Yorkshire	0.7-1.0
North West	0.8-1.0
South East	0.8-1.0
South West	0.8-1.1

## **2.8 Priority 6 - Vulnerable people (Consequence Management)**

### **2.8.1 National roles and responsibilities**

There are likely to be further changes to the guidance around shielding and vulnerable patient groups which will need to be considered by the GM and locality teams.

### **2.8.2 GM and 10 GM Local Authority roles and responsibilities**

The 10 GM Local Authority Hubs will remain the primary route for people to access humanitarian assistance locally. As the Test, Trace and Contain processes are developed and established there will be an ongoing need to ensure the impacts of outbreaks on communities is managed effectively, this will include:

- Providing direct support and advice to community settings that experience an outbreak through local Directors of Public Health and PHE.
- Ensuring common and consistent messaging to communities ensuring reassurance in the response that is being implemented.
- Working closely with communities to gather their knowledge and experience about cases in the community and creating two way dialogue to ensure we are able to manage by consent.
- Ensuring GM support to locality hubs through the GM Humanitarian Assistance Group, including the sharing of learning and development of GM strategies to support response as appropriate.

## **2.9 Priority 7 - Local Boards**

**2.9.1** In line with the national guidance the COVID-19 Response Group, chaired by the Director of Public Health, will act as the Local Health Protection Group for Test and Trace. This group already has a formal reporting link to the Health and Wellbeing Board (HWB).

**2.9.2** The HWB will fulfil the functions of the Local Outbreak Management/Engagement Board and further consideration will be given to how the HWB can discharge this role effectively.

**2.9.3** Finally the Council's Senior Management Team will act as "Gold" to ensure decisions on outbreaks and consequence management implications are addressed effectively and all council chief officers will have key roles to play.

### **3. Summary**

**3.1** 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 be signed off by the Leader and Chief Executive of Manchester City Council (MCC) on 30 June 2020. The Leader will also sign off the plan on behalf of the Health and Wellbeing Board.