

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee - 21 July 2020

**Subject:** Covid-19 Activity Update

**Report of:** The Director of Adult Social Care and The Director of Public Health

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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 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.

This report provides a brief update to the Committee on activity relating to public health and adult social care following on from the report presented to the Council Executive on 3rd July 2020

**Recommendations**

The Committee are asked to note the report.

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**Wards Affected:** All

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

Not applicable.

## **1. Public Health**

- 1.1 As of 16 July 2020, there were 2983 confirmed cases of COVID-19 in Manchester, a rate of 544.7 per 100,000 population. To date, there have been 401 registered deaths of Manchester residents involving COVID-19. Of these, 78 deaths (19.5 %) occurred in a care home. The infection rate and the number of deaths involving COVID-19 in Manchester is continuing to fall, from the peak of the week ending 17 April 2020.
- 1.2 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. A national £300 million ring fenced fund has been made available to LAs to support the development of local COVID-19 Outbreak Management plans.
- 1.3 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.
- 1.4 The Director of Public Health (DPH) at the City Council has led the development of the Manchester COVID-19 Local Prevention and Response Plan (Outbreak Plan) with local partners. It covers the management of outbreaks in all settings including care homes, schools and the workplace. In Manchester there is also a focus on groups that may be at particular risk, such as the homeless population. The Plan was signed off by the Leader of the Council, Executive Member for Adult Health and Wellbeing, Chief Executive and DPH and published on the Council website on 30 June 2020, in accordance with the national deadline. The plan will be presented to the Health and Wellbeing Board on 8 July and the Manchester Health Scrutiny Committee on 21 July 2020
- 1.5 The national 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.
- 1.6 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.
- 1.7 Manchester key workers also have very good access to pillar 2 testing sites including the regional testing centres at the Etihad and Airport and the Army Mobile Testing Units (MTUs). Also 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.

- 1.8 As the lockdown is eased, there is a need to shift the focus of local COVID-19 monitoring systems towards the early identification of an emerging 'second wave' of coronavirus in Manchester. Directors of Public Health are now starting to receive better data sets for local authority areas from pillar 2 testing sites. In addition to the number of newly confirmed cases of COVID-19, there are a number of existing indicators that would naturally lend themselves to inclusion in an 'early warning' dashboard:
- Daily number of registered deaths involving COVID-19
  - Total deaths involving COVID-19 in Manchester hospitals
  - New diagnoses of COVID-19 amongst patients
  - Residents / customers of care providers confirmed as COVID Positive
  - Number of resident / customers of care providers with COVID-19 symptoms
  - Number of 111 telephone triages
- 1.9 Furthermore, other data sets relating to footfall and transport use would also be included. These indicators would form the basis of a local COVID-19 surveillance system that would focus very clearly on identifying an upturn in the spread of COVID-19 (or the risk of transmission) in the population. It will be important to distinguish random from genuine variations and, hence, help to ensure that any decisions taken are based on the best available evidence.
- 1.10 In developing this system, the DPH will work with colleagues and seek to repurpose elements of the existing MCC COVID-19 and Manchester Health and Care Commissioning (MHCC) dashboards in order to create a new product that better serves as an early warning system for Manchester, learning from the experience of Leicester and other areas.

## **2. Adult social care response**

- 2.1 ASC continues to manage its response through the ASC COVID response plan which feeds into MCC response co-ordination as well as into MLCO command.
- 2.2 The plan is predicated on delivering three key objectives:
- (1) Continuity of care for vulnerable people assessed under the Care Act
  - (2) Minimising risk of harm/fatality
  - (3) Protecting credibility of health and social care and partners

### *Assessment*

- 2.3 Delivery of Care Act assessment and support planning remain the key priorities for the service.
- 2.4 A streamlined strengths based assessment form remains in place to expedite the assessment process. This has been continually reviewed since its introduction and feedback from staff continues to be positive. This work has formed part of the overall ASC response to the Care Act Easements, noting that there has not been any need to enact the Easements at stage 3 or 4.

*In house provider services*

- 2.5 Our in house provider services are continuing to support citizens. Some services remain closed (with support being provided via safe and well calls) but planning is underway to look at necessary service adjustments to enable services to be fully operational.

*Support to Care Providers in the independent sector*

- 2.6 A weekday daily ring-around to 218 services providing care and support continues to be conducted to identify pressures and provide the response and support required to maintain continuity of care and, where possible help providers to self-manage any outbreaks of the virus.
- 2.7 There are 91 care homes recorded by CQC in Manchester and contact is made through the daily ring-around to 81 (with the remaining 10 a combination of empty homes, MFT or MLCO/MCC direct provision and a children's service with CQC registration).
- 2.8 The engagement and daily contact with care providers, allows the Manchester health and social care system to gather intelligence about available capacity and whether any service users or staff have symptoms of COVID-19 and are being isolated and/or have been tested positive for the virus. Across all providers the vast majority are self-reporting as green. Within the self-reported position, care homes are reporting 3 amber and none are red at the time of writing.
- 2.9 Care Homes continue to be supported by the Community Infection Control Team including managing outbreaks, undertaking risk assessments, and ensuring basic infection control measures in place. Over 421,000 items of PPE have been delivered to Care Homes via the mutual aid hub. All care homes can access testing by contacting the Manchester Testing Hub. Testing is delivered by one of three routes: courier of swabs from the local PHE lab for staff to swab residents themselves, co-ordinated by the Community Infection Control Team; by the local Community Swabbing Teams where staff are not confident or able to swab residents; or through the national Department of Health and Social Care (DHSC) care home testing portal, whereby swabs are delivered to the care home and staff swab the residents themselves. A new model for whole care home testing and repeat testing will be implemented from mid July
- 2.10 A number of financial support measures have been put in place for Care Homes. This has included passporting 75% of the £3.4m of the government's infection control fund, which is to provide support to providers to deliver infection control to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. The funds have been passed onto Care Homes on a 'per bed' basis.

*Transfers of care from hospital to the health and care services within the community*

- 2.11 The integrated health and social care control room working with social workers, nurses, transfer teams and care providers is supporting discharge from hospitals across Manchester. This continues to operate with a total of 637 residents having been transferred through this route by the end of June, with the appropriate support being put in place to support them to return home, or into a care home or intermediate care

*Support to citizens in the community*

- 2.12 Adult service areas have conducted safe and well checks with the cohort of vulnerable adults on the government shielded list, with the same approach to safe and well checks being taken for other individuals in receipt of packages of care and known to social work. The checks ensure referrals into the Manchester Community Response Hub and other support options as well as assessment or reassessment where required.

**3. Planning ahead for the recovery**

- 3.1 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.
- 3.2 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.
- 3.3 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.
- 3.4 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.

- 3.5 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.
- 3.6 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.
- 3.7 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.