

Manchester COVID-19 Local Outbreak Prevention and Response Plan

March 2021

Foreword.....	3
Overview	4
Introduction	5
Themes, Core Aspects and Developments	6
Context.....	7
Our Approach.....	7
Manchester COVID-19 Impact Assessment	8
High Risk Settings and Locations.....	10
Schools, Colleges & Early Years.....	10
Universities	11
<i>Case Study 1: University Outbreaks</i>	13
Care Homes, Supported Living, Extracare and Independent Hospitals	16
Primary Care & Vaccination Sites.....	18
Businesses	19
Homelessness Settings.....	20
Events & Culture	21
Prisons, courts and approved premises.....	22
High risk, clinically vulnerable and underserved communities	23
Compliance and Enforcement.....	25
Communications and engagement.....	26
Resourcing.....	28
Data Mobilisation and Information Sharing	30
End-to-end COVID-19 Response: Community Testing.....	32
End-to-end COVID-19 Response: Contact Tracing.....	34
End-to-end COVID-19 Response: Support to self-isolate	37
End-to-end COVID-19 Response: Outbreak Management	38
<i>CASE STUDY 2: Storm Christophe</i>	41
<i>CASE STUDY 3: Evacuation of a complex setting in outbreak</i>	43
End-to-end COVID-19 Response: Surveillance.....	45
<i>CASE STUDY 4: Operation Eagle</i>	46
COVID-19 Vaccination Programme.....	50
National Roadmap: Manchester Context	52

Foreword

It is important to note that since the 23rd March 2020 the City of Manchester has been under restrictions for most of the last year, apart from 25 days in July 2020. The City has and will continue to respond to "Enduring Transmission" rates. Our responses to Storm Christophe and Operation Eagle have demonstrated the value of local control of systems and processes in relation to outbreak management, working collaboratively with our regional and national partners.

We will build on the achievements described in this Plan and in line with the national Roadmap secure a safe exit out of Lockdown for the people of our City.

A handwritten signature in black ink, appearing to read 'Richard Leese', with a stylized flourish at the end.

Sir Richard Leese

Leader of Manchester City Council and Chair of the Manchester Health and Wellbeing Board

24th March 2021

Overview

This is a refresh of our Local Prevention and Response Plan first published in June 2020 and builds on the Manchester COVID-19 Twelve Point Plan, which is updated on a monthly basis.

The Plan is set out to show the read across to themes contained in the original plan and incorporates new developments such as the vaccine roll out and responding to Variants of Concern.

Several case studies are included and the learning from these will inform future planning.

At the end of the document, we have included:

- A summary of our Vaccine Equity Plan
- Our initial forward plan for exiting lockdown which is aligned to the national Roadmap

Introduction

The Manchester COVID-19 Local Prevention and Response Plan was first published in June 2020. The plan took a broad approach to how we would work together to tackle the COVID pandemic and included how we would both prevent COVID cases and respond to COVID outbreaks and situations.

We have learned a lot in the past twelve months and have strengthened and adapted our approach to respond in the best way we can with the evidence available to us.

We have embodied the Our Manchester way of working and demonstrated Our Manchester behaviours: listening, learning and responding, starting from strengths, working together, building relationships and working collaboratively with others, including our local communities and our Greater Manchester and Public Health England (PHE) colleagues.

We have strong leadership, clear governance and oversight arrangements in place and a Framework that describes our Manchester Test and Trace Programme and strategic and response teams.

We have managed and contained large outbreaks in university accommodation, ensured safe and COVID-secure evacuation from flooding (which included 'lifting and shifting' an outbreak in a complex setting) and undertaken surge testing in two areas of the City in response to Variants of Concern (VOC).

A year since our first reported Manchester COVID case on 7th March 2020, 50,349 people have tested positive for the virus and nearly 1,000 Manchester residents have sadly lost their lives due to COVID. Many of our residents are continuing to experience long term effects from COVID.

Our thoughts are with those who have lost their lives and their loved ones and people struggling as a result of the COVID pandemic, through health, economic or social reasons.

We are proud of the way our residents and people working in Manchester have worked together and supported one another throughout the pandemic. The number of volunteers coming forward to support essential work has been staggering.

Our commitment to preventing and reducing COVID transmission and save lives is unfaltering, as is our focus on reducing inequalities relating to COVID.

Themes, Core Aspects and Developments

Our plan addresses the following themes:

- 1) High risk settings and locations
- 2) High risk, clinically vulnerable and underserved communities
- 3) Compliance and enforcement
- 4) Communications and engagement
- 5) Resourcing
- 6) Data mobilisation and information sharing

and reflects the approach to the core aspects of the end-to-end COVID-19 response:

- 7) Community testing
- 8) Contact tracing
- 9) Support to self-isolate
- 10) Outbreak management
- 11) Surveillance

Our plan now incorporates the following developments:

- 12) Responding to Variants of Concern (VOC)
- 13) Action on enduring transmission
- 14) Enhanced Contact Tracing, in partnership with PHE Health Protection Teams
- 15) The ongoing role of Non-Pharmaceutical Interventions (NPIs)¹
- 16) Interface with vaccine roll out
- 17) Activities to enable 'living with COVID-19 (COVID secure)

¹ *categories of NPIs taken from [SAGE October 2020](#)

Context

Our plan has been developed in the context of a number of strategies and plans aimed at both responding to the COVID emergency and moving the city, region and country towards recovery. These include:

- The Greater Manchester COVID-19 Six Month Plan
- The Greater Manchester Outbreak Control Plan
- The Greater Manchester Targeted Testing at Scale (TTaS) Strategy and Operational Plan (March 2021)
- Manchester's forward plan for easing and exiting lockdown (Feb 2021)
- The Manchester COVID-19 Test and Trace Communications Strategy

The Manchester COVID-19 Response Group (Health Protection Board) is a multi-agency partnership that oversees the implementation of this plan and key decisions are escalated to Manchester Gold Control chaired by Joanne Roney, Chief Executive, Manchester City Council.

The progress of the delivery of our Local Outbreak and Response Plan is monitored through the Manchester COVID-19 Twelve Point Plan, which is updated regularly.

Our Approach

Our approach to COVID-19 involves seven distinct elements:

- Test
- Outbreak identification and rapid response
- Response to Variants of Concern
- Contact Trace
- Support to self-isolate
- Compliance and enforcement
- Vaccinate

Overlaying all elements is consideration and implementation of Infection Prevention and Control.

Our response to COVID involves a commitment to tackling health inequalities in every aspect of our work, and is underpinned by the best available evidence, data and intelligence.

Manchester COVID-19 Impact Assessment

We know that there are a number of communities that suffer disproportionate adverse impacts from COVID, including:

- Older people
- People affected by homelessness
- Ethnic minorities
- Certain religious groups
- Asylum seekers and people with no recourse to public funds
- Certain occupational groups
- People living in areas of high deprivation
- Residents of care homes and other high risk residential settings

Up to Tuesday 9 March, **50,487** Manchester residents have tested positive for COVID-19

998 deaths mentioning COVID-19 have occurred from the start of the pandemic

341 excess deaths occurred from start of 2020 to Week 8 2021

The age standardised mortality rate for deaths due to COVID-19 is **276.1 per 100,000** based on deaths registered between 1 March and 31 December 2020 - Manchester is ranked 6th out of the 10 Local Authorities in GM

Over 62,000 residents have been furloughed and **almost 16,000 are in receipt of self-employment support** - equal to 32% of Manchester's resident working age population.

People with COVID-19 **aged 80 or older 70 times more likely to die** than those aged under 40.

1 in 5 deaths involving COVID-19 in Manchester have occurred in **care homes**. This is a highly vulnerable population

The **mortality rates** from COVID-19 in the most deprived areas of England were **more than double** the least deprived areas. There are **high levels of deprivation in Manchester**.

41% of Manchester residents work in sectors of the economy which have **higher death rates** from COVID-19 e.g. construction, transport and manufacturing.

There are estimated to be **6000 asylum seekers** in Manchester who are more likely to experience issues with over-crowded housing, lack of access to healthcare and language barriers.

There are approximately **1400 people in emergency accommodation**. Many homeless people have chronic health conditions making them **high risk for COVID-19**. This community is more likely to experience complexities with testing, tracing and isolating.

The Manchester population includes around **50%** of people who are from **ethnic minorities**. There is a higher risk of COVID-19 related deaths in many ethnic minority groups; this is likely to be due to a combination of structural and individual risk factors.

COVID-19 vaccination coverage is **much lower** in Black African, Black Caribbean, Pakistani and Bangladeshi people than the City's average.

There is variation in the COVID-19 related death rate by self-reported religious group. The **highest age-standardised mortality rate** is in people identifying as **Muslims**; it is also **higher** in people identifying as **Jewish, Hindu or Sikh**.

High Risk Settings and Locations

Schools, Colleges and Early Years

Achievements

- ✓ Created a 'one team' approach between the City Council's Education Team and Manchester Test & Trace, with robust pathways for responding to positive cases
- ✓ Provided regular communications, including guidance on infection prevention and control, accessing support, template letters and tools for use with parents/carers
- ✓ Worked with schools on the remote learning offer in the event of pupils being at home following an outbreak
- ✓ Completed a stock take to review the delivery of the Manchester Test and Trace Service for schools, with a particular focus on access to testing
- ✓ Launched a new offer for schools to report cases and get support with contact tracing and consequence management from Manchester Test and Trace
- ✓ Offered all schools the option of using the Manchester Test and Trace Service to contact parents and carers of contacts identified during the Christmas break and February half term break to ease the burden on school leaders
- ✓ Supported schools with setting up lateral flow testing sites – providing a model risk assessment and access to training at a community testing site
- ✓ Introduced COVID Marshalls to monitor school ingress and exit and engage with parents and children in a COVID-safe manner
- ✓ Provided an attendance helpline available to staff and parents to provide support and advice
- ✓ 15 Ongoing role of Non-Pharmaceutical Interventions: Increasing COVID security
- ✓ Reviewed school risk assessments with the City Council's Health and Safety Team

Next Steps

- Closely monitor cases, clusters and outbreaks in education settings when all pupils return to school from 8th March 2021
- Continue to support to schools with implementation of new testing regimes
- Monitor consent for lateral flow testing in secondary schools and colleges and target engagement where consent is low
- Continue to share FAQs and learning with school leaders
- Work with the Manchester schools involved in the National Schools Infection Survey to encourage their continued engagement in this important survey, which feeds into the national Scientific Emergency Group for Emergencies (SAGE)
- Follow up on intelligence from COVID Marshalls to improve behaviours and COVID-security

Universities

Achievements

- ✓ Worked closely with University of Manchester and Manchester Metropolitan University prior to the return of students in September 2020, putting in place:
 - daily multi-agency tactical meetings to review data and evidence in relation to breaches of restrictions and agree action
 - a plan of action with the Student Strategy Partnership
 - arrangements for outbreak management and contact tracing and Local Testing Sites close to university campuses and student areas
 - regular meetings of the four largest Greater Manchester universities to coordinate planning and communications
- ✓ Worked in partnership with universities to respond to significant outbreaks in student accommodation in September/October (see Case Study 1)
- ✓ Supported universities to deliver mass asymptomatic testing programme for students, leading daily testing meetings with GM universities to monitor cases. Agreed arrangements for lateral flow testing for students return in Jan and March 2021
- ✓ Secured agreement for students to access PCR testing before their return after Christmas. Students testing positive would isolate at family home rather than returning to Manchester, reducing risk of outbreaks and promoting better student mental health. Arrangement is in place for returning students from March 2021
- ✓ Delivered a joint communications campaign with universities targeted at students coming to Manchester, with supporting messages for residents in key areas
- ✓ Offered support to for outbreak management, testing and contact tracing to smaller universities, including Royal Northern College of Music, University Campus of Football Business and University of Law

Development 12: Responding to Variants of Concern

Manchester Metropolitan University was included in our multi-agency response to VOCs in our first surge testing area, as the area included a Manchester Metropolitan University student halls of residence

Provided information on Variants of Concern and agreed which staff and students would be offered testing

Both universities communicated with staff and students living in the halls of residence and student houses and encouraged testing uptake

Development 15: Ongoing role of Non-Pharmaceutical Interventions: Restrictions on Higher education

Worked in partnership with the Manchester universities to implement DfE Tier 3 (majority online learning) in response to rising case numbers, reviewing and extending arrangements to continue to control transmission

Controlled large outbreaks by isolating students living in affected halls of residence

Next Steps

- Closely monitor cases, clusters and outbreaks in student accommodation and university campuses with the phased return of face-to-face teaching from 8th March 2021
- Continue to support universities with implementation of new testing regimes

Case Study 1: University Outbreaks

This case study demonstrates how we managed three large outbreaks in university student accommodation.

Manchester has a very large student population (approx. 80,000) which is well integrated into the wider community. We have two large universities – University of Manchester and Manchester Metropolitan University and several smaller universities.

Management of outbreaks involved close partnership working with the University of Manchester, Manchester Metropolitan University, Unite and Public Health England.

Manchester Metropolitan University students returned earlier than other students in England (from late August onwards), so Manchester was at the forefront of this phase of the pandemic.

Preparedness

In preparation for start of the academic year we worked with the two largest universities, the University of Manchester and Manchester Metropolitan University, to develop plans and implement a range of measures including:

- COVID-secure campuses
- Managing arrivals into student halls of residence in COVID-secure way
- Establishing Local Testing Sites near to student areas
- Adapting the Induction ('Freshers') period to allow for a more staggered and socially distanced return with virtual events for the induction period
- Extensive communications and engagements
- A blended model of virtual and on campus teaching (25-30 students in study groups rather than 300+), with plans to switch quickly to online learning if students need to isolate or there are increases in cases
- Support for students who need to self-isolate
- Attendance and engagement monitoring - use of Safezone app
- Daily multi-agency tactical meetings (universities and partners including Greater Manchester Police)
- Community night-time patrols

Assessment

In the 7 days up to and including 2 October 2020, Manchester had the highest incidence rate of COVID in the country (552 per 100,000 population). The number of new cases was more than double the previous 7-day period and this increase was driven by a growth in the number of cases in the 17-21 (higher education) age group.

The incidence rate in this age group (3,264 per 100,000) was nearly 6 times higher than the rate in the population as a whole.

By 5th October, University of Manchester and Manchester Metropolitan University reported that over 2,000 of their students had tested positive for COVID, with thousands more self-isolating as contacts.

There were three significant outbreaks amongst students in the city affecting students living in halls of residence and purpose-built student accommodation.

There was concern that there may be transmission from the student population into communities within which students live, which have high levels of deprivation and poor health outcomes.

Planning

All three outbreaks had a formal Outbreak Control Team (OCT) process led by the Director of Public Health, Consultant in Public Health and Public Health England and included representatives from the universities and Communications Leads.

Communications

Communication with students included information about the outbreak situation, support to isolate (access to food etc.), access to mental health support and testing arrangements.

Communication with other stakeholders was essential. This included briefings with local councillors and information shared with university staff and local residents.

The large student outbreaks attracted significant national and local media attention that needed to be managed.

Response

Birley Fields Campus and Cambridge Halls

Due to high and rapidly rising case numbers, all students living in these two Halls of Residence were asked to self-isolate for 14 days to control the spread.

A national pilot approach to offer testing to all students was quickly developed and implemented. Testing kits were delivered directly to students in a COVID-secure way.

Other control measures included more effective management of the halls themselves, with better opportunities for social distancing amongst the remaining students and bespoke support to meet their ongoing mental health and wellbeing needs.

Unite Accommodation

An extension of the testing pilot for Birley/Cambridge was implemented and a Mobile Testing Unit deployed, adjacent to the blocks with the highest case numbers. The mass testing approach was used to identify asymptomatic cases so that they and their contacts could self-isolate to reduce asymptomatic transmission.

University of Manchester (UoM) - Fallowfield Campus

The highest numbers of cases in UoM students were concentrated in the self-catered shared flats of Oak House and Unsworth Park on the Fallowfield campus, with a peak of positive cases reported on 29th and 30th September.

The Outbreak Control Team agreed a contain strategy for this campus including the mass testing approach.

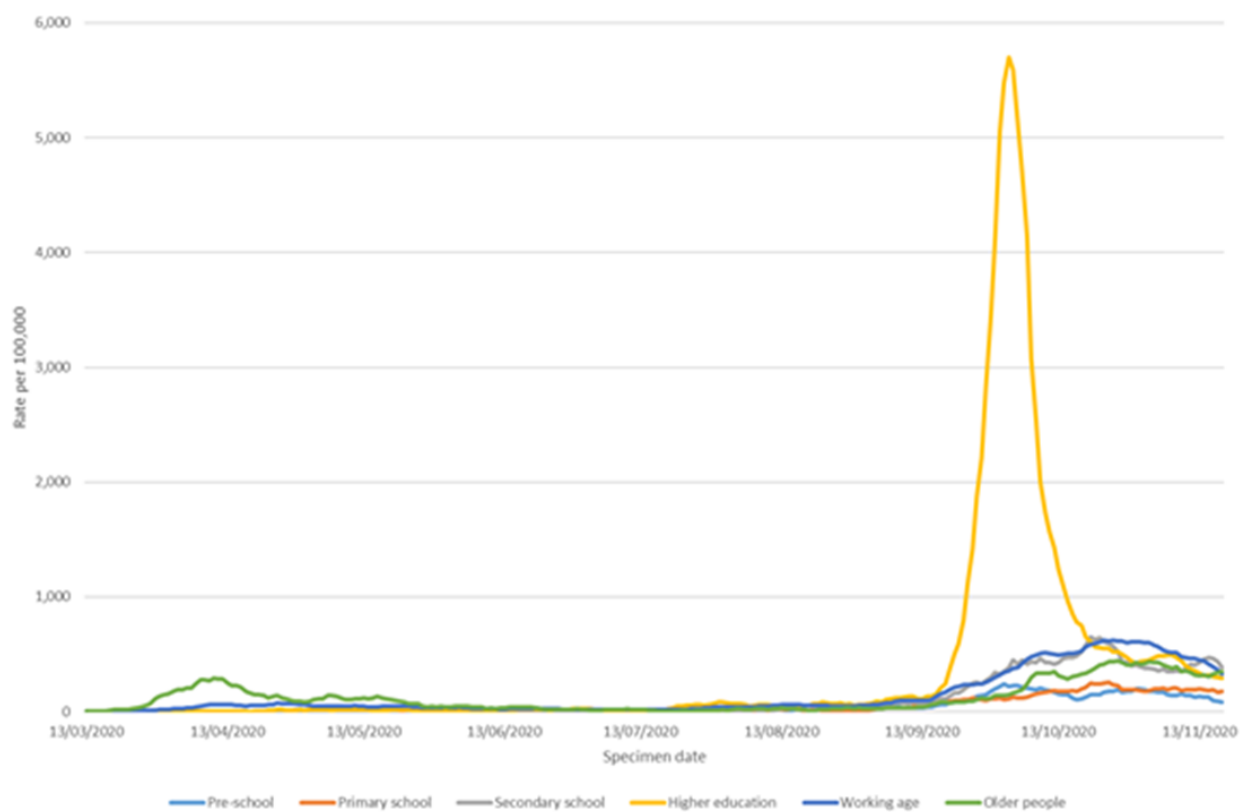
Due to the very high risk of further transmission and adverse outcomes in both the university and wider community the available control measures were reviewed by the Director of Public Health (DPH), his senior team and the Chief Executive of the City Council in partnership with the two universities, supported by Public Health England.

A decision was made by the DPH, supported by the two university Vice-Chancellors, to move to online learning only for most courses in line with the key measures contained in Tier 3 as set out in the DfE guidance. Face-to-face teaching would only take place for accredited and professional programmes, for on-campus laboratory research and practical work and clinical and practice-based teaching.

Online learning took effect from 7th October and on review a decision was made to continue this arrangement until there was a further reduction in rates.

Outcome

Our response to the outbreaks and control measures worked well and we saw a reduction in the number of student cases by early November. The request for students to isolate in two halls of residence at Manchester Metropolitan University, whilst successful in managing the large outbreak and reducing local rates, created some student unrest.



NUMBER OF CONFIRMED CASES OF COVID-19 PER 100,000 POPULATION IN MANCHESTER BY AGE GROUP (3 MARCH TO 18 NOVEMBER 2020)

Care Homes, Supported Living, Extracare and Independent Hospitals

Achievements

- ✓ Established the Manchester Strategic Care Homes Board, with full system representation
- ✓ Implemented a regular 'check-in' call to all 220 care providers across the city. Provided regular contact and support to homes with cases and coordinated and led Outbreak Control Team meetings. During surges of cases and peaks we coordinated with PHE to provide an out of hours response
- ✓ Distributed COVID-specific support funding and Infection Control Funding (ICF) to all providers
- ✓ Supported three care homes with targeted 'resilience funding' to maintain continuity of care and to retain provision
- ✓ Extended the Local Authorities Employee Assistance Programme to care home staff
- ✓ Stepped in to support and take over operations at a care home to provide continuity of care for residents
- ✓ Ordered 91 iPads for care homes as part of our new digital offer to support online/remote consultation, COVID symptom tracking (using the Restore2 methodology) and improved capacity and issue tracking
- ✓ Developed an enhanced approach to risk identification and risk management across the care market
- ✓ Supported managers with risk assessments with in settings in regard to identification of resident and staff contacts and worked closely with our local contact tracing team to follow-up staff contacts
- ✓ Worked with supported living, Extracare and Independent Hospitals to access testing

Development 15: Ongoing role of Non-Pharmaceutical Interventions: Increasing COVID security of workplaces and other settings

Provided Infection Prevention and Control (IPC) advice and an ongoing continuous responsive service, developing an IPC 'Super Trainer' offering to all care homes, conducting virtual audit visits to care homes where additional support was needed

Signposted and interpreted national guidance and developed local guidance, developing a single pathway to disseminate this to separate care sectors

Conducted an audit of barriers to effective Infection Prevention and Control procedures in supported living, making a series of recommendations for improvements

Issued guidance on 'window visiting' and worked with providers to support the roll out of the national programme for care home visiting using both lateral flow and PCR tests

Development 16: Interface with vaccines roll out/Development 13: Action on enduring transmission

Worked with Manchester's Vaccination Programme to prioritise vaccination for residents and staff of care homes experiencing prolonged outbreaks

Next Steps

- Continue to interpret, develop and review national and local guidance and advice and support the implementation that will impact on care homes
- Commence a reactive and proactive audit programme
- Continue to support homes with result management and outbreak control
- Support the IPC Trainers with ongoing development of a training package and programme for adult social care
- Work towards winter planning and vigilance of other infections that may impact on care homes and adapt the Community Health Protection programme of work in response
- Identify a Lead Practitioner for Adult Social Care within the Health Protection Team to aid development of relationships with these settings
- Provide monitoring and access to supplies of correct PPE and a training and fit testing service

Primary Care and Vaccination Sites

Achievements

- ✓ Moved a large proportion of activity to a telephone & online consultation model
- ✓ Provided mobile units/shelters to facilitate consultations
- ✓ Commissioned 'Hot' Hubs and zoned practices into 'hot' and 'cold' areas
- ✓ Mobilised a Border Contingency Primary Care Service at Manchester Airport for COVID-19 symptomatic travellers with no confirmed onward address
- ✓ Supported practices to be COVID-compliant and to manage both the patient backlog and COVID-positive patients discharged from Intensive Care Units
- ✓ Rolled out antibody testing programme for staff
- ✓ Provided expert Health Protection representation to Primary Care Network Vaccination Centre Outbreak Planning Group
- ✓ Held a series of scenario planning workshops to plan and implement processes for responding to situations and outbreaks at Primary Care Network vaccination sites
- ✓ Recruited a lead for Primary Care within the Health Protection Team

Next Steps

- Provide ongoing Infection Prevention and Control advice and support to Primary Care Network vaccination centres
- Work with Primary Care to ensure maximum access to Primary Care testing programme for staff and vulnerable citizens

Businesses

Achievements

- ✓ Worked with businesses to interpret, develop and review national and local guidance, providing advice and support
- ✓ Supported businesses with COVID cases/contacts in the workplace, coordinating and leading Outbreak Control Team meetings
- ✓ Developed a process to support Corporate Health and Safety regarding clusters and outbreaks within city council staff and partner teams
- ✓ Worked with home-to-school transport to review risk assessments and develop a reporting form for cases
- ✓ Developed a business reporting form for businesses to report where they had two or more cases over a 14-day period, helping to minimise onward transmission in many cases
- ✓ Carried out a mixture of remote assessments, virtual visits to premises and site visits to investigate situations
- ✓ Updated Standard Operating Procedures regarding contact tracing, outbreak control and consequence management
- ✓ Established fortnightly meetings with Manchester Airport Group to discuss cases and give advice
- ✓ Developed information and online access to support businesses in applying for grants/support
- ✓ Carried out proactive COVID secure visits to premises e.g. supermarkets/offices
- ✓ Responded to concerns raised regarding COVID controls in businesses

Development 12: Responding to Variants of Concern

Supported businesses to access testing in surge testing boundary areas, providing a 'Collect & Drop' service to support employees unable to attend Mobile Testing Units. Sent 1664 letters to businesses within the boundaries to encourage staff to be tested, as well as visiting workplaces

Next Steps

- Work with businesses to plan for and safely re-open parts of the city's economy in stages, by sector. This may require a return to the innovative approaches taken during summer 2020, including further adaptations to licensing to enable hospitality sector to use public realm and outdoor spaces
- Continue to provide financial support to businesses through support grants; £62.8m business grants (23,200 payments) have been paid out to date
- Continue to work with businesses around the roll-out of lateral flow testing
- Implement a new structure within Environmental Health bringing the Outbreak Control, Contact Tracing, COVID-19 Secure and COVID-Response teams under one manager, enabling closer working
- Develop targeted sector-specific communications as restrictions relax
- Continue to interpret, develop and review national and local guidance, providing advice and support
- Continue to respond to concerns raised re: COVID controls in businesses and provide support to businesses with cases/clusters/outbreaks

Homelessness Settings

Achievements

- ✓ Developed local COVID guidance for homelessness settings, including implementation of a tracker to enable local reporting of confirmed cases to our local contact tracing team
- ✓ Shared guidance and good practice from the Homelessness and Health Advice System (HHAS)
- ✓ Established regular meetings to share best practice and manage any outbreaks in homeless settings
- ✓ Successfully contained a number of outbreaks in accommodation settings
- ✓ Managed 'Everyone In' to ensure all people who sleep rough were accommodated in COVID safe accommodation. Closed non-COVID-safe accommodation and opened alternative accommodation for individuals
- ✓ Developed COVID-safe practices across day and evening centre settings
- ✓ Opened a hostel for COVID care post-hospital discharge

Development 15: Ongoing role of Non-Pharmaceutical Interventions: Increasing COVID security of workplaces and other settings

Infection Prevention and Control advice provided on request and following identification and notification of an outbreak

Provision of virtual Infection Prevention and Control visits for settings highlighted by leads

Development 16: Interface with vaccines roll out

Developed and initiated a vaccination plan, including outreach, for people living in homelessness settings and accessing day centres. Over 300 complex and vulnerable individuals who are homeless have already received their first vaccination

Staff and volunteers across the wider homelessness sector have had their first vaccination

Vaccination plans for less complex homeless individuals and individuals in dispersed homeless accommodation are being agreed with vaccination leads and Primary Care Networks

Next Steps

- Agree a new outbreak testing pathway to reflect options for using lateral flow testing in outbreak situations. Explore options for onsite lateral flow testing
- Review reporting arrangements for both suspected and confirmed cases to ensure effective monitoring of escalating situations and a swift response to outbreak management
- Review local guidance to ensure consistency with updated national guidance and local procedures around reporting, access to advice and testing
- Review of proactive Infection Prevention and Control measures and development of an audit programme

Events & Culture

Achievements

- ✓ Integrated Public Health team representatives into the Safety Advisory Group, reviewing event applications and risk assessments and supporting the ongoing review of event plans and proposals
- ✓ Utilised events to promote, not challenge, the social distancing and hygiene directives and to influence and change people's behaviours
- ✓ Supported the Professional Squash Association to develop a COVID-secure plan that enabled them to stage their first world tour event post lockdown, with 64 international athletes over 7 days of competition behind closed doors
- ✓ Facilitated the delivery of the Lightopia event at Heaton Park
- ✓ Managed the operation of Winter Markets over two five-day periods in the lead up to Christmas

Development 15: Ongoing role of Non-Pharmaceutical Interventions: Restrictions on outdoor gatherings, including prohibiting large events

Redirected local communities to online events, including Manchester Caribbean Carnival and Pride on Line. Managed the adjustment of plans for Bonfire Night and Remembrance Sunday activities that supported a coordinated GM approach to cancel, scale back or move activity online

Worked with promoters of student freshers week events to limit the number of inappropriate and unauthorised events that took place

Supported the decision-making process around cancellation of close density crowd events such as Christmas Markets, Christmas Lights Switch On event and New Year Fireworks

Next Steps

- Continue to support elite athlete events allowed under current protocols at key council venues
- Make decisions on forthcoming events in late March once the measures have been communicated; it is anticipated that community events where large gatherings are likely will be cancelled again or postponed until the late summer/early autumn
- Continue to implement a cautious approach to making any investment in projects that need large box office due to risk of future lockdowns
- Support outdoor events being developed for the summer, maximising the opportunity to maximise use of highway/public space

Prisons, courts and approved premises

Public Health England (PHE) North West leads work to prevent and respond to COVID outbreaks in HMP Manchester, St Joseph's, Withington Road and Chorlton House Approved Premises and the Courts

Achievements

PHE NW has:

- ✓ Developed national COVID guidance for custodial and non-custodial settings, localizing this to HMP Manchester and the Approved Premises
- ✓ Provided support with ensuring criminal justice settings are COVID-secure, through advice and support of COVID-safe protocols
- ✓ Provided support for restarting public health Section 7a programmes in the prison
- ✓ Contributed to Winter prevention and preparedness planning
- ✓ Supported the rollout of vaccinations within settings
- ✓ Provided wider criminal justice public health advice and guidance to Manchester Courts (e.g. Manchester bombing enquiry), Approved Premises, and the local authority
- ✓ Attended key strategic meetings, feeding in local and regional challenges, issues and good practice into national policy discussions, brokering discussions between local and national partners to ensure an efficient and effective outbreak response
- ✓ Provided technical expertise and leadership in supporting the response to the COVID pandemic in in custodial and non-custodial settings
- ✓ Led the response to an outbreak in Manchester Prison, providing COVID surveillance support. Supported the establishment and delivery of contact tracing and used surveillance information to monitor and declare outbreaks. Stepped up a formal Outbreak Control Team response

We have:

- ✓ Supported PHE in their leadership of the response to incidents and outbreaks as they have arisen in HMP Manchester, Approved Premises and the Courts
- ✓ Led on cases and outbreaks in the Courts
- ✓ Supported the development and implementation of routine and outbreak testing processes for HMP Manchester and Approved Premises staff and residents
- ✓ Provided advice and support re: COVID controls to the Manchester Arena Inquiry

Next Steps

- Agree national funding arrangements for outbreak testing in the prison
- Agree a process of support for people who are COVID-positive and leaving prison settings with Public Health, Greater Manchester Combined Authority, probation and prisons
- Implement new public health tools within the prison setting, for example we are currently exploring potential for wastewater sampling
- Respond to new challenges as they arise, for example Variants of Concern and Variants Under Investigation within custodial settings

High risk, clinically vulnerable and underserved communities

Achievements

- ✓ Established the COVID-19 Health Equity Manchester (CHEM) Group to improve experiences of and outcomes for communities that suffer disproportionate adverse impacts from COVID: Black, Asian and minority ethnic communities, some people born outside the UK or Ireland, people in specific occupational groups, disabled people and inclusion health groups (asylum seekers and refugees, Gypsies & Travellers, sex workers and ex-offenders)
- ✓ Developed an infrastructure for reaching and engaging with the CHEM priority communities including the use of sounding boards to provide feedback on COVID communications toolkits, ensuring that messages are culturally competent tailored and targeted
- ✓ Established the Targeted Community Engagement Grant for to enable voluntary and community groups to support this work
- ✓ Provided funding to the British Muslim Heritage Centre to provide messaging to their communities via radio shows and podcasts and to provide awareness training for non-Muslim staff
- ✓ Focused on ensuring that COVID-related services are accessible for disabled people and Black, Asian and Minority Ethnic groups, including testing, contact tracing and virtual clinics
- ✓ Prioritised the care of the Clinically Extremely Vulnerable in our Manchester Primary Care Standards, to ensure GP review of long-term conditions, mental health and flu immunisation for this group, communicating regularly with primary care to support the shielding process
- ✓ Worked with partners to develop a whole system approach to protecting high risk occupational groups, including targeted testing
- ✓ Worked with a small VSCE group supporting Middle-Eastern people to produce videos in Farsi and develop 'train the trainer' for refugees and asylum-seekers

Development 12: Responding to Variants of Concern

Integrated Health and Social Care data used to identify both people who were clinically vulnerable and/or in receipt of services within surge testing boundaries, offering clinical support to test at home

Development 16: Interface with vaccine roll out

Supported the delivery of the Caribbean and African Health Network's 'Health Hour' online event, with over 1500 participants, addressing fears and myth-busting around vaccination

Supported the delivery of Manchester's BME Network's webinar around vaccination and worked with them to develop 'Spring into Spring' wellbeing packs, including information about vaccines and public health messaging

Worked with our neighbourhood Health Development Coordinators to identify 'cultural connectors' to disseminate vaccination and COVID messages through their social media networks

Next Steps

- Continue to support specific groups including those who are Clinically Extremely Vulnerable through neighbourhood working
- Continue to engage communities effectively, including ethnic groups at higher risk such as South Asian and White Irish communities

- Support the voluntary sector through delivery of the COVID Impact Fund, Targeted Community Engagement Grant, Connecting Communities Fund and the Charities Additional Restrictions Grant
- Continue to monitor data and intelligence to better understand risks and the effectiveness of engagement across the city
- Deliver a programme of activity under the umbrella of 'Community Champions' to address inequities. This will include working with the voluntary sector and volunteers to build trust, support diverse communities to access the vaccine and other support offers related to COVID

Compliance and Enforcement

Achievements

- ✓ Established weekly joint operations between GM Police and the city council's Compliance and Enforcement Team targeting the hospitality sector
- ✓ Took enforcement action on premises not complying with advice, including the use of directions to close premises
- ✓ Introduced a COVID Secure Marshals Scheme across the city to provide advice and support to the public and businesses on compliance with COVID-secure measures
- ✓ Held virtual Q&A's with licensed premises and launched a regular e-bulletin to directly target messages and ensure they receive all updated guidance and requirements quickly
- ✓ Promoted positive news stories to showcase exemplary business practice in the hospitality sector
- ✓ Delivered media work raising the profile of enforcement against licensed premises which are flouting restrictions; produced messaging and signs for the lockdown which include stronger lines around enforcement
- ✓ During the sustained university outbreaks in September/October 2020 conducted daily multi-agency tactical meetings (including Greater Manchester Police, universities, council Neighbourhood Teams and Compliance and Enforcement teams) to review data and evidence in relation to breaches of restrictions and agree action

Development 17: Activities to enable 'living with COVID'

Continue to work with businesses to incorporate COVID-secure measures as part of 'business as usual'

Next Steps

- Work collaboratively with businesses to plan for and safely re-open parts of the city's economy in stages, by sector. This may require a return to the innovative approaches taken during summer 2020, including further adaptations to licensing to enable hospitality sector to use public realm and outdoor spaces
- Take enforcement action as necessary to help to ensure that the relaxation of restrictions is not compromised

Communications and engagement

Achievements

Our Communications Team support every aspect of delivery of our Plan, and much of their work is referenced elsewhere in this document. Other work of note includes:

- ✓ Designed and produced sets of materials to support enhanced community engagement and promotion of the local testing system
- ✓ Produced bespoke leaflets for care home staff and hospitality sector workers and managers
- ✓ Increased number of webinars relating to specific issues such as care home visiting, testing and vaccination
- ✓ Delivered support materials for return to schools and created a toolkit in collaboration with Manchester's Youth team to support young people aged 11-17, featuring a video of young people talking about their hopes for the future and a life beyond COVID, together with links to support online
- ✓ Increased accessibility to comms materials for partners and VCSE groups via the resource hub (www.manchester.gov.uk/resourcehub)
- ✓ Launched a campaign reminding people in simple terms of the restrictions and their responsibilities
- ✓ Developed a 'hearts and minds' video-based campaign which is being used to help ensure people stick to the key guidelines
- ✓ Delivered a weekly COVID email (more than 20k subscribers) with the latest guidance and support
- ✓ Provided COVID safety messages for those visiting their local high streets or district centres, including lamppost banners and signage to encourage social distancing

Development 17: Activities to enable 'living with COVID'

Communicating clear messages that people will need to continue longer term with regular testing, contact tracing, self-isolation and infection prevention and control measures, as well as vaccination

Development 15: Ongoing role of Non-Pharmaceutical Interventions: Restrictions on outdoor gatherings, including prohibiting large events

Delivered targeted and effective campaigns in advance of Eid, Pride, Caribbean Carnival and other events, sustained with follow-up messaging

Development 16: Interface with vaccine roll out

Developed a plan to ensure clear messages to the public and stakeholders about the vaccine and its delivery and effectiveness with an emphasis on neighbourhood-level messaging from trusted sources through targeted communications and engagement activity

Focused on encouraging 'at risk' communities to participate in the vaccination programme through targeted engagement activity, including areas where there has been traditionally lower vaccine uptake (see Vaccine Equity Plan)

Development 12: Responding to Variants of Concern

Undertook intensive resident engagement in the two areas of the city where surge testing was taking place, ensuring appropriate engagement methods and approaches that were suited to each community

Managed national and local media and comms work on surge testing

Development 13: Action on enduring transmission

Undertook targeted community engagement in areas where there has been higher positivity rates. This included working with partners, local community groups and community leaders to provide key messages, help dispel myths and provide reassurance to the community

Met with Neighbourhood Leads on a weekly basis to ensure they have up-to-date information and the support and materials required to be able to engage in a meaningful way; supported by a weekly set of comms materials that focuses on key messages for that week shared widely amongst local networks

Created local 'COVID stories' and used them to support the city-wide campaign, enabling a more localised approach

Next Steps

- Continue to focus on providing local context to national messages as restrictions are relaxed, ensuring that targeted communications and engagement activity are culturally relevant with an emphasis on neighbourhood-level messaging
- Continue to implement our vaccination communications plan to ensure clear messages to the public and stakeholders about the vaccine, its delivery and effectiveness, maximising coverage of the vaccine through a specific focus on encouraging 'at risk' communities to participate in the vaccination programme
- Support the aim to bring targeted testing to communities where we have seen high prevalence in the pandemic but low uptake of testing as we move out of lockdown
- Provide a rapid communications response to any outbreaks and any localised restrictions that may need to be implemented as a result

Resourcing

Local Authority Test and Trace Grant

£4,836k has been awarded to cover up to 31.3.22. This funding is to ensure that appropriate systems are in place for outbreak management and prevention of COVID-19 in line with Manchester's COVID-19 Prevention and Response Plan.

The structures planned and put in place are:

- Strategic Response Team
- Response Service including the Central Coordination Team, Level 1 & 2 Contact Tracing Teams, Community Health Protection Team (Infection Control) Environmental Health Contact Tracing Team and a Compliance and Enforcement Contact Tracing Team
- Recovery Team
- Personal Protective Equipment (PPE) management (to be extended until 30.9.21)

Surge Testing Funding

These were nationally-initiated programmes to respond to the emergence of new Variants of Concern (VOC) within 2 areas of Manchester: Area 1 (Moss Side/Hulme/Rusholme/Fallowfield) and Area 2 (Moston/Harpurhey). They were delivered on the basis of reimbursement of costs incurred. Costs for both Surge Testing programmes have been collated.

Clinically Extremely Vulnerable and Support for Self-Isolation

This includes funding to provide support to those identified as Clinically Extremely Vulnerable and who have requested support during periods where 'shielding' has been advised. This funding equates to £14.60 per person. In addition, a framework to ensure practical support for those that need to self-isolate is due to be implemented. Final confirmation of funding is yet to be received.

Contain Outbreak Management Funding

This funding has been allocated across the City Council in the following ways:

1. Manchester Test & Trace: used to supplement spending on the Contact Tracing Team (staff, equipment and estates), the Community Health Protection Team, the case management system, the GM Integrated Contact Tracing Hub and Targeted Testing at Scale
2. To support the voluntary sector and engagement with communities most at risk. This included funding to create a voluntary sector fund to support the mental health and wellbeing of people and reduce isolation, funding for advice and domestic violence services and funding to support wider engagement with the communities that are most at risk

Targeted Testing at Scale (DHSC-funded)

This programme was originally planned as a 6-week exercise in January and February to provide asymptomatic testing at an average cost of £14/test across the city for which Manchester would be reimbursed retrospectively. Following the national lockdown (starting 5.1.21) the programme was initially extended for a further 6 weeks and then again to June 2021. Current discussions are ongoing regarding how much Manchester can reclaim.

Other resources

Manchester is supporting the voluntary sector through delivery of the COVID Impact Fund, Targeted Community Engagement Grant, Connecting Communities Fund and the Charities Additional Restrictions Grant.

Data Mobilisation and Information Sharing

Achievements

- ✓ Developed a range of routine tools and products to monitor the progress of COVID in Manchester, including the daily Manchester COVID-19 Dashboard, a weekly report for elected members and a COVID-19 data page on the council website (over 10,000 unique page views since the start of January 2021)
- ✓ Developed a Care Home Dashboard, refining it to cover capacity, infection rates and clinical outcomes
- ✓ Undertook routine and ad-hoc analysis of data within the PHE COVID-19 Situational Awareness Explorer in response to outbreak situations and emerging programmes of work. This included the development of a series of maps to illustrate geographical location of potential sources of transmission of COVID in Manchester based on data in PHE Common Exposures Report
- ✓ Worked with universities to share and compare aggregate data in respect of the outcomes of testing activity within the student population living in the city
- ✓ Undertook a series of 'deep dive' analyses of COVID data in order to understand better the epidemiology and geographical distribution of cases in specific age cohorts (18–29-year-olds, 50 years of age and over) and BAME groups (South Asian/Pakistani and Black African and Black Caribbean communities) to support the work of the COVID Health Equity Manchester (CHEM) group
- ✓ Developed a draft COVID Neighbourhood Risk Matrix to support the targeting of engagement activities and other work in different parts of the city, engaging with Neighbourhood Teams to increase understanding of how to use it to support their work
- ✓ Developed improved tools and processes for recording and monitoring cases COVID and outcomes for individuals living in care home and other residential settings
- ✓ Supported the development of a new Case Management System for cases of COVID
- ✓ Undertook a rapid review of COVID-related community engagement work in local neighbourhoods which synthesised learning from best practice and behavioural science
- ✓ Supported the asymptomatic testing programme by providing data to inform delivery and review outcomes
- ✓ Supported the delivery of surge testing through the provision of timely activity and outcomes data, working with Public Health England to analyse the data
- ✓ Collected and reported weekly data on cases, clusters and outbreaks in early years, schools and college settings, including the number of pupils and staff isolating
- ✓ Developed a process for assessing postcode coincidence reports (where two or more people have mentioned the same postcode as somewhere they have potentially been during their infectious period)
- ✓ Put reporting arrangements in place for homelessness settings

Development 16: Interface with vaccine roll out

Supporting the delivery of the vaccination programme, with an emphasis on understanding inequalities in uptake across the city, complemented by both insight obtained from the existing community 'sounding boards' and in-depth knowledge of the Manchester population

Next Steps

- Ongoing analysis and interpretation of information to inform the city's ongoing response to the pandemic by triangulating data from the COVID-19 Situational Explorer (COVID tests and cases, contact tracing, common exposures and postcode coincidences, vaccine data) with locally-gathered and analysed data and insight
- Support the reopening and continued operation of schools and other educational establishments (including universities) in the city through the routine monitoring and analysis of testing and cases data, alongside the local data collected and analysed by the Manchester Test and Trace service and university partners
- Work with partners to ensure that work to plan for the effective easing and exiting of COVID restrictions in Manchester is informed by an understanding of the differential impacts of COVID on local communities, population cohorts and geographical areas and neighbourhoods within the city
- Continue to provide surveillance and analysis to inform the wider strategic response to COVID in Manchester, providing an understanding of how the pandemic has developed over time and enabling analysis of the impact and effectiveness of local interventions
- Synthesise and review evidence and research to inform delivery and ensure that strategic and operational decision-makers have access to robust, high-quality and relevant evidence
- Support modelling work led by Manchester University Hospitals NHS Foundation Trust (MFT) through the provision of advice and guidance regarding the optimum use of data to understand the impact of wider social, economic and demographic factors on demand for, and use, of secondary care services during and post-pandemic
- Work with the Manchester Health and Care Commissioning Business Intelligence Team to improve data management and reporting processes. Increase our capacity to undertake more in-depth analysis to enhance our understanding of the historic and future impacts of COVID on the health and wellbeing of the local population and on health and care services within the city and beyond
- Look at existing data sources that the city council receives re: COVID cases to see how this can better inform targeted pieces of work going forward, both proactive and reactive

End-to-end COVID-19 Response: Community Testing

Achievements

- ✓ Stood up a temporary Local Testing Site for essential workers at the Etihad prior to the establishment of the Regional Testing Site
- ✓ Coordinated and assessed the effectiveness of different approaches to managing workplace outbreaks, including use of our mobile testing team and Mobile Testing Units
- ✓ Undertook a needs analysis to support decision-making on the best location of walk-in Local Testing Sites (LTS) across the city, working with DHSC, city council partners and local stakeholders to establish a network of eight Local Testing Sites across the city
- ✓ Successfully tested different approaches to mass testing for outbreaks in university settings
- ✓ Continued to reinforce messages and communications about when to get a test in order to manage demand and expectations for testing
- ✓ Worked with DHSC to establish a system for protected appointment slots for essential workers at Local Testing Sites
- ✓ Developed a targeted telephone support offer via the local contact tracing team to priority groups who may find it difficult to access a test
- ✓ Delivered the Targeted Testing at Scale (TTaS) Programme (asymptomatic lateral flow testing) for Manchester through five sites as part of the GM and national approach for 'point of care' testing, revising the approach due to the national lockdown measure and giving priority for testing aimed at people unable to work from home and without access to regular testing within their workplace
- ✓ Worked with care homes to support the development of the whole care homes testing programme
- ✓ Implemented the Public Health England care home outbreak pathway and coordinated access to testing for symptomatic residents and during outbreaks, providing a results service and advice on management of positive cases
- ✓ Encouraged businesses to access lateral flow testing of asymptomatic staff, providing support and advice where needed
- ✓ Supported schools with the implementation of lateral flow testing and provided access to local asymptomatic testing sites for primary school staff prior to this being offered by the Department for Education

Development 12: Responding to Variants of Concern

Worked with DHSC to establish Mobile Testing Units in our two surge testing areas, establishing 'drop and collect' facilities in both areas providing home testing kits to enable testing for individuals unable to travel

Development 17: Activities to enable 'living with COVID'

As we move out of lockdown the aim is to bring targeted testing to communities where we have seen high prevalence in the pandemic but low uptake of testing. In particular, the communications and engagement work will focus on the support available for anyone who tests positive

Next Steps

- Continue to deliver the Manchester Community Testing Model with a focus on asymptomatic lateral flow testing, utilising existing testing sites as part of a wider community testing offer from April, with effective communications
- Continue to monitor new emerging national programmes such as the Workplace Scheme for employers who will be encouraged to deliver lateral flow testing. The learning from the approach with schools will be key to getting the right balance between home testing and site-based testing to reduce the risks associated with false negative results
- Continue to look at whether the system for locally controlled appointments at Local PCR Testing Sites would support testing in any other targeted priority groups
- Continue to work with care homes on the implementation of the revised care home visiting testing protocol, review in the context of vaccine uptake and transmission rates and continue to monitor staff and resident testing programmes
- Adapt our testing offer as new testing methods and programmes become available

End-to-end COVID-19 Response: Contact Tracing

Our approach to local contact tracing is in the context of the Greater Manchester Integrated Contact Tracing model.

The foundation stones of this model are:

- A collaborative, whole system approach
- Locally-led, Greater Manchester-supported and nationally-enabled
- A learning system leading to continuous improvement
- Integrated, effective and efficient responses

The model includes three delivery pillars, each of which has different areas of focus:

1. 10 locality contact tracing arrangements (one for each of the ten local authorities that make up Greater Manchester). The areas of focus for these are Level 1 (complex contact tracing) and Level 2 (index cases not reached by National Test and Trace in 24 hours). This pillar is where Manchester Test and Trace sits.
2. The Greater Manchester Integrated Contact Tracing Hub. The areas of focus for this is Level 1 (complex contact tracing) and Level 2 (providing resilience to local level 2 contact tracing activity) plus Greater Manchester Policy and Guidance.
3. National Test and Trace. The areas of focus for this are Level 2 (index cases), Level 3 (contacts) and national policy

Achievements

- ✓ Successfully implemented a locality-first, GM-supported model for all contact tracing in Manchester. Our local team receives details of all complex cases in the city first and then has the ability to seek support from the GM team on a surge capacity basis. The strength and expertise in our broad, diverse and multi-organisational team has resulted in high quality response to local cases of COVID
- ✓ Delivered locally-led contact tracing and consequence management support for Manchester's schools and early years settings. By working closely with the council's Director of Education and headteachers we have embedded a clear, simple reporting mechanism for all cases of COVID, which has improved the quality of data and intelligence on COVID in educational settings. This, together with our local ability to offer clinical support from a team of nurses, has built a close working relationship with schools and early years settings
- ✓ Embedded the ability to search council databases for alternative contact details for the cases we receive for local follow-up which have incorrect or incomplete telephone numbers
- ✓ Ensured access to a comprehensive range of interpreter services to support contact tracing for people in their preferred language
- ✓ Used learning and intelligence from our local contact tracing activity to inform regional and national policy. Most recently we have shared detailed insights from contact tracing conversations to widen national understanding of the symptoms individuals may experience during COVID

- ✓ According to data shared by government to compare the successes of local contact tracing systems across the eight English Core Cities, Manchester Test and Trace reached both the greatest percentage of locally-offered cases relative to total cases offered, and the greatest percentage of locally offered cases versus overall cases in the city
- ✓ Provided bereavement and suicide awareness training to our local contact tracers to support conversations with distressed residents, including the families of residents who have sadly died as a result of COVID

Development 12: Responding to Variants of Concern

Secured agreement with the national Test and Trace Contact Tracing Lead for the contact tracing of all positive cases from Variants of Concern testing to be led by the local team. We are the first area in the country to take a locality-led approach to Variants of Concern

Identified a number of key benefits of a locally-led approach to contact tracing during surge testing. These include

Ability to reach cases who do not use the internet or a mobile phone to inform them of their test result and complete contact tracing immediately

Ability to answer any hyper-localised questions on the surge testing and tracing activity.

Local proximity to residents allows us to quickly identify locations they may have visited in the area. This means we can identify any links between cases and manage any clusters or outbreaks quickly

Ability to tailor contact tracing interview scripts for local use to ensure we collect as much information from confirmed cases as possible

Developed a detailed Standard Operating Procedure of our locally-led tracing system to share with colleagues across Greater Manchester in order to develop a common understanding of responding to Variants Of Concern

Development 14: Enhanced Contact Tracing

Carried out backward contact tracing to identify contacts in their incubation period and forward contact tracing to identify contacts in their incubation period

Used common exposures data and postcode coincidence alerts to inform our response

Used local expertise to contact all cases that have not been reached by the NHS Test & Trace service within the first 24 hours of testing positive

Piloted a 'door knocking' role testing whether attending the address of an individual who has not engaged in the contact tracing process, posting a letter requesting they urgently call us back and knocking on the door to offer any support to self-isolate would increase levels of engagement and adherence

Next Steps

- Continue to develop the expansion of local contact tracing capacity to take on additional local cases from the national system and provide a timelier response. Our performance compared to other authorities highlights the good progress made

- Pilot the new locality-first 'Integrated Tracing System' which will allow us to pull down any Manchester COVID cases from the national system and lead contact tracing these locally. Conversations on this new system have already allowed us to shape functions and processes. We were selected as the first local authority to pilot this approach
- Continue to develop our own integrated Case Management System for contact tracing and consequence management which will be used across teams in the Council and Local Care Organisation
- Continue to develop a role for a Nurse from our local contact tracing team to visit residents' homes to carry out contact tracing work where required, e.g. to help with Variant of Concern cases

End-to-end COVID-19 Response: Support to self-isolate

Achievements

- ✓ Maintained the Shielded Patient List to ensure it is up-to-date, following up with phone calls via primary care to understand support needs
- ✓ Worked across organisations to ensure we are meeting the needs of people who are shielding, developing a neighbourhood model of care with coordination by teams around the neighbourhood
- ✓ Following the new national lockdown and reintroduction of shielding, letters were sent to all Manchester residents informing them of the local support available and systems were stood up again
- ✓ Phone calls were carried out via Manchester Active to all Clinically Extremely Vulnerable residents who received direct food support in the first period of shielding. This provided reassurance and a support offer
- ✓ Developed a targeted telephone support offer via the local contact tracing team to priority groups needing extra support to self-isolate that they cannot access through the national system
- ✓ Worked with the council's Revenues and Benefits team to deliver the NHS Test & Trace Support Payment to over 2,000 residents, widening the discretionary payment eligibility criteria
- ✓ Via our local contact tracing team ensured households who are required to self-isolate are signposted to the wide range of support on offer in Manchester, including food support, mental health support for adults and young people and bereavement support. The team further offer advice on nutrition and remaining active during periods of self-isolation
- ✓ Supported a number of households with emergency food provision, coordinating packages tailored to meet the needs of those who are isolating e.g. halal food and baby formula

Next Steps

- Continue to work closely with DHSC on developing an enhanced package of support to enable residents to self-isolate where required
- Implement a recently revised framework for councils on delivering practical support for self-isolation
- Expand the NHS Test & Trace Support Payment to include parents and carers of isolating children

End-to-end COVID-19 Response: Outbreak Management

We manage outbreaks by following the process below:

Identification

- Data from CTAS, postcode coincidence reports, common exposures reports, COVID epi reports, Power BI dashboard
- Local COVID intelligence from education, primary care, employers and other settings and members of the public/employees
- Specialist expertise from our knowledge and intelligence team
- Our Central Coordination Team manages information relating to cases, clusters and outbreaks
- Weekly Rapid Response Meetings bring our teams together to interrogate data, identify situations and plan a response before they escalate

Triage

Once a situation has been identified, our Central Coordination team triage the work to one of our specialist teams who will lead the investigation:

- Manchester Community Health Protection team (Nurses and Practitioners)
- Environmental Health Team (Environmental Health Officers)
- The teams work closely together but lead work with different settings (see table)

Investigation

The specialist teams lead investigation work, supported by our Consultant in Public Health (Lead for Health Protection and Senior Responsible Officer for Manchester Test and Trace) and other strategic and response team members.

In some situations, an initial investigative meeting with key partners is arranged to gain a better understanding of the situation. Advice may also be sought from our PHE colleagues.

Actions and control measures

A multiagency Outbreak Control Team meeting will be called if required, with PHE colleagues included as appropriate. The Outbreak Control Team meeting will cover:

- Situation update
- Risk assessment
- Control Measures
- Communications
- Agreed actions

Actions and control measures will be put in place to manage the situation. This may include whole setting testing, followed by local contact tracing.

Review/close/ debrief

The situation will continue to be reviewed and the outbreak will remain live until there are 28 days without a reported new case. At this point the outbreak situation will be closed.

Complex situations will require several Outbreak Control Team meetings, with review of control measures and further actions needed.

At the end of more complex situations a debrief session will be held with reflections on what went well and what we would do differently another time. These lessons learned have helped us to improve our outbreak response work.

Outbreaks led by Community Health Protection Team:

- Care Homes
- Supported living accommodation
- ExtraCare
- Temporary homelessness council-commissioned accommodation
- Temporary homelessness miscellaneous provision e.g. safe houses/asylum seeker 'dispersed' accommodation
- People sleeping rough
- Early Years and schools
- Colleges and Adult Education premises
- University/College settings, including university-owned halls
- Primary Care (with Public Health England support)
- Vaccination sites

Outbreaks led by Environmental Health Team:

- Businesses and offices
- Manufacturing and warehousing
- Hospitality
- Temporary homelessness accommodation sites: private hostels (e.g. Bed and Breakfast, half-way houses)
- Council-commissioned hotel accommodation for people seeking asylum
- Homes of Multiple Occupancy and high-rise blocks
- Justice - Courts
- Manchester Airport
- Private student accommodation blocks
- Public transport and Home-to-School transport
- Sporting venues, theatres, events

Outbreaks led by Public Health England:

- Justice - Prison (with representation from the Community Health Protection Team)
- Aircraft
- Justice: approved premises (bail hostels)

Outbreaks in Manchester City Council and Manchester Health and Care Commissioning offices are led by either local team together with the Health and Safety Team and with Public Health England oversight.

Achievements

- ✓ Invested in additional capacity across our Response Service, including:

- additional roles within Environmental Health given the scale of workplace outbreaks and the need to provide COVID-secure advice to all employers. There are around 23,000 businesses within Manchester
- a Lead Health Protection Nurse with Clinical Lead responsibility for Manchester Test and Trace
- additional Infection Control Nurses for our Community Health Protection Team
- a Strategic Lead for Manchester Test and Trace to lead the integrated response work between Environmental Health, Education, the Community Health Protection Team and the Manchester Local Care Organisation
- ✓ Strengthened the integrated response work between these teams as part of our branded Manchester Test and Trace Service
- ✓ Developed our understanding of outbreaks by geography and key demographics to be able to respond collectively in a flexible and targeted manner and monitored outbreak activity over time to be able to plan appropriate increases in capacity
- ✓ Established regular Internal Outbreak Control meetings to discuss current outbreaks and lessons learned
- ✓ Recruited a senior nurse to support additional Infection Prevention Control (IPC) training with Care Homes and other settings
- ✓ Established a Response Service Operations Group, bringing teams together to examine risks and issues and continually improve systems and processes

Next Steps

- Further strengthen our coordination of knowledge and intelligence between different parts of our Test and Trace system to identify and respond to situations at an earlier stage. This work will be enhanced when the new Integrated Tracing System allows us to pull down cases we want to manage locally
- Go live with the new case management system we have been developing to support joint working between different parts of our local Test and Trace system
- Agree new outbreak testing pathway to reflect options for using lateral flow testing in outbreak situations

Case Study 2: Storm Christophe

This case study highlights the challenges of evacuation in a COVID-secure way and the importance of working flexibly and proactively with partners across the system.

In January 2021 Manchester led a multi-agency response to manage flooding from rising water levels in the River Mersey due to Storm Christophe, resulting in the evacuation of households and settings in several areas of the city.

Our response involved close partnership working including Public Health England, Manchester Test and Trace, Public Health Knowledge and Intelligence, Communications, Neighbourhood and Adult Social Care Teams, working with GM Resilience Teams, Environment Agency and Emergency Services - bringing together a wide range of skills, knowledge, experience and expertise.

Preparedness

The Greater Manchester Shelter and Evacuation Plan was updated in 2020 to take account of COVID-19.

The work required to plan and execute a COVID-secure evacuation took place in the context of managing existing COVID response work; at the time, Manchester Test and Trace were overseeing 136 settings with cases (65 clusters and 30 outbreaks).

Assessment

Safeguarding life remains the priority of all emergency response, and in extremis, where there is an imminent threat to life from not evacuating, the priority is to evacuate safely and accept the risk of COVID transmission. In this case, we had time to plan a COVID-secure evacuation.

Due to high COVID rates and the lockdown in place, it was assessed that residents should not be advised to seek shelter with family and friends (as would normally be the case) but should be evacuated using COVID-secure transport to different hotels and rest centres depending on their needs.

Along with residential properties and businesses, three settings in the area housing vulnerable residents needed to be evacuated: a centre supporting people who are homeless, a supported living premise and a hotel housing people seeking asylum. There was an added complexity of a current COVID outbreak at the hotel for asylum seekers that also needed to be managed throughout the evacuation process.

It was assessed that residents in clinically vulnerable and extremely clinically vulnerable groups would require separate accommodation from residents deemed at high risk of infecting others i.e. COVID-positive or self-isolating due to a recent positive test result, symptoms of COVID or close contact with a confirmed case of COVID.

Planning

Consultant in Public Health liaised with Public Health England to discuss COVID-secure options and approaches.

The Public Health Knowledge and Intelligence Team interrogated Public Health England COVID datasets to identify residents in the evacuation area who were deemed at high risk of infecting others.

Three hotels were secured:

- Hotel A for individuals/households deemed to be at high risk of infecting others
- Hotel B for residents in clinically extremely vulnerable groups (high risk) and clinically vulnerable groups (moderate risk)
- Hotel C for residents seeking asylum living in the hotel housing (with an ongoing outbreak)

A Reception Centre was established and COVID-secure measures were put in place, including COVID checks for residents before entering the centre, social distancing, face coverings and arrangements for contact details to be taken for future contact tracing purposes if required.

Communications

Residents who were COVID symptomatic without a test result (i.e. not on COVID databases) were encouraged to contact the council to arrange their hotel evacuation accommodation.

Consultant in Public Health worked with Neighbourhoods and Communications Teams to agree approaches for sharing information with clinically extremely vulnerable residents and those isolating due to COVID.

Response

Manchester Test and Trace Central Coordination Team telephoned and texted residents identified as COVID-isolating to alert them to the evacuation risk, checking that they were well enough to evacuate and providing clinical advice. They were provided with details of Hotel A and offered COVID-secure transport where required.

Residents in clinically vulnerable and extremely vulnerable groups were evacuated to Hotel B.

Residents seeking asylum living at the hotel with an ongoing outbreak were evacuated to Hotel C (see Case Study 3).

Housebound residents with complex health and social care needs were provided with 24-hour placements.

Other residents were evacuated to the COVID-secure Reception Centre.

Outcome

The COVID-secure evacuations were successful. There were no reported cases of COVID in residents who attended the Reception Centre or stayed in the hotels used for clinically vulnerable and extremely clinically vulnerable groups following the evacuation.

Case Study 3: Evacuation of a complex setting in outbreak

This case study demonstrates the importance of strong working relationships between organisations to manage an outbreak in a complex setting at local level.

In January 2021, due to Storm Cristophe Manchester led a multi-agency response to manage the evacuation of asylum-seekers provided with hotel accommodation in the evacuation area. The setting was at that time in an outbreak situation.

Our response involved close partnership working including Public Health England, Manchester Test and Trace, the Home Office, SERCO, Manchester's Migrant Health Team, Environmental Health, Homelessness leads, Greater Manchester Combined Authority, Manchester Health and Care Commissioning and the hotel provider.

The work required to plan and execute a COVID-secure evacuation was conducted in addition to managing existing COVID response work; at the time, Manchester Test and Trace were overseeing 136 settings with cases (65 clusters and 30 outbreaks)

Preparedness

The Migrant Health Team based at a nearby practice provide healthcare to residents and are frequently on site. The provision is managed by SERCO on behalf of the Home Office.

At the start of the pandemic the setting was identified as vulnerable and relationships and working procedures were established between the Manchester Test and Trace Team, the Migrant Health Team, SERCO and the team running the hotel

The Environmental Health and Community Health Protection Teams conducted a virtual walk round the premises and offered advice regarding COVID-secure procedures and Infection Prevention Control

Assessment

The hotel exclusively accommodates people seeking asylum and has 259 residents, including 12 children. There is a wide age range of residents. Some residents have complex health needs, including post-traumatic stress disorder

An outbreak was identified at the setting, initially involving 2 confirmed COVID-positive cases in residents and 3 positive staff members in the Migrant Health Team

Planning

A multi-agency Outbreak Control Team (OCT) meeting was held to discuss the COVID situation at the hotel and the developing potential flood risk

SERCO secured an empty hotel to transfer the residents and it was agreed that staff would work at the temporary hotel to provide continued support for residents

COVID-secure transport on coaches was planned, with residents distanced and transported separately according to transmission risk

Communications

Hotel residents were notified as a matter of priority, so they were prepared for evacuation in line with residents of the local area

Response

By the time of the evacuation, there were 2 confirmed COVID-positive cases in residents (in self-isolation), 6 residents in self-isolation with symptoms awaiting results (including a family of 5), 1 resident contact in self isolation and 3 positive staff members in the Migrant Health Team

Through the night of 20th January, 140 residents were evacuated to the temporary hotel; due to an issue with space it was decided to prioritise the evacuation of the most vulnerable residents including families, positive COVID cases and self-isolating cases. Residents remaining were all on higher floors. Flood mitigations were in place if required including sandbags/water pump/generator etc. Advice was provided regarding food provision

An Outbreak Control Team meeting was held the next day; more positive COVID test results had come through overnight. Given the outbreak and potential risk of transmission from the return move it was decided to use lateral flow testing to inform a safe journey back. Support from the military for testing was ruled out (given the associated trauma for some residents) and that testing was facilitated by Healthworks with support from the Migrant Health Team. Two residents had positive results; both were to have confirmatory PCR testing. Contact tracing was also carried out. Three days after return to the hotel further lateral flow testing was carried out to include residents that weren't evacuated, residents that had been evacuated and had a negative result on the first round of testing and all staff

Outcome

All self-isolating residents were contacted to discuss the evacuation process and to see if any concerns were raised regarding the transport or their stay at the hotel. Feedback from residents was very positive and they did not have concerns about COVID-secure breaches. One resident reported feeling safe through the process.

The Outbreak Control Team continued to meet regularly and managed the outbreak over a number of weeks. A number of enhanced control measures were put in place.

The evacuation was managed very well. The total number of positive cases was 21 residents (including a family of 5 and a family of 7), 3 Staff Members, 3 Migrant Health Team staff.

The outbreak was officially declared over on the 2nd March 21. A debrief meeting was held and processes/procedures will be tweaked to further improve our processes.

End-to-end COVID-19 Response: Surveillance

Achievements

- ✓ Established the bi-weekly, high-level COVID-19 Strategy Group to interrogate available data, making decisions regarding the initiation of enhanced community engagement in areas of high transmission

Development 13: Action on enduring transmission

Used available data to identify areas of the city with high rates of COVID

Delivered intensive community engagement plans involving Neighbourhood Teams, Greater Manchester Police, voluntary sector providers and faith-based organisations. Implemented 'Making Every Contact Count' for all integrated neighbourhood teams in Manchester, mobilising front line staff to deliver COVID prevention messages.

Used the data and evidence available to put in place appropriate engagement mechanisms for the 17-29 year age group and engaged with students and residents in the streets that have the highest concentrations of students to advise them of preventative messages

Next Steps

- Review and adopt new sources of data and intelligence (e.g. wastewater epidemiology, Google mobility data, syndromic surveillance) as they become available, ensuring that these are considered alongside existing sources of data

Case Study 4: Operation Eagle

This case study demonstrates our multi-agency surge testing response to Variants of Concern.

Operation Eagle was conducted over a four-week period, beginning on 5th February and ending on 5th March.

On **5th February**, Manchester was notified of four cases with a Variant of Concern (VOC) in two households in the Moss Side (Area 1). Surge testing boundary maps were agreed with PHE (covering approx. 10,000 residents) and high risk settings within the boundaries were identified.

On **6th February**, locally-led contact tracing was agreed for all cases of COVID-19 identified within the boundaries.

On **8th February**, Mobile Testing Unit site locations were agreed.

On **9th February**, testing went live in Area 1 (3 x Mobile Testing Units). A Lateral Flow testing site in the area was temporarily converted to a PCR test site.

During this period, briefings were provided to Primary Care, Education & Early Years, Community Groups, Registered Housing Providers, Adult Social Care and Homelessness settings.

Neighbourhood Teams begin a door knocking exercise, encouraging residents to access testing and offering home testing kits to individuals unable to travel to Mobile Testing Units.

On **12th February**, Manchester was notified of a further Variant of Concern case in Moston (Area 2) with the same genomic sequence. Surge testing boundary maps were agreed (covering approx. 5,000 residents) and high risk settings within the boundaries were identified.

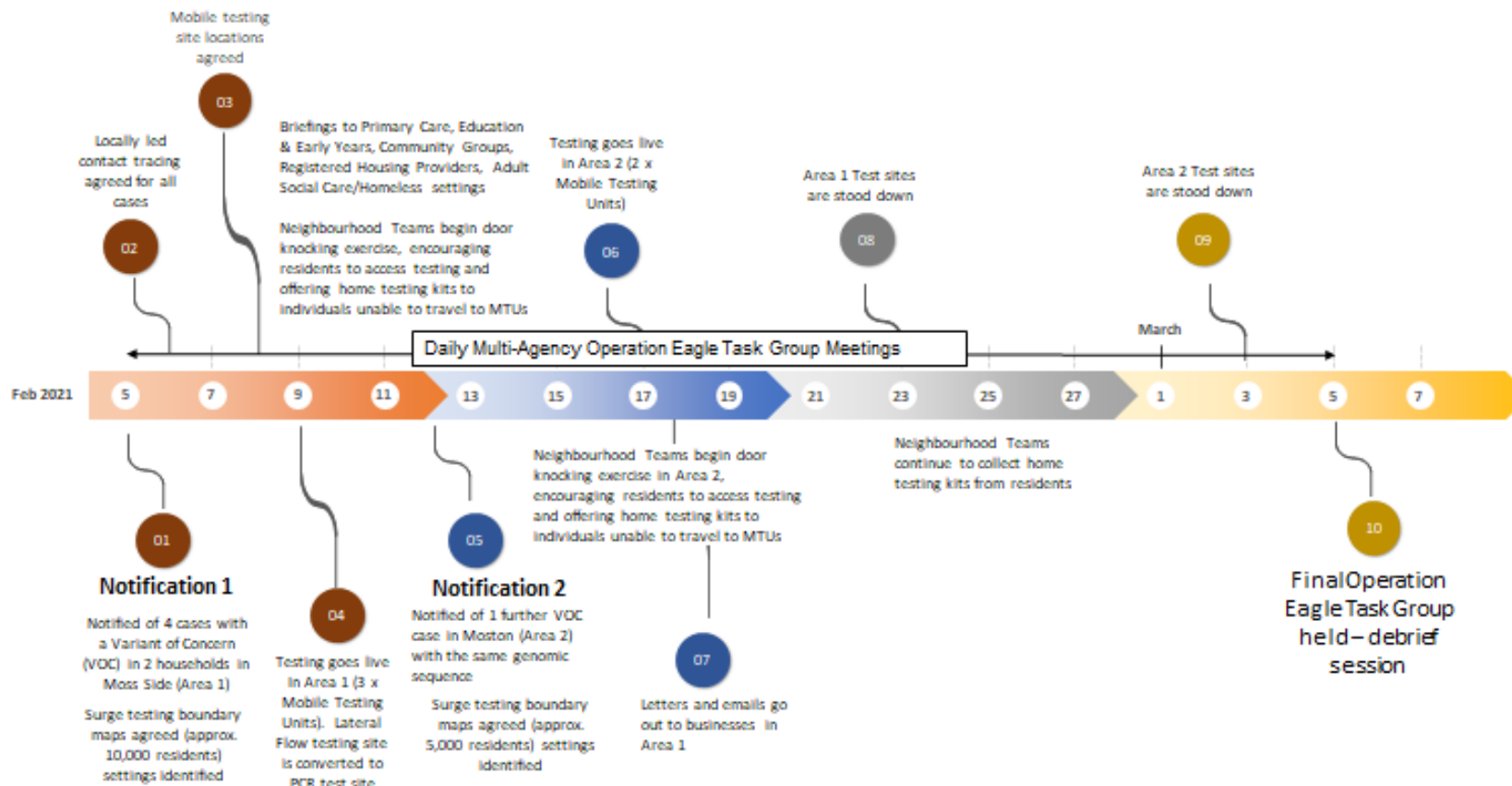
On **17th February**, testing went live in Area 2 (2 x Mobile Testing Units).

Neighbourhood Teams begin a door knocking exercise in Area 2, encouraging residents to access testing and offering home testing kits to individuals unable to travel to Mobile Testing Units. Letters and emails were sent out to businesses in Area 1.

On **23rd February**, Area 1 testing sites were stood down. Neighbourhood Teams continued to collect home testing kits from residents.

On **3rd March**, Area 2 test sites were stood down.

Throughout this period, daily multi-agency Operation Eagle Task Group meetings were held. The final meeting was held on **5th March**.



Outcomes 2

Area 1: Moss Side, Hulme, Whalley Range & Fallowfield

- Local teams knocked on 6,130 properties. 2,065 received a second visit
- 3,609 tests completed in Mobile Testing Units (64 positive tests)
- 1,084 completed home testing kits (26 positive tests)
- 72% positive cases successfully traced
- 120 contacts identified; 97% contacted and supported to self-isolate

Area 2: Moston and Harpurhey

- Local teams knocked on 2,750 properties
- 2,067 tests completed in Mobile Testing Units (37 positive tests)
- 546 completed home testing kits (18 positive tests)
- 96% positive cases successfully traced
- 42 contacts identified; 95% contacted and supported to self-isolate

Learning

Feedback from Contact Tracers:

- Younger people are often keen to complete the online tracing questionnaire but then fail to do so
- Many people were feeling anxious and uncertain about the situation going on in their neighbourhood
- People who are symptomatic often want to rest and be left alone and are therefore less inclined to answer questions
- Older residents have said how pleased they are to speak to the team as it may be the only call they receive that day
- On the whole, people testing positive through Operation Eagle have been more engaged with the tracing process – many were expecting the call from us
- We guided a person through the Test & Trace Support Payment online application
- Some people say they are unable to go back 14 days and remember what they were doing
- Five people required the use of translator services to complete contact tracing

Our revised approach to Surge Testing and Variants of Concern:

- Opportunity costs and actual costs from repeat surge testing are considerable
- Preference is to "switch on" genomic sequencing for positive tests in designated areas, alongside enhanced contact tracing led by the Manchester team in collaboration with Public Health England

²At the time of writing it was not possible to fully report on the outcome of genomic sequencing for the Variant of Concern as some results were still outstanding

- Consideration will also be given to wastewater sampling building on the approach taken in other parts of Greater Manchester

We are working with national colleagues to improve processes for responding to Variants of Concern, sharing our experiences and findings from our work.

COVID-19 Vaccination Programme

Vaccine Equity Plan

Manchester's Vaccine Equity Plan focuses on improving vaccination coverage amongst people in Manchester based on current data, in order to address inequalities as well as improve vaccination coverage overall. It complements the communications and engagement plan to increase coverage focusing on target groups of people and focuses on short to mid-term actions whilst acknowledging that the issues underpinning low coverage are long-standing, not new to COVID-19 and require a long-term plan.

It includes a proactive and targeted design of vaccination service offers and engagement approaches, is informed by data and intelligence and supported by monitoring and evaluation.

Objectives

The objective is to improve coverage focusing on three broad groups:

- Ethnicity
- Disabled People
- Inclusion Groups (eg. Gypsies and Irish Travellers, Refugees and Asylum Seekers)

Delivery

Effective delivery will require:

- Diverse approaches, "communities within communities" and intersectional approach (e.g. gender, disability, LGBT, CEV, non/faith-based, occupation) with an aim to provide information, increase motivation, and enable access in order to increase coverage
- Development of knowledge and a deep understanding of the barriers to vaccination and how they can be addressed (one size will not fit all)
- Improving Access for BAME Communities

Action to date

- ✓ Community-specific sessions e.g. South Asian webinar, community radio sessions with PCN/ Neighbourhood clinical leads, MEN Facebook Live event and social media work.
- ✓ 'Back to Practice' clinics for inclusion groups e.g. Longsight, Hulme & Rusholme
- ✓ Community Languages clinic – patients who have not responded/declined to invitation contacted in their first language by community volunteers and booked into clinic and session including staff and volunteers who spoke appropriate languages – 120 vaccinated
- ✓ [Covid vaccination film](#) made with 14 of Manchester's councillors from a range of backgrounds myth-busting and promoting vaccine
- ✓ Multiple communications materials translated into 13 languages.
- ✓ Work with VCSE to target messaging at specific communities e.g. CAHN event.
- ✓ Use of community spokespeople to promote messaging
- ✓ Targeted communication and engagement with refugees and asylum seekers

Future plans

- Community Partnership Fund programme
- Increased engagement through schools and places of worship

- Further recruitment of volunteers /cultural connectors from specific communities and building on learning in terms of contacting patients in their first language
- Further communications work with BAME councillors and local MPs

National Roadmap: Manchester Context

As evidenced in this plan we will align our monitoring and surveillance systems to provide a local analysis against the four Government tests namely:

- Vaccine deployment
- Hospital admissions and deaths
- Local community transmission rates
- Responding to variants of concern

Our initial Forward Plan set out on the next slides, reflects the first steps of the national roadmap and will be updated following the NW Roadmap and GM Contain Cell workshop being held on Friday 12 March.

Manchester's plan for easing lockdown

Manchester has produced a plan for easing and exiting lockdown in February for the period to May 2021. This set out the priority actions required, the restrictions and measures that are likely to be needed, communications and engagement activity, and asks of Government. This should be considered along the Greater Manchester Six Month, Manchester's Twelve Point plan and other key documents

A very flexible approach will be required given the uncertainties and dependencies with the wider national COVID-19 situation, the evolving epidemiology of the disease, and national Government decisions

Our plan pre-dated the Government's national roadmap but many of the six themes in our plan do align:

- Test, Trace and Vaccinate – phased vaccinations to key cohorts; deliver Manchester Community Testing, Targeted Testing at Scale, and Manchester Test and Trace; underpinned by effective data and intelligence
- Economy – implement the Powering Recovery plan for our city; short term focus on business support including funded schemes; safe re-opening of our economy in April and May; longer-term planning for the recovery
- Schools, colleges universities, early years – safe re-opening of our schools and educational settings to all cohorts; continued focus on supporting attendance; recovery planning and support provision for our children
- Residents and communities – continued focus on support for higher risk groups and the extremely clinically vulnerable, communications and engagement with our communities, support for the VCSE sector, underpinned by effective data and intelligence
- Events and culture – events moved on-line in the short term except elite sport, planning for some live events to safely re-open during the summer and early autumn, effective support and resourcing of events, management of risks
- Democracy and governance – planning for an effective return from remote to physical meetings, significant planning for May local elections

Our asks of Government include a package of additional financial support to Manchester, more joined-up support from across Government, greater discretion for local targeting of support, and the longer term need for a sustainable, properly funded multi-year financial settlement from 2022/23