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HEALTH AND WELL BEING BOARD
Regulatory Committee
Agenda

Date	Tuesday 13 November 2018
Time	2.00 pm
Venue	Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL
Notes	1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Fabiola Fuschi at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Fabiola Fuschi Tel. 0161 770 5151 or email Fabiola.fuschi@oldham.gov.uk

3. PUBLIC QUESTIONS - Any member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon, Thursday, 8 November 2018.

4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD
Councillors M Bashforth, Chadderton, Chauhan, Harrison (Chair), Jacques and Sykes
Independent Members: Dr Zubair Ahmad, Dr Zuber Ahmed, Jon Aspinall, Mike Barker, Jill Beaumont, Julie Daines, Neil Evans, Julie Farley, Nicola Firth, Majid Hussain, Dr Keith Jeffery, Merlin Joseph, Stuart Lockwood, Donna McLaughlin, Raj Patel, Dr. John Patterson, Jason Rain, David Smith, Katrina Stephens, Charlotte Stevenson, Mark Warren, Carolyn Wilkins OBE and Liz Windsor-Welsh

Item No

1 Apologies For Absence

2 Urgent Business

Urgent business, if any, introduced by the Chair

3 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

4 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

5 Minutes of Previous Meeting (Pages 1 - 12)

The Minutes of the Health and Wellbeing Board meeting held on 25th September 2018 are attached for approval.

6 Minutes of the Health Scrutiny Sub-Committee (Pages 13 - 20)

The minutes of the Health Scrutiny Sub-Committee meeting held on 3rd July 2018 are attached for noting

7 Meeting Overview (Pages 21 - 22)

8 Action Log (Pages 23 - 26)

9 Reflections on progress across the Oldham Partnership (Pages 27 - 28)

An opportunity for the Board to consider and reflect upon the achievements, opportunities and challenges on the Health and Wellbeing agenda.

10 Special Educational Needs and Disabilities (SEND) Update (Pages 29 - 30)

For the Board to receive a progress report on the implementation of the SEND Written Statement of Action

11 Learning Disabilities Strategy

Report to follow

12 Operational Local Health Economy Outbreak Plan (Pages 31 - 120)

For the Board to receive and endorse the Operational Local Health Economy Outbreak Plan

13 Nutrition and Hydration in over 65s (Pages 121 - 122)

For the Board to receive an overview of programme activity and provide direction on how Oldham can trial approaches to tackle malnutrition and dehydration in over 65s

14 Date of Next Meeting

The next meeting of the Health and Wellbeing Board will be a development session and it will take place on Tuesday 18th December 2018 at 2 p.m.

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HEALTH AND WELL BEING BOARD
25/09/2018 at 2.00 pm

Present: Councillor Harrison (Chair)
Councillors M Bashforth, Chauhan and Sykes

Jill Beaumont	Director of Community Services
Julie Farley	Oldham Healthwatch
Nicola Firth	Acting Chief Officer, Oldham Care Organisation Northern Care Alliance
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Superintendent Daniel Inglis	Greater Manchester Police
Merlin Joseph	Interim Director of Childrens Services
Stuart Lockwood	Chief Executive, Oldham Community Leisure
Donna McLaughlin	Alliance Director, Oldham Cares
Dr. John Patterson	Clinical Commissioning Group
David Smith	FCHO
Mark Warren	Director, Adult Social Care
Carolyn Wilkins OBE	Chief Executive
Liz Windsor-Welsh	Voluntary Action Oldham

Also in Attendance:

Nadia Baig	NHS
Andrea Entwistle	Executive Support
Lori Hughes	Constitutional Services
Vicky Sugars	Strategy, Partnerships and Policy
Rebekah Sutcliffe	Place and Thriving Communities

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chadderton, Councillor Jacques, and Dr. Jeffery.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

1. The following public question was received from Mr. James Allen:

"After going through NHS England news on 29th August 2018, there were three items of interest to be looked at:

1. Backing from mental health services in Cumbria as NHS England calls for support in GP surgeries
2. NHS England on why public sector marketing isn't the private sector's 'poor cousin'

3. NHS England asks GPs to house mental health therapists within practices

I would ask:

1(a) Will this be looked at by CCG?
1(b) Will this extend to all areas?
2) What does this item entail?
3) Where is the money to come from to put this into practice?"

The following response was provided:

1a). When will this be looked at by CCG?
Articles 1 and 3 both related to MH practitioners working in closer proximity to primary care – specifically in GP practices and better integration of mental and physical health. The CCG commissioned an 'IAPT Plus' services which is a collaborative between Pennine Care Healthy Minds and Tameside, Oldham and Glossop (TOG) Mind to deliver the stepped-care approach to psychological therapies in Oldham. It was recognised by the CCG that a service redesign was required to ensure that we deliver on the Five Year Forward View for Mental Health (FYFVMH) requirements to increase access to IAPT services and improve patient recovery. A key element of the IPAPT Plus service is the provision of 'Step 1' service run by TOG Mind – this is the delivery of drop-in and active monitoring counselling options for people, based in their GP practice. The Mind Services are running out of approximately 75% of Oldham practices and also provides an effective gateway for people who need 'core IAPT' services at step 2/3 (i.e. clinically led CBT or counselling). In addition to this, locality transformation funding has also been approved to deliver a 'Psychological Medicine in Primary Care (PMPC)' service in Oldham. This will support integrated physical and mental health care to significantly improve the quality of care for highly distressed, resource-intensive patients with complex physical health problems who 'fall through gaps' in existing services. There are a large group of underserved people in primary care with persistent physically unexplained symptoms (also known as 'medically unexplained symptoms'). This cohort require more long-term intensive support than IAPT provides. This service will be based in clusters and operate from GP practice, initially in 2 clusters as a pilot scheme, with the intention to scale to all 5 pending evaluation.
Further development of IAPT services is being looked at by the CCG and is on the 'long list' of CCG commissioning intentions. This recognises that there has to be a greater emphasis on supporting the psychological needs of people who have long term physical health conditions such as diabetes, CVD and COPD. Better integration of mental and physical health across both primary and secondary care is a key priority for the CCG and options across IAPT and other services are being explored. In Oldham we already have psychology input as part of an integrated MSK pathway and have commenced discussions with gastro leads at the Acute Trust to identify ways MH can support

on MDTs, etc., where there may be underlying MH issues that exacerbate conditions such as IBD and can result in repeat investigations. This will support GP attendances as people will become better equipped to manage their conditions.
On the basis above, Oldham can be confident that either through existing services or planned transformation work, MH therapies within primary care is becoming well established. There is always more that can be done, however, and this continues to be a priority as we plan for 2019/20.

1b). Will this extend to all areas?
Yes, the CCG commissions the 'IAPT Plus' model to the whole borough. The PMPC transformation scheme will initially commence in 2 clusters as it is rolled out, however, will expand to 5 if successful and can evidence positive impact.

2) What does this item entail?
These developments will require either mobilisation and implementationof new services in Oldham (in the case of transformation schemes such as PMPC) or elements of service design (in IAPT Plus where there will need to be a greater focus on integration with physical health and strengthened links with primary care). Alignment of MH teams to developing clusters is fundamental to ensure that MH services are embedded in primary case where appropriate and this engagement work is underway.

3) Where is the money to come from to put this into practice?
The CCG will need to consider any additional funding proposals associated with expansion of IAPT as part of the wider commissioning intentions, although the CCG is committed to meet parity of esteem requirements, which require that the CCG increases the proportion of spend on MH year on year at the same level (or greater) than the annual increase in the allocation for programme budgets. Any FYFVMH investment proposals will be determined first and foremost within this financial envelope, and need to be considered alongside several other MH priorities.

RESOLVED that the question and response be noted.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting held on 26th June 2018 be approved as a correct record.

6 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meetings held on 20th March 2018 and 3rd July 2018 be noted.

7 **MEETING OVERVIEW**

RESOLVED that the meeting overview for the Health and Wellbeing Board held on 25th September 2018 be noted.

8 **ACTION LOG**

RESOLVED that the Action Log from the meeting held on 26th June 2018 be noted.

9 **SEND UPDATE**

The Board gave consideration to an update on the Special Educational Needs and Disabilities (SEND) Inspection and progress on the written Statement of Action. The Board were informed of good news related to the direction of travel where many items has been classed as 'green'. Thanks were expressed to those who had been involved and the excellent progress which had been made. Attention was drawn to points developed and good examples of joint working and engagement between partner organisations. Both the local authority and the Clinical Commissioning Group (CCG) had made key appointments both at senior management and face to face level. EHC plans which had been examined were judged to be significantly better and the Oldham Parents and Carers had been commended. A further meeting was planned with the Department for Education.

RESOLVED that:

1. The progress made on the written Statement of Action and the comments from the Department for Education be noted.
2. A detailed update be provided to the Health and Wellbeing Board after the final submission.

10 **STRENGTHENING THE ROLE OF THE HEALTH AND WELLBEING BOARD AND APPOINTMENT OF SUB-COMMITTEES**

The Board gave consideration to a report which outlined a review of the Health and Wellbeing Board to ensure that it was still fit-for-purpose and not duplicating other arrangements – in particular, the establishment of new forms of governance through Oldham Cares. A number of recommendations were outlined to improve the operation of the Board to ensure it operated effectively and efficiently and to sharpen the focus of the Board by bringing the Joint Strategic Needs Assessment (JSNA) back as a foundation of the Board.

The Health and Wellbeing Board was a statutory body. Direction was sought from the Board on what sub-committees were required to support the Health and Wellbeing Board's role. There had previously been three sub-committees: Health Protection, Air Quality and the JSNA. It was proposed to merge the Air Quality into Health Protection and seek views on whether a JSNA Sub-Committee was still required. In addition, the Best Start in Life Partnership had reported to the Health and Wellbeing Board and work was currently underway to establish a Children and Young People's Strategic Partnership Board.

Members raised that as there had been significant change in personnel and the purpose of the meetings needed to be clear. The main reason previously was to promote integration. The Commissioning Partnership Board was now functioning. The Health and Wellbeing Board should have strategic oversight and make contributions. The wider alignment of business intelligence available from various organisations was raised and how to make the best use of information available.

RESOLVED that:

1. The operating principles for meetings and members be agreed.
2. The purpose and statutory requirements of the Health and Wellbeing Board be noted.
3. The Joint Strategic Needs Assessment be brought to the forefront of the role of the Health and Wellbeing Board be agreed.
4. The Air-Quality Sub-Group be merged into the Health Protection Group with the terms of reference as outlined in the report.
5. A review of the current arrangements of the Children and Young People's Strategic Partnership Board be undertaken in order to strengthen and build on existing arrangements.
6. Proposals be brought back related to the wider alignment of and making best use of business intelligence available.

11 **OLDHAM'S JOINT STRATEGIC NEEDS ASSESSMENT**

The Board gave consideration to an update on the current status of Oldham's Joint Strategic Needs Assessment (JSNA) and recommendations for the revision of the JSNA approach and process.

The JSNA was a process through which local strategic partners examined the current and future health and care needs of the local population to inform decision making and guide the commissioning of health, wellbeing and social care services. The scope of the JSNA was potentially vast and there was a need to plan, prioritise and agree the annual JSNA work programme to ensure it met strategic planning and commissioning priorities. JSNA arrangements were last considered in early 2017. To successfully transform the content and use of the JSNA locally commitment was required on the following principles:

- Inform and be informed by Oldham's work to establish an Integrated Care Organisation, improve population health, reduce demand and bridge the anticipated gap in health and social care finances;
- Be a shared responsibility of all Health and Wellbeing Board members with all organisations actively contributing to its development, and ensuring it was fit-for-purpose to inform strategic planning and commissioning.

- Beyond the core JSNA dataset, any reports or needs assessment produced to have a clear scope and purpose.
- A predictive approach be taken focusing on what Oldham's population would look like in the future and the services needed to meet the needs of a changing population;
- Reflect both community assets/strengths as well as their needs'/'deficits', drawing on qualitative as well as quantitative data and linked to existing asset-based community development and community engagement work in the borough.
- Maximise opportunities to work in partnership with Greater Manchester colleagues; and
- Make full use of intelligence resources produced by Public Health England as well as Oldham's new Thriving Communities index.

The JSNA could operate as a formal sub-group or be a working group of Council and CCG officers. The vision for Oldham's refreshed JSNA was a web portal which provided easy access to key national and local health data. Work was ongoing to review the resources required

Best practice needed to be captured. The JSNA was in the context of Oldham Cares and it was recognised that there was work to be done to put children at the centre of the JSNA linked to having a business-like approach by connecting the work of the board to the JSNA priorities.

RESOLVED that:

1. The key principles for the production and maintenance of the JSNA be endorsed.
2. The form and membership of the JSNA Steering Group be agreed.
3. The request that the steering group provide a further report to the Health and Wellbeing Board by January 2019 with recommendations for the development of Oldham's JSNA, including the process for designing and updating a new JSNA website, developing new intelligence products and an outline work plan for 2019/20 be agreed.
4. The interim work being undertaken to update and refresh the content of the existing JSNA website and review of the resources needed to support the JSNA process be noted.

NOTE: Superintendent Inlgis entered the meeting during this item.

12 **PUBLIC CONSULTATION PROCESS ON PROPOSED IVF CHANGES**

The Board gave consideration to a report outlined the consultation process on the potential reduction of NHS funded In-vitro fertilization (IVF) services.

Oldham CCG was aware of and committed to the fulfilment of their public involvement responsibilities under Section 14Z2 of the Health and Social Care Act 2012 and was bound by the NHS Constitution and the rights of all patients to be involved in decision processes which affect them. NHS Oldham CCG commissioned assist conception care in line with guidance from the National Institute for Health and Care Excellence (NICE). For women under the age of 40, Oldham currently funded up to 3 cycles of IVF as recommended by the NICE Clinical Guideline 156. Only 12% of CCGs now funded 3 cycles with the majority (61%) now only funding 1 cycle. NHS Oldham was under financial strain and was actively seeking to find where savings could be made. Balancing the small number of people potentially affected, but notwithstanding the large impact of childlessness on individuals, the CCG's preferred option was to fund 1 cycle only going forward which would save the local NHS an estimated £147,500 per year. The CCG would undertake public consultation on the options from 12 October to 7 December 2018. The consultation would offer all viable options (3, 2, 1 and 0 cycles funded) and set out the pros and cons of each.

The Board noted that the process of consultation with the public would be carried out through a mixture of face to face and online work. This included targeting groups known to have an interest in conception and online questionnaires would be hosted on Oldham CCG's website and also promoted via social media channels and the Health Huddle database. Consultation would be overseen by a Consultation Oversight Group.

The Board were referred to the timescale and the opportunity for debate. Services needed to be commissioned in line with the resources given. Benchmarking was carried out regularly against other CCGs. The number of IVF cycles was challenged. Oldham had a proud tradition and the CCG was aware of health tourism. All options would be outlined in the consultation. It was also planned to have three events, all interested groups to be invited as well as an online consultation with a survey and presence on social media. A consultation oversight group would also ensure due process was followed.

Members felt that due process would be followed, when living within means sometimes difficult choices had to be made. Members asked if there was a duty to carry out an Equality Impact Assessment. The Board were informed that in commissioning services, an equality impact assessment would always be carried out to look at the potential impact which generated a score. Assessments were carried out as soon as they could.

RESOLVED that a public consultation be undertaken by Oldham CCG on the potential reduction of NHS funded IVF cycles following due process.

13 **HEALTHWATCH AND CITIZEN VOICE**

The Board gave consideration to a report which provided an overview of the main roles and responsibilities of Healthwatch. The role of Healthwatch Oldham was to provide an independent consumer voice for Oldham residents who used the NHS and social care services. Healthwatch Oldham needed to review the impact of its service and the way it worked in light of service redesign at both a local and GM level. The report set out the key challenges Healthwatch Oldham needed to address in the coming and how these would impact on partners. The report also sought feedback on a proposed programme of Healthwatch Service reviews.

The planned reviews between September 2018 to July 2019 were:

- Child and Adolescent Mental Health Services (CAMHS)
- Experience of Carers during hospital discharge
- 'End of Life' care and choice
- Oldham Neighbourhood and GP Clusters
- Youth People's Health Services
- Review of Care Home Provision
- Discharge to Assess and Intermediate Care
- Accessible services for the Deaf Community and People with Sight Loss
- Experiences of refugees and asylum seekers accessing primary and acute healthcare

The Board was requested to recommend five review areas.

The vision for Healthwatch Oldham was to provide an independent voice and source of information and influence for the residents of Oldham. It did this by listening, engaging and involving people in matters of health and social care to bring about service improvement and reduce health inequalities in an open, honest, transparent, confidential and approachable manner.

Healthwatch Oldham was established in 2012 with a number of statutory and discretionary functions which provided insight, information, influence and the NHS Complaints Advocacy Service. The service was delivered through a combination of forums or themed engagement events; information outreach services; one to one casework interviews; membership on decision making bodies; statutory enter and view functions; detailed service user reviews; engagement network and e-bulletins and working in partnership with voluntary, community and statutory sector services.

Healthwatch currently faced the following challenges:

- Ability to influence health and social care services; and
- Public and patient voice.

The Board were informed that many organisations had not heard of Healthwatch or had a mixed understanding of what its role was. Service reviews identified two things, where things had gone well and where improvements were needed. In other areas in Greater Manchester, Healthwatch outcomes were challenged but could not force the provider to enact recommendations. It was hoped to create a more systematic approach to the way reviews were undertaken, identify issues that would be in the public interest and JSNA would assist in this area.

Members raised the role of Healthwatch in educating the public and any meaningful data which would provide meaningful data and a good source of intelligence for inform discussions. Discussions with the Alliance Board would also be a useful tool.

Healthwatch were keen to work closely with GPs to raise their profile. In terms of safeguarding, the role of Healthwatch could not be underestimated in holding partners to account. The link to Northern Alliance issues was discussed.

RESOLVED that:

1. The report on the Healthwatch Oldham Work Programme be noted.
2. The following five areas were recommended for the Healthwatch to focus on:
   - 'End of Life' Care and Choice
   - Child and Adolescent Mental Health Services (CAMHS)
   - Review of Care Home Provision
   - Discharge to Assess and Intermediate Care
   - Experiences of Refugees and Asylum Seekers accessing primary and acute healthcare services
3. The findings and recommendations from the 5 review areas be brought back to a future meeting.

14 **OLDHAM CARERS STRATEGY**

The Board gave consideration to a new Oldham Carer's Strategy which had been developed for 2018-2021. The strategy was presented by the Managing Director, Community Health and Social Care Services with the Chair of a Voluntary Group and the Strategic Partnership Manager.

The Oldham Carers Partnership had directed that the strategy be co-produced with carers at all stages of its production which included the priority areas and delivery of outcomes. The Greater Manchester Carers Charter was produced (with input from Oldham Carers) and six key principles were set out to

improve the offer for carers as a whole. The six principles which formed the basis of the Oldham Strategy were:

- Early identification of carers
- Getting the right help at the right time
- Improving health and wellbeing
- Carers as real and expert partners
- Young Carers
- Carers in Employment

An extensive consultation process had taken place. The carers strongly agreed that the six principles were appropriate and their input was used to inform the content of the strategy.

The strategy demonstrated an integrated approach, local commitment, outlined the objectives and actions required to deliver outcomes and recognised that improvements in carer support would not only contribute to improved health and wellbeing for those with caring responsibilities but also help with local health and social care economy.

The Board were informed of the number of unpaid carers in Oldham. The Board were informed that voluntary groups had to be formed previously to understand entitlements and used each other for support. The plan had been developed to assist in getting the right help at the right time. The strategy needed to be acted upon with all health, council and community services to support carers. The issues faced by the young carers groups was highlighted. The six principles did not cover everything but an action plan needed to be clear.

The Chair expressed her thanks for the presentation of the strategy. The Clinical Commissioning Group also expressed their thanks and expressed how valuable carers were. Employers would need to address how the strategy would be supported through the commissioning and provision of services.

RESOLVED that the Oldham Carer's Strategy 2018 – 2021 be approved and the promotion and achievement on delivery of the strategy over the next three years be supported.

15 **SAFEGUARDING**

The Board gave consideration to the updated Oldham Children's and Adult's Safeguarding Boards strategies for the period 2018 – 2021 and the annual business plans.

The strategic aims of both boards were highlighted. The aims included excellent practice being the normal, partners holding one another to account; early identification of new safeguarding issues; promotion and embedding of learning; sharing information effectively; and the public feeling confident that the vulnerable were protected. Within the three year plans there were annual action plans with structures in place for each board. Sub-groups would progress the business plans.

Children's Safeguarding Year One Priorities were outlined. Issues outside the family included: modern slavery, domestic violence strategies being in place, safeguarding needs for children in transition, understanding of trauma on children and better understanding of 'lived' experience. Priorities for adult safeguarding included needs of adults in transition; effective domestic violence strategy, making safeguarding personal, safeguarding within the context of community integration initiatives and a clear set of process of procedures.

The Board commented on the huge amount of work and received information on the benchmarking on the determination of what good looked like. The Board also received clarification on the detail behind the business plans and identification of adequate resources. The role of the two boards was to deliver on safeguarding needs. Wellbeing was another consideration. Safeguarding elements also vied with community safety, cohesion and employers. The Boards could draw attention to potential impact of activities and argue for appropriate prioritisation and resource allocations. Members drew attention to statutes and the provision of early help and partners needing to look at what could be done before the problem started and emphasised sharing. The Board asked about the audit and risk approach and links to Healthwatch and were informed that Healthwatch would take a strong position.

The Board sought clarification on the reporting and the prevention of abuse and the dates in the implementation plan. The Board were informed that the core component was to get intelligence from partners and that this was shared. Dialogues were in place. With regard to the updating of business plans, this was reported to the Council's Overview and Scrutiny Board. The two boards produced an annual plans which reflected the delivery of milestones. The Board also sought and received clarification on work with GPs and benchmarking. The Board were informed that when issues were found the system was working, that the Board received in depth data at every meeting.

RESOLVED that:

1. The strategic aims of both the Children and Adult Safeguarding Boards be noted.
2. The Children and Adult Safeguarding Strategies for 2018 – 2021 and the Business Plans for 2018/19 be endorsed.
3. A review on the business plans come back to a future meeting.

16 **DATE AND TIME OF NEXT MEETING**

RESOLVED that the date and time of the next Health and Wellbeing Board to be held on Tuesday, 13th November 2018 at 2.00 p.m. be noted.

The meeting started at 2.00 pm and ended at 4.09 pm

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HEALTH SCRUTINY
03/07/2018 at 6.00 pm

Present: Councillor McLaren (Chair)
Councillors Ball, Leach, Taylor and Toor

Also in Attendance:

Councillor Iqbal	Mayor OMBC
Nadia Baig	Oldham CCG
Donna McLaughlin	The Pennine Acute Hospitals NHS Trust
Dr. John Patterson	Clinical Commissioning Group
Dr Shelley Brumbridge	Oldham CCG
Nicola Firth	Oldham Care Organisation
Rosie Barker	Service Development & Support Manager (Waste Management)
Sian Walter-Browne	Constitutional Services

1 **ELECTION OF CHAIR**

The meeting was opened by the Constitutional Services Officer who asked the Sub-Committee to nominate a Chair for the duration of the Municipal Year 2018/19.

RESOLVED that Councillor McLaren be elected Chair and Councillor Ball be elected Vice Chair of the Health Scrutiny Sub-Committee for the duration of the Municipal Year 2018/19.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Williamson, Rebekah Sutcliffe, Vicky Sugars and Katrina Stephens.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **URGENT BUSINESS**

There were no items of urgent business received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meeting held on 20th March 2018 be approved as a correct record.

7 **MINUTES OF THE GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP**

RESOLVED that the minutes of the Greater Manchester Health and Social Care Partnership meetings held on 19th January 2018 and on 16th March 2018 be noted.

8 **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY MEETING**

RESOLVED that the minutes of the Greater Manchester Joint Health Scrutiny meeting held on 10th January 2018 be noted.

9 **MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY FOR PENNINE CARE FOUNDATION TRUST**

RESOLVED that the minutes of the Joint Health Overview and Scrutiny for Pennine Care Foundation Trust meeting held on 13th March 2018 be noted.

10 **MINUTES OF THE HEALTH AND WELLBEING BOARD**

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 23rd January 2018 noted.

11 **ACTION LOG**

RESOLVED that the Action Log be noted.

12 **MEETING OVERVIEW**

RESOLVED that the Meeting Overview be noted.

13 **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Mayor, Councillor Iqbal, attended for this item and consideration was given to a report of the Corporate Policy Development Officer on the Mayor's Healthy Living Campaign.

Members were informed that the main area that had been chosen by the current Mayor to promote and support the health and wellbeing agenda in Oldham was to promote physical activity, with a particular focus on walking.

The aim would be to raise the awareness of already existing groups, or establish new local community led walking groups, aimed at getting those who did no or very little physical exercise started in an easy and local community setting.

The Mayor outlined events coming up and indicated he would personally be participating as much as he could.

RESOLVED that:-

1. The report on the Mayor's Healthy Living Campaign 2018/19 be noted
2. An update report would be submitted to a future meeting
3. The Sub-Committee extended its support to the Mayor.

14 **URGENT CARE STRATEGY**

The Sub-Committee gave consideration to a report from Nadia Baig, Acting Director of Performance and Delivery, on the next steps in Urgent Primary Care in Oldham.

The purpose of the Urgent Care Strategy was to set out, in a single document, the future plans for commissioning and developing urgent care across Oldham to ensure it is effective, affordable and sustainable. Whatever the urgent need was, and in whatever location, the aim was to ensure that the population had access to the best care from the right person in the best place and at the right time.

The strategy document set out and defined the vision and strategic aims for urgent care in Oldham. It included a detailed description of current services including activity, quality and performance. The strategy finished by describing commissioning principles, priorities for system change, defining 'what good looked like' to drive outcomes-based commissioning and suggested metrics for monitoring system change and development.

The strategic aims were:-

Strategic Aims:
1. To provide better support for self-care.
2. To help people with urgent care needs get the right advice in the right place, first time.
3. To provide highly responsive urgent care services outside of hospital, so people no longer choose to queue in A&E.
4. To ensure that those people with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.
5. To connect all urgent and emergency care services together around place (population of 30-50k) so the overall system becomes more than just the sum of its parts. (Integration and transformation)

The primary drivers were to:

- Achieve 91% towards the 95% 4 hour wait standard by March 2019
- Reduce A&E attendances by 24% by 2021
- Reduce non-elective admissions by 14% by 2021

The strategy set out the following priorities for change over the next three years:-

"Our priorities for change across the urgent care system over the next three years are:

- Move to a more proactive management of long term conditions and those at risk of hospitalisation by taking a population approach

- More actively promote self-care and make it much easier for patients to access high quality, reliable information and services
- Ensure primary care – in hours and out of hours services – is the service of choice for patients to meet their urgent care needs
- Incorporate111 direct booking into the 7 Day Service
- Develop options locally for patients to access an "urgent care hub" in each GP Cluster with enhanced skills to manage long term conditions and cases which currently present to hospital.
- Continue to reduce ambulance conveyance rates
- Develop community pharmacies into urgent care providers
- Reduce ED attendance rates and 999 calls for urgent conditions
- For urgent mental health care, achieve parity with physical health care
- Develop a paediatric urgent care pathway, at cluster level
- Develop a frail elderly urgent care pathway dovetailed with a population health approach to falls prevention at cluster level
- Consider prioritisation of services by need to tackle health inequalities
- Create a business intelligence platform to analyse and understand the impact of the wider determinants of health at a neighbourhood level."

The Sub-Committee asked for and received clarification on several areas. They were informed that follow-up appointments could make the best use of resources by referring patients to the correct clinicians, not just their GP. There was awareness that poverty was a major factor and the Strategy was being formulated to offer a high level of service to those who needed more help with access. Working in different ways could avoid the current disadvantage. An example was given as to how homeless people could access the service by removing barriers. Concern was expressed about the proposed cluster areas and Members were assured that no final decisions had yet been made on these and the walk-in centre would not close until all Oldham residents had access to an Urgent Care Hub.

The Sub-Committee proposed that a workshop be set up to share information and experience that could help shape the Strategy and asked that this be open to all Councillors

RESOLVED that:-

1. The Sub-Committee noted the progress made and would receive a further update within six months.
2. A workshop be set up in September 2018 to share information and experience, to which all Councillors would be invited.

15 **AIR QUALITY**

Consideration was given to a report from the Service Development & Support Manager (Waste Management) that provided an update on a report received by the Sub-Committee at its meeting in January 2018.

That report clarified that the government had mandated 29 local authorities, including 7 districts within Greater Manchester, to undertake comprehensive feasibility studies, assessing a wide range of options, to identify solutions to specific local issues as soon as possible. Oldham was not required to undertake this study, but it had been agreed that all 10 districts in Greater Manchester would be included.

This work had been progressed, led by Transport for Greater Manchester (TfGM), and in April 2018 Oldham had been identified in a subsequent wave of local authorities at risk of not meeting the nitrogen dioxide pollution levels on specific road links by 2021. A ruling was made that each authority must produce a plan to achieve compliance as soon as possible.

In order to meet the timescales, Oldham's feasibility study was be restricted to the stretch of road identified in the directive. A shortlist of measures had been drawn up and were being modelled to establish which, if any, would make that stretch of road compliant.

The deadline for submission was the end of July and the Sub-Committee would be updated on progress at its next meeting. An update would also be provided at that meeting on the wider TfGM regional work, for which the deadline was December 2018.

The Sub-Committee received clarification that the Council could bid for funding to implement the proposed measures. How funding would be allocated was not yet clear and an update on this would be provided in future.

The Sub-Committee received clarification on a recent report that indicated planting trees of certain types could reduce pollution. This was a measure that would be considered, as the right trees in the right places could make a significant difference. The dispersal area was approximately four metres, and people walking or living very close to a road were the most affected.

RESOLVED that the Sub-Committee noted the progress made and would receive a further update at its meeting in September.

16 **PENNINE ACUTE CQC INSPECTION**

Consideration was given to a report of the Director of Nursing/Acting Chief Officer, Oldham Care Organisation, that provided the Sub-Committee with an update following the recent

publication of the Pennine Acute NHS Trust CQC report in March 2018.

This included:-

- The development of an overarching action plan submitted to CQC by 11th April 2018
- The development of local action plans in each of the NE sector Care Organisations
- Assurance and monitoring within Care Organisations and Sub-Sub-Committees in Common
- Greater Manchester monitoring of the Trust-wide Improvement Plan

The Sub-Committee were informed there had been continuous improvement and that, following an "inadequate" rating in 2017, the Trust rating had improved to "requires improvement". It was noted that maternity services at The Royal Oldham Hospital had improved from "inadequate" to "good". The Sub-Committee was referred to the tables within the report that illustrated the level of achievement.

Clarification was provided as to the date of the next inspection, which was expected within twelve months. It was explained that the inspectors could come in at any time and could choose whether to inspect specific areas or undertake a full inspection. Further detail was provided on staffing issues, where funds had been earmarked to address the identified shortfall. Areas such as procurement were also being looked at to identify how to make them more efficient. The number of agency staff used had been reduced and agencies that provided staff at NHS rates were being used where possible.

RESOLVED that the Sub-Committee noted the progress made and the current approaches being taken.

17 **COUNCIL MOTIONS**

The Sub-Committee gave consideration to two motions that had been considered by Council on 28th March 2018.

<u>Youth Council Motion</u>

This concerned vaping and the use of e-cigarettes. The Youth Council had concerns that vaping was becoming an attractive activity for young people. They believed this was in large part due to the advertising and promotion of e-cigarettes and vaping that they believed targeted young people.

The Youth Council felt more needed to be done to prevent vaping from being seen as fun, acceptable and a 'cool' thing to do and wished to see the same controls on vaping as there were on tobacco products. They would like to see advertising banned, plain packaging controls in place and point of sale restrictions. They believed these restrictions on the promotion of vaping

would further reduce the likelihood of people taking up vaping and in turn smoking.

The Chief Executive was requested to write to the minister of Health and to ask for these restrictions to be put in place for vaping products.

Motion of Opposition Business

A motion was moved in relation to the issue of childhood obesity and the contributory factor of the easy availability to children of unhealthy takeaway food.

Some local authorities had adopted Supplementary Planning Document and Local Plans that include a prohibition on new fast food takeaways within 400 meters of local schools (a buffer zone) and the Council was asked to request
the Planning Sub-Committee to:-

“investigate the desirability and practicality of:

- Introducing a prohibition on new takeaways within a 400 metre buffer
  zone as part of the Local Plan; Council shall also contact all schools
  within the Borough to seek reassurances they:
- Enforce a ‘stay-on-site’ policy at lunchtimes;
- Ban the delivery of takeaways to the school gates for collection by
  pupils; And ask them to do so; if they do not.”

The Council had referred the motion to the Overview and Scrutiny Board and the Sub-Committee gave consideration to the draft response. The Sub-Committee noted that information was being gathered from a wide range of sources and discussions were underway to consider a workshop on tackling overweight and obesity issues as part of the Health Scrutiny work programme. Consideration of the desirability and practicality of restricting new takeaways could form part of the agenda for such a workshop.

The Sub-Committee were informed that most Oldham schools had a “stay on site policy” during breaks/ lunch times for safeguarding reasons, and many offered a varied healthy option menu for snack and meal choices. The Education Catering Service provided high quality, high nutritional healthy options to 78 primary schools, which had been recognised nationally (Gold Food for Life Catering Mark and the prestigious Best OF Organic Market – BOOM award), and served circa 13000 meals per day.

Most schools did not allow the delivery of takeaways to the school gates, and this would be confirmed at the next primary and secondary head teacher meetings. All schools would be asked to implement a ban if one was not already in place.

RESOLVED that:-

1. The content of the Youth Council motion and the Council's resolution be noted.
2. The content of the Opposition motion and the draft response to the Overview and Scrutiny Board be noted.
3. Consideration would be given to the possibility of incorporating the issue of obesity into the proposed workshop in relation to the report on Urgent Care at Item 14 of this agenda.

18 **FORWARD PLAN**

The Sub-Committee gave consideration to the Oldham Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year.

RESOLVED that: The Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year be noted.

The meeting started at 6.00 pm and ended at 7.27 pm

Health & Wellbeing Board – Agenda

Oldham Health and Wellbeing Board

13 November 2018
Crompton Suite
2pm – 4pm

No	Item	Timings
1 - 8	Welcome, Apologies, Urgent business, Declarations of interest, Public question time, Minutes from last meeting**,** Health Scrutiny minutes, Action log, Meeting Overview	2.00pm 10 mins
9	**Reflections on progress across the Oldham Partnership** *John Patterson and Donna McLaughlin* An opportunity for the Board to consider and reflect upon the achievements, opportunities and challenges on the Health and Wellbeing agenda.	2.10pm 20 mins
10	**SEND Update** *Merlin Joseph* For the Board to receive a progress report on the implementation of the SEND Written Statement of Action	2.30pm 10 mins
11	**Learning Disabilities Strategy** *Mark Warren and Susannah Meakin* For the Board to receive and discuss the newly developed Learning Disability Strategy	2.40pm 20 mins
12	**Operational Local Health Economy: Outbreak Plan** *Elaine Flynn* For the Board to receive and endorse the Operational Local Health Economy Outbreak Plan	3.00pm 15 mins
13	**Nutrition and Hydration in over 65s** *Marie Palmer* For the Board to receive an overview of programme activity and provide direction on how Oldham can trial approaches to tackle malnutrition and dehydration in over 65s	3:15pm 45 mins

14	**Next Meeting:** 18th December - Development Session Crompton Suite Civic Centre	

Actions from the September 2018 meeting of the Health and Wellbeing Board

Board Meeting	Agenda Item	Resolution / Action	Update
September	**SEND Update**	**ACTION** A detailed update be provided to the Health and Wellbeing Board after the final submission	Detailed update scheduled to be presented to Board in January 2019 following the receipt of feedback from the Minister. Brief update on progress to date to be provided in November 2018 as standing item.
	Strengthening the Role of the Health and Wellbeing Board and Appointment of Sub-Committees	**ACTION** The Air-Quality Sub-Group be merged into the Health Protection Group with the terms of reference as outlined in the report.	First meeting of Health Protection and Air Quality Sub-group took place on 15 October 2018.
		ACTION A review of the current arrangements of the Children and Young People's Strategic Partnership Board be undertaken in order to strengthen and build on existing arrangements.	
		ACTION Proposals be brought back related to the wider alignment of and making best use of business intelligence available.	
	Oldham's Joint Strategic Needs Assessment	**ACTION** The form and membership of the JSNA Steering Group be agreed.	Agreed. First JSNA sub-group meeting scheduled to take place on 12 November 2018.
		RESOLVED The interim work being undertaken to update and refresh the content of the existing JSNA website and review of the resources needed to support the JSNA process be noted.	

Board Meeting	Agenda Item	Resolution / Action	Update
		ACTION Report to be presented at the Board meeting in January 2019 with recommendations for the development of Oldham's JSNA, including the process for designing and updating a new JSNA website, developing new intelligence products and an outline work plan for 2019/20 be agreed.	Update scheduled on the HWBB Forward for January 2019.
	Public Consultation Process On Proposed IVF Changes	**RESOLVED** A Public consultation be undertaken by Oldham CCG on the potential reduction of NHS funded IVF cycles following due process.	
	Healthwatch and Citizen Voice	**AGREED** The following five areas were recommended for the Healthwatch to focus on: • 'End of Life' Care and Choice • Child and Adolescent Mental Health Services (CAMHS) • Review of Care Home Provision • Discharge to Assess and Intermediate Care • Experiences of Refugees and Asylum Seekers accessing primary and acute healthcare services	
		ACTION Alignment of any reviews planned as part of Oldham Cares workstreams and the sequential Healthwatch review programme to be undertaken.	
		ACTION The findings are recommendations from the 5 review areas to be brought back to a future meeting	

Board Meeting	Agenda Item	Resolution / Action	Update
		ACTION Establishment of a separate Audit and Assurance Group that reviews on reports and takes responsibility for ensuring that recommendations are noted and actioned as appropriate.	
	Oldham Carers' Strategy	**RESOLVED** Oldham Carer's Strategy 2018 – 2021 approved and support given for the promotion and achievement on delivery of the strategy over the next three years.	
	Safeguarding	**RESOLVED** The strategic aims of both the Children and Adult Safeguarding Boards were noted.	
		RESOLVED The Children and Adult Safeguarding Strategies for 2018 – 2021 and the Business Plans for 2018/19 were endorsed	
		ACTION LSCB and LSAB Annual Reports to be shared with the Board once finalised.	
		ACTION Business plans to be reviewed by the Board on a 4-6 monthly basis.	Review of LSCB and LSAB Business Plans scheduled for March 2019.

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BRIEFING TO OLDHAM HEALTH AND WELLBEING BOARD

Title: Reflections on progress across the Oldham Partnership

Officer contacts: John Patterson, Chief Clinical Officer - Oldham Cares (CCG Deputy Accountable Officer) and Donna McLaughlin, Alliance Director – Oldham Cares

Date: 13 November 2018

Requirement from the Health and Wellbeing Board: To participate in a reflective exercise and discussion regarding the progress made across the Oldham Partnership in relation to Health and Wellbeing.

Recommendations: For the Board to consider and reflect upon the achievements, opportunities and challenges in Oldham in the context of the Health and Wellbeing agenda.

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BRIEFING TO OLDHAM HEALTH AND WELLBEING BOARD 13 November 2018

Report Title: Ofsted/CQC Inspection and Progress on Written Statement of Action (WSOA) Sept/Oct 2018

Report Author: Merlin Joseph, Director of Children's Services, Oldham Council

Date: 13 November 2018

Requirement from the Health and Wellbeing Board: To note the contents of this briefing and progress made since the last update to the H&W Board in September 2018.

Background:
At the 25 September 2018 meeting of the Health & Wellbeing Board, a detailed update was provided on progress against the Written Statement of Action (WSOA) relating to the SEND Inspection. This briefing provides a further update given SEND is a standing agenda item of the Health and Wellbeing Board.

What the issue is (If any):
The final bi-monthly joint monitoring/support meeting with Department of Education (DfE) and NHS England took place on 26 September 2018.

The outcome of this meeting was very positive with confirmation of the forward direction of travel and continuous improvements made across all areas of the WSOA. It was agreed that 4 of the 5 priority areas of the WSOA are now RAG rated 'Green' with recognition of the work being progressed on the remaining 'Amber' priority area in relation to Education Health Care Plans.

The DfE/NHS England acknowledged that there is clear and accountable ownership of the SEND agenda across the local SEND partnership with commitment on a continued focus on SEND from senior leaders. The involvement and engagement of parents and carers in the SEND governance structure in ensuring a truly collaborative and co-productive system was also acknowledged.

The DfE will draft a final report on Oldham's progress against the WSOA and submit this to the Minister. The outcomes of this report will be communicated via a letter from the Minister.

Recommendations:
The H&W Board is asked to note:

- the contents of this briefing;
- the positive progress made against the WSOA since the last update in September 2018; and
- that a detailed update will be provided to the Health and Wellbeing Board once the Minister has provided a response to the report from the DfE on Oldham's progress against the WSOA.

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BRIEFING TO OLDHAM HEALTH AND WELLBEING BOARD

Report Title: Operational Local Health Economy Outbreak Plan

Report Author: **Elaine Flynn**
Lead Health Protection Nurse, Public Health

Date: **13 November 2018**

Requirement from the Health and Wellbeing Board:

To note that the Operational Local Health Economy Outbreak plan has been endorsed by Oldham Cares and Local Authority.

1. Background

1.1 The Operational Local Health Economy Outbreak Plan is an agreed joint plan between the Health Protection team and the CCG which has been requested by the AGMA Civil Contingencies Resilience Unit to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. It is intended to act as a companion to the GM Multi-agency Outbreak Plan, providing operational detail helping responders quickly provide an effective and coordinated approach to outbreaks of communicable disease (e.g. Hepatitis A in nurseries and schools, Influenza Outbreaks in a Care homes etc.)

1.2 It is important for each organisation, having signed off this plan, to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

1.3 Recommendations to Health & Wellbeing Board

The Health & Wellbeing Board are asked to endorse the joint plan to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

2. What the issue is?

Oldham is seen to be a safe and greatly improved borough. As a Co-operative Council, we are working with our communities and businesses to keep Oldham a secure, safe and successful place to live and work.

2.1 Aim of the Plan

This document has been developed to supplement the “Greater Manchester Outbreak Plan” at an Oldham level ensuring the right people are contacted at

the right time to ensure that the borough is resilient and can respond appropriately to outbreaks. It focuses on the most likely outbreak scenarios and provides the contact details should an outbreak control team need to be called, and an immediate response made by health and social care partners across the borough.

It has been designed to ensure that an appropriate lead from each organisation is contacted as they will know which member of their service will need to be called, and is therefore output/effect focused e.g. identifying clinical staff to provide antibiotics to a large number of school children both in and out of normal working hours.

The plan details the key protocols and policies required to manage outbreaks of communicable disease. Examples of template scenario's with response activity and key responders both 'in' and 'out' of hours and contact numbers for appropriate health economy partners is provided.

2.4 Objectives of the Plan

- To outline roles and responsibilities at a local operational level
- To outline the key tasks / activities involved in responding to outbreaks
- To give key considerations and outline some specific requirements needed for different outbreaks
- For the DPH and the Chief Clinical Officer at the CCG to sign off the plan before approval at the Health & Wellbeing Board.

2.5 Primary Objectives

- The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by a risk assessment, with regular re-assessment of the risk.
- The protection of public health takes priority over all other considerations, and this must be understood by all members of the Outbreak Control Team (OCT).

2.6 Secondary Objectives

- Responsibility for managing outbreaks is shared by all the organisations who are members of the OCT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.

- The great majority of incidents and outbreaks are dealt with as part of normal service provision, and may not impact greatly on routine services or require an OCT to be convened.

- On occasion, outbreaks are of such magnitude that there may be significant implications for routine services and additional resources are required. In this instance the Director of Public Health may declare a

major outbreak / incident and therefore the major incident plans of organisations affected will be invoked as appropriate.

3. Relationship with the Oldham Locality Plan:

This paper aligns to the aims of Oldham Cares by:

- Improving health outcomes during emergency preparedness
- Strengthening joint approaches across the partners with a focus on prevention, emergency preparedness and building resilience between partner organisations
- Reducing unnecessary interventions including hospital admissions

4. Conclusion

4.1 This plan has been signed off by the DPH and the Chief Clinical Officer at the CCG and will be presented at the Health Protection Sub-group and Health & Wellbeing Board

4.2 This plan will ensure an effective and coordinated approach to the management of outbreaks of communicable diseases within Oldham. It is important that all strategic, tactical and operational staff of organisations identified within this plan understand and are aware of their roles and responsibilities.

4.3 The Health & Wellbeing Board are requested to note the joint plan in supporting staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key responsibilities and tasks.

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Operational Local Health Economy Outbreak Plan

Oldham

August 2018

Document Control

Document title:	Operational Local Health Economy Outbreak Plan: Oldham
Document status:	Consultation Draft
Document version:	Version 0.1
Document date:	April 2018
Document author(s): *(Name, Title)*	Template: Karl Astbury, AGMA Civil Contingencies and Resilience Unit Business Partner
Document owner(s): *(Name/organisation)*	Template: GM Local Health Resilience Partnership / Greater Manchester Resilience Forum Borough Plan: Local Director of Public Health / CCG

Change History

Version	Date	Status	Notes
0.01	20-02-17	Initial draft	Following 1st Planning Group meeting
0.02	15-03-17		Following 2nd Planning Group meeting
0.03	05-04-17		Following Health Protection Confederation discussion
1	15-01-17		Populated with Oldham information

Approval

Approving group/body: FOR TEMPLATE	Approval date
GM Resilience Development Group	01.04.18
GM Directors of Public Health	01.04.18
GM LA Civil Contingencies Chief Officers Group	01.04.18
GM Health Protection Confederation	01.04.18
GM Local Health Resilience Partnership	01.04.18
Greater Manchester Resilience Forum	01.04.18
PHE North West	01.04.18

Approving group/body: FOR BOROUGH PLAN	Approval date
CCG	awaiting
NHSE (for awareness)	01.04.18
Local DPH	07.08.18
HERG (for awareness)	01.04.18
PHE (for awareness)	01.04.18

Foreword:

Oldham is seen to be both a safe and greatly improved borough. As a Co-operative Council, we are working with our communities and businesses to keep Oldham a secure, safe and successful place to live and work.

This plan has been developed to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. It is intended to act as a companion to the GM Multi-agency Outbreak Plan, providing operational detail helping responders quickly provide an effective and coordinated approach to outbreaks of communicable disease. It is important for each organisation, having signed off this plan, to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

Signed

……
[Local DPH]

Signed

……
[CCG]

Glossary of Terms

CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
HERG	Health Economy Resilient Group
DPH	Director of Public Health
NCA NHS	Northern Care Alliance NHS
PCFT	Pennine Care Foundation Trust
HCAIs	Health Care Associated Infections
HP	Health Protection
HPT	Health Protection Team
PHE SIT	Screening & Immunisation Team
CCG MO	Medicines Optimisation
GTD	Go To Doc
LRF	Local Resilience Forum
OCT	Outbreak Control Team
PGD	Patient Group Directive
PSD	Patient Specific Directive
PHE	Public Health England
PHEC	Public Health England Centre
OMBC	Oldham Metropolitan Borough Council
BBV	Blood Borne Virus
TB	Tuberculosis
ILI	Influenza like Symptoms
MRSA	Methicilin Resistant Staph Aureus
CDI	Clostridium difficile Infection
ESBL	Extended Spectrum Beta Lactamases
PCR	Polymerase chain reaction

1: AIM, OBJECTIVES and scope OF THE PLAN

1.1 Aim of the Plan

This document has been developed to supplement the “Greater Manchester Outbreak Plan” at an Oldham level ensuring the right people are contacted at the right time to ensure that the borough is resilient and can respond appropriately to outbreaks. It focuses on the most likely outbreak scenarios and provides the contact details should an outbreak control team need to be called, and an immediate response made by health and social care partners across the borough.

It has been designed to ensure that an appropriate lead from each organisation is contacted as they will know which member of their service will need to be called, and is therefore output/effect focused e.g. identifying clinical staff to provide antibiotics to a large number of school children both in and out of normal working hours.

To set out the multi-agency operational arrangements for responding to outbreaks of human infectious diseases within the borough of Oldham

1.2 Objectives of the Plan

- To outline roles and responsibilities at a local operational level
- To outline the key tasks / activities involved in responding to outbreaks
- To give key considerations and outline some specific requirements needed for different outbreaks

Primary Objectives

- The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by a risk assessment, with regular re-assessment of the risk.
- The protection of public health takes priority over all other considerations, and this must be understood by all members of the Outbreak Control Team (OCT).

Secondary Objectives

- Responsibility for managing outbreaks is shared by all the organisations who are members of the OCT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.
- The great majority of incidents and outbreaks are dealt with as part of normal service provision, and may not impact greatly on routine services or require an OCT to be convened.

- On occasion, outbreaks are of such magnitude that there may be significant implications for routine services and additional resources are required. In this instance the Director of Public Health may declare a major outbreak / incident and therefore the major incident plans of organisations affected will be invoked as appropriate.

1.3 Command & Control

- In the event that PHEC call an OCT, Oldham's DPH & members of Oldham's Health Protection Infection Team (HPT) will participate in that group.

- It is likely that OCT will be supplemented by a Local Co-ordination Team (LCT), established by the HPT; the purpose of this group is to co-ordinate necessary actions and feedback into the OCT.

1.4 Declaration of an outbreak

- It is usual that locally confined smaller outbreaks (such as Norovirus, HCAIs & Influenza) will be recognised and declared by the OMBC Health Protection Team, with the response being led locally, however, rarely and for some very complex outbreaks the response may be led by PHE NW Greater Manchester Team.

- The Health Protection Team may be contacted by a variety of sources to report an outbreak, typically these include; PHEC, nursing/care home staff, schools/nurseries, Adult Social Care, Northern Care Alliance NHS Group Infection Prevention & Control (NCA NHS), Microbiology/virology or Environmental Health Officers.

- Following the recognition and declaration of an outbreak, a decision regarding the need and urgency to convene an OCT is required, this decision should be guided by risk assessment

- There are many minor outbreaks and clusters of disease that occur within Oldham every year that are managed satisfactorily without the need to convene an OCT. For example an OCT will not normally be necessary to support the management of confirmed or suspected viral gastroenteritis in a nursing home, school, or similar setting. Not convening an OCT does not necessarily mean that there will be no public health actions required.

- The DPH will lead the local response to an outbreak within the Borough of Oldham, this may, however, be delegated to the Consultant in Public Health other appropriate member of the Health Protection Team.

- Terms of reference should be agreed upon at the first meeting of the OCT & should be reviewed at regular intervals.

- When a decision has been made not to declare an outbreak or establish an OCT, the CCDC should be informed at appropriate intervals to determine if the formal declaration of an outbreak or convening of an OCT is subsequently required[1]. This may involve consulting with the other parties to assist with on-going surveillance.

- A suggested list of OCT members can be found in Annex 6: this is not an exhaustive list and depending on the nature of the outbreak representation from additional organisations may be required.

1.5 Investigation and Control of Outbreaks

- Control measures should be documented with clear timescales for implementation and responsibility.

- A case definition should be agreed and reviewed as required during the investigation.

- Basic descriptive epidemiology is essential and should be reviewed at the OCT.

- Legal powers relating to the investigation of food poisoning outbreaks are vested in Local Authorities. If, during the investigation, it is determined that the outbreak is related to food then the management of this of would be handed over to the Environmental Health Team (EHO) and PHE.

1.6 Communications

- The communications response will depend on the nature of the incident/outbreak and the outcome of OCT discussions. It is expected that the OCT will identify & nominate which agency will lead the media response at the outset of the outbreak.

- The Marketing & Communications Team are the lead for communications within Oldham MBC and in the event of an outbreak/incident, although it is anticipated that they would produce communications/information for the public in conjunction with PHE.

- Social Media will be used in accordance with existing OMBC policies.

1.7 End of the Outbreak

- The Health Protection Team will decide when outbreaks of a smaller, contained nature that are not likely to escalate to significant, major emergency status, are over. The HP Team will make a statement to this effect via email to the 'Outbreak Group' and will be based on an ongoing risk assessment and considered when:

    - There is no longer a risk to public health that requires further investigation or management of control measures.
    - The number of cases has declined.
    - The probable source has been identified and withdrawn.

- At the conclusion of the outbreak/s, a written report will be provided to the Health Protection Sub-group. An annual outbreak report will be included in the Director of Public Health Annual Report.
- Any lessons learnt and recommendations should be disseminated to the Outbreak Group where appropriate and refinements to practice considered and implemented where appropriate.

1.8 Scope / Context of the Plan

- Outbreak and incidents of human infectious diseases which could impact Oldham
- Outbreaks and incidents requiring an OCT : see part 2 and 3
- Outbreaks and incident not requiring an OCT: see part 4

1.9 Complementary Guidance and Documentation

1.9.1 National

- Communicable Disease Outbreak Management: Operational Guidance 2014
-
- PHE guidelines on the management of outbreaks of Influenza Like Illness (ILI) in care homes 2017.pdf
- Management of an Outbreak of Diarrhoea and/or vomiting in a care home setting October 2015.
- D&V outbreak in a school_childcare setting 2016
- Code_of_practice on the prevention and control of infections 2015
- PHE national-measles-guidelines 2017
- PHE meningitis-and-septicaemia-prevention-and-management-in-higher-education-institutions
- PHE IM Influenza PGD
- Flu Preparedness Letter to GM Emergency care Delivery Boards

1.9.2 Greater Manchester

Roles in an outbreak

- Role of the DPH
- Role of CICN
- Role of the Environment Health Officer

Legionnaires

- GM Outbreak Plan (including Legionnaires Disease and High Consequence Infectious Disease (HCID) annexes)
- GM Multi-Agency Outbreak Plan Legionnaires' draft v0.7 (2).docx

Influenza

- Joint Flu SOP
- PHE Flu brief for GM LHRP
- PHE NW Flu Resource Pack for Care Homes
- Flu Guidelines for GM MMG
- Template AV for staff
- GM Care Home Joint SOP

1.9.3 Oldham

- Local: Outbreak forms
- Local: Workflow chart (In and out of hours)

- **Influenza**
  - Influenza outbreak - Care Home preparation form
  - Record keeping templates for care homes
  - Oldham Swabbing and Antiviral procedure for FLU /ILI

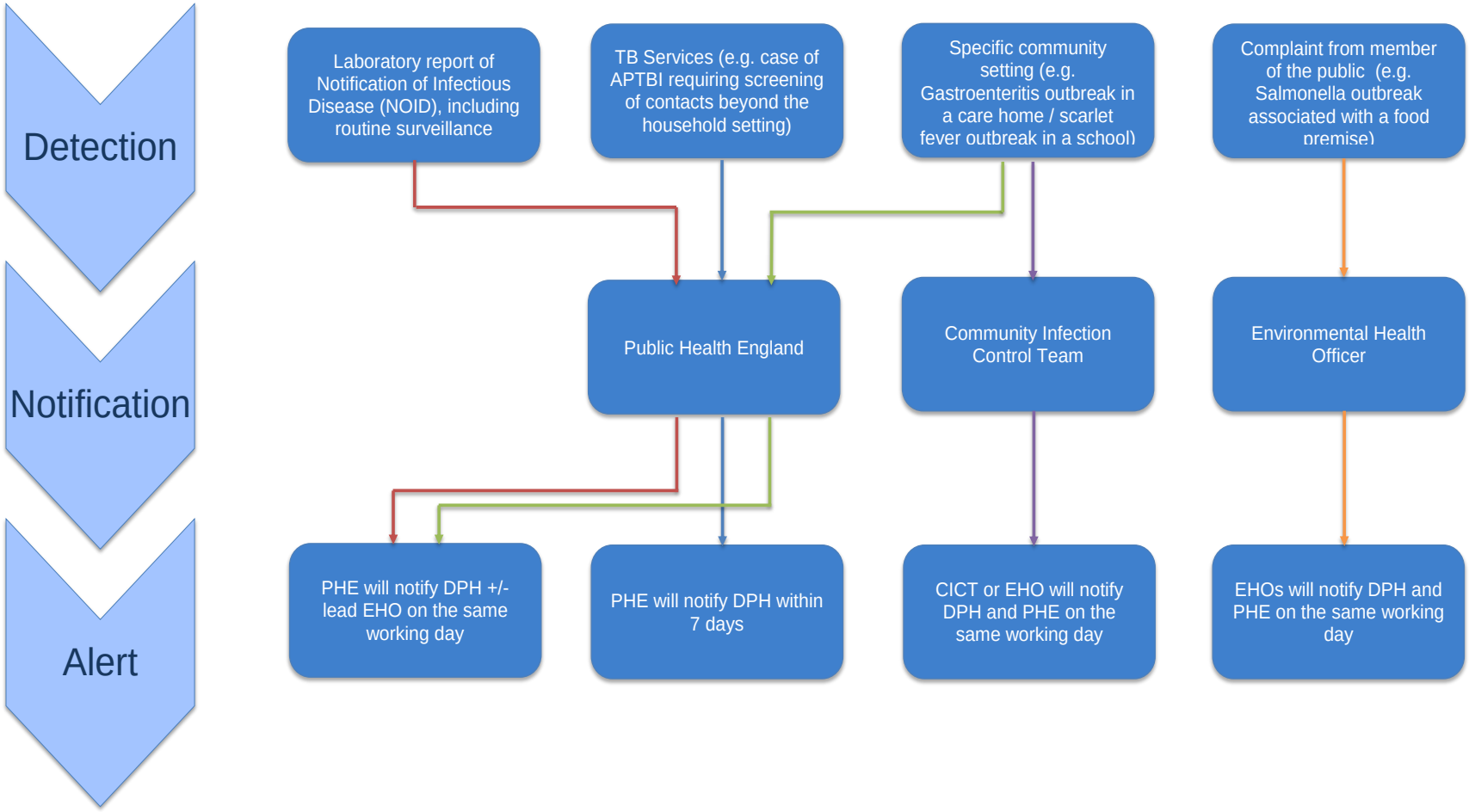
- **Generic Documentation**
  - Call Log for Outbreaks GENERIC
  - Management of outbreaks in CH flowchart 2017
  - Deep Cleaning Guidance 2017
  - Outbreak Procedure November 2015

- **Role Cards**
  - DPH
  - HP Nurse (Community Infection Prevention & Control)
  - Environmental Health Officer

2: KEY ASPECTS OF OUTBREAK MANAGEMENT

2.1 Detection and Coordination: Roles and Responsibilities

Outbreaks of Disease are usually detected and alerting in the following ways:



3: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS REQUIRING AN OCT

- 3a Arrangements for an outbreak of Influenza like illness in a care home
- 3b Arrangements for investigating complex TB incidents
- 3c Arrangements for investigating and controlling a BBV outbreak/incident
- 3d Arrangements for meningococcal disease in a nursery/school/college
- 3e Arrangements Hepatitis A in a school or childcare setting
- 3f Arrangements for outbreaks in hard to reach populations

NB: In the event of a BBV incident/outbreak occurring in Oldham, OMBC Health Protection Team will act as a facilitator, providing the link between PHE and various parts of Oldham MBC (these will vary according to location of outbreak and who is involved). The Health Protection Team will also act as a point of contact for individuals seeking advice.

3a. Arrangements for an outbreak of Influenza like illness (ILI) in a care home

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• Two or more residents or staff suffering from ILI • OMBC/PHE alerted by home • Information for affected staff/ residents taken • Outbreak email sent to relevant groups • Outbreak form sent daily to home to fill out and return to OMBC	• OMBC Health Protection Team • GP • MRI virology	• PHE • GTD	** There is a detailed piece of work in progress at GM level
	Sampling	• Swabs to be obtained from symptomatic people • Swabs delivered to MRI Public health Laboratory for PCR (inform lab before sending)			
Control	**Advice IPC**	• Increased hand and respiratory hygiene measures advised • Home closed to admissions (and possibly also visitors) • Affected residents isolated until 5 days post symptoms • Affected staff excluded for 5 days • Deep clean before reopening	• OMBC Health Protection Team • GP	• PHE • GTD	• Residents may be difficult to isolate, e.g dementia patients may wander
	Treatment/Prophylaxis	• OCT called to discuss management • Antiviral treatment/prophylaxis prescribed and administered dependant on lab results • Initial dose from HP Team, GP to continue			
Comms	**To care home**	• Advice letters/emails/outbreak info pack	• PHE/CCG/OMBC Comms OMBC HP Team	No out of hours Comms needed	
	To health partners	• Outbreak email* • OCT minutes circulated			
	To media	• Coordinate by PHE via OCT			

3b. Arrangements for investigating complex TB incidents

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• Notifiable disease • PHE/OMBC Health Protection Team alerted about greater than usual cases/linked cases • Alert TB services • Identify contacts of infected individuals	• PHE • TB services Oldham • OMBC Health Protection Team • CCG • Microbiology laboratory	PHE	
	Sampling	• Screen contacts/people in affected area (Oldham FT chest clinic) • Large scale screening if needed • Mantoux testing • Interferon testing • Mass x-ray (including mobile x-ray)			
Control	**Advice IPC**	• Isolation? • Hygiene measures • Provide advice/reassurance to worried individuals	• PHE • OMBC HPT • TB services Oldham • CCG • District nursing • General Practice	PHE (if necessary)	• Prescribing • Sourcing • Individuals not complying with treatment due to complex social needs (e.g. homeless)
	Treatment/Prophylaxis	• Mass vaccinations – BCG • TB antimicrobial therapy –individual prescriptions from Consultant • Latent infections?			
Comms	**To public**	• Advice letters • Update NHS 111, helpline, social media	• PHE/CCG/OMBC Comms • OMBC HP Team	• There is no out of hours Comms support. Silver Control will decide when Comms need to be involved	
	To health partners	• Outbreak email* • OCT minutes circulated			
	To media	Coordinate by PHE via OCT			

3c. Arrangements for investigating and controlling blood-borne viruses (BBV)

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• PHE/OMBC Health Protection Team notified when unusual numbers or cluster of cases	• PHE • OMBC HP Team • Turning Point OldhamMRI Virology laboratory • GPs	PHE	
	Sampling	• Blood samples for virology • Screening of contacts • Screen for multiple BBVs			
Control	**Advice IPC**	• Explain routes of transmission • Hygiene measures	• PHE • OMBC HP Team • General Practice • Consultant Microbiology	PHE	• Prescribing • Sourcing
	Treatment/Prophylaxis	• PEP treatment for close contacts • Vaccinations for close contacts and other contacts (dependant on virus)			
Comms	**To public**	• Advice letters • Update NHS 111, helpline, social media	• PHE/CCG/OMBC Comms • OMBC HP Team		
	To health partners	• Outbreak email* • OCT minutes circulated			
	To media	Coordinate by PHE via OCT			

3d. Investigating meningococcal disease in a nursery, school or college

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• Meningococcal case notified to PHE (also OMBC HP team via email to DPH) • Identify close contacts - PHE	• PHE • OMBC HP Team • Right start/school Nursing Bridgewater • Consultant Microbiology	PHE	
	Sampling	• No screening needed, but highlight symptoms and importance of urgent medical attention • Hospitalisation of anyone displaying symptoms			
Control	**Advice IPC**	• Highlight symptoms and importance of urgent medical attention	• PHE • OMBC HP Team • GPs • Right start/school Nursing Bridgewater/ Bolton for the 0-5 yrs	PHE	• Prescribing • Sourcing
	Treatment/Prophylaxis	• Prophylactic antibiotics for close contacts • Check vaccination status of rest of school/college – offer vaccination for unimmunised			
Comms	**To public**	• Advice letters • Update NHS 111, helpline, social media	• PHE • OMBC HP Team		
	To health partners	• Outbreak email* • OCT minutes circulated			
	To media	Coordinate and led by PHE via OCT			

3e. Investigating Hepatitis A in a school or childcare setting

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• Notifiable disease • PHE/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source	• PHE • OMBC HP Team • Right start/school Nursing Bridgewater/Bolton	PHE	
	Sampling	• Blood samples from all contacts for Hep A testing – students/staff/household			
Control	**Advice IPC**	• Increased hand hygiene, extra measures for close contacts • Environmental Assessment of toilets and hand washing facilities	• PHE SIT & HP • HPT • Bridgewater • GPs • Right start/school Nursing Bridgewater/Bolton • CCG MO		• Availability of sufficient vaccine • Ensure vaccinations are given in a timely manner
	Treatment/Prophylaxis	• No treatment available • Immunoglobulin therapy for household contacts • Vaccinate contacts			
Comms	**To public**	• Advice letters to schools/households	• PHE/CCG/ OMBC Comms • OMBC HP Team		
	To health partners	• Outbreak email* • OCT minutes circulated			
	To media	Coordinate and led by PHE via OCT			

3f. Investigating outbreaks in a hard to reach population (e.g measles at a traveller's site)

	Response Activity		Responders		Considerations
			In hours	**Out of hours**	
Investigations	**Detection/Alerting**	• Notifiable disease • PHE/OMBC Health protection Team notified of case(s) • Identify close contacts • Identify source	• PHE • OMBC HP Team • District Partnership	GTD	
	Sampling	PHE to provide kits if required			
Control	**Advice IPC**		• PHE • HPT • District partnership • GPs • Right Start/School Nursing Bridgewater		
	Treatment/Prophylaxis	Advice from PHE Mass vaccination onsite			
Comms	**To public**	• Advice letters to remaining traveller	• PHE/CCG/OMBC Comms • OMBC HP Team		
	To health partners	• Outbreak email* • OCT minutes circulated • Messages to GPs re increasing vaccine uptake / bringing forward routine vaccinations • Targeting schools with low uptake			
	To media	Coordinate by PHE via OCT			

*In the event of any of these outbreaks an email is sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following:

- Health Protection Team
- Adult Social Care
- Environmental Health
- Consultant Microbiologists
- Councillors
- Schools
- DPH

4: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS NOT REQUIRING AN OCT

4a Table of arrangements for:

- Investigating & controlling outbreaks of viral gastroenteritis in schools/nurseries
- Investigating & controlling outbreaks of viral gastroenteritis in care homes
- Investigating & controlling outbreaks of respiratory disease in care homes (excluding seasonal ILI-covered in part 3a)
- Investigating an outbreak of a HCAI

4a. Outbreak situations NOT requiring an OCT

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Viral gastroenteritis in schools/nurseries	OMBC Health Protection Team contacted by school/nursery/other source when 2+ cases are noted	• Phone call between school & OMBC HPT to discuss symptoms and numbers of affected staff & students. • OMBC HPT email outbreak form to school to be completed and emailed to HP Team on daily basis • Outbreak form details added to outbreak spreadsheet daily. • Arrange for stool samples to be taken from affected residents and sent to laboratory	• Ill pupils & staff to stay home for 48hours post last symptoms • Outbreak email sent out daily* • Extra hygiene measures advised • Deep clean of school 48 hours after last symptoms	Unnecessary in most cases	- Outbreak Log
Outbreak	**Detection/Alerting**	**Response**	**Control**	**Treatment/Prophylaxis**	**Documents**

Situation					
Viral gastroenteritis in nursing/care homes	OMBC Health Protection Team contacted by home/other source when 2+ cases are noted	• Phone call between home & OMBC HPT to discuss symptoms and numbers of affected staff & residents • OMBC HPT to email outbreak form to home, to be filled out daily and emailed back to HP Team • Outbreak form details added to outbreak spreadsheet daily • Arrange for stool samples to be taken from affected residents and sent to laboratory (see outbreak management doc)	• Ill residents isolated for 48hours post symptoms • Ill staff excluded for 48 hours post symptoms • Closure to admissions and visitors until 48 hours post symptoms • Extra hygiene measures advised • Deep clean before reopening (48 hours after last symptoms) • Outbreak email updated and sent out daily*	Unnecessary in most cases	- Outbreak log - D&V Outbreak Report Template - OOH D&V Flowchart - In-hours D&V Flowchart
Outbreak Situation	**Detection/Alerting**	**Response**	**Control**	**Treatment/Prophylaxis**	**Documents**

Respiratory illness in nursing/care homes (Not seasonal Influenza – see part 3a)	OMBC Health Protection Team contacted by home/other source when 2+ cases are noted	• Phone call between school & OMBC HPT to discuss symptoms and numbers of affected staff & students • OMBC HPT email outbreak form to Care Home to be completed and emailed to HP team on daily basis • Outbreak form details added to outbreak spreadsheet daily • Arrange for swabs to be taken from affected people, and sent to laboratory (see outbreak management doc)	• Ill staff to stay home for 5 days post last symptoms • Information put on office online to alert other schools of outbreak • Outbreak email sent out daily* • Extra hygiene measures advised • Deep clean of home before reopening, must be 5 days after last symptoms	• To be arranged with resident's GP	- Outbreak Log - Working Hours Outbreak Management for ILI - OOH Flowchart for ILI
Outbreak Situation	**Detection/Alerting**	**Response**	**Control**	**Treatment/Prophylaxis**	**Documents**

An outbreak of a HCAI	OMBC Health Protection Team contacted by processing laboratory or another source NB May need PHE involvement in certain situations	• Outbreak form to be completed • Excel spreadsheet updated • ILog number tobe obtained	Dependent on causal organism • MRSA • PVL • ESBL • C.diff See relevant protocol document	Antibiotic treatment or decolonisation if needed. See relevant protocol document	- Outbreak Report Template - GP Protocol - MRSA Standard Operating Procedures - CDI Standard Operating Procedures

*In the event of any of these outbreaks an email is sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following where appropriate:

- Infection Prevention Team in ROH
- Adult Social Care
- Education and Early Years
- NW Ambulance Service
- Environmental Health
- Consultant Microbiologists
- PHE

APPENDICES

Appendix 1: Stocks of Laboratory Testing Kits, Medication, and Other Equipment

Type of Stock	Where Located	Quantity	Arrangements for Access
Flu swabs	Clare Ward Office Manager National Infection Service Public Health England	Unknown	Email. clare.ward@PHE.gov.uk Tel: 0161 276 6786
Stool pots	• GP • Some care homes have own supply • EHO	Unknown	Care Homes to collect from GP or HP Team and send via post. Sam Jackson 0161-770 4460
Antivirals	• Lloyds Chemist ICC		In Hours - GP OOH - Phone CCG Director on Call via NWAS to authorise taxi to arrange collection & delivery to Care Home

Appendix 2: Potential Outbreak Settings or Sources

These are examples of community settings sometimes associated with outbreaks

- Care homes: nursing, residential, intermediate, mixed etc.
- Schools / Colleges
- Nurseries / Child minders / Play centres
- University / student accommodation
- Food outlets
- Petting farms
- Swimming pools / water activity parks
- Dental practices
- Community health care settings (GP practices, Integrated Care centres etc.)
- Prisons / Detention Centres
- Workplaces
- Ports / airports
- Hotels
- Leisure Centres
- Travellers Sites
- Private camp sites / holiday parks
- Community Hospitals
- Hostels
- Tattoo Parlours

Appendix 3: Common Pathogens

Below is a list of pathogens which can commonly cause outbreaks. This list is not exhaustive.

The full list of notifiable diseases is available here:

- Influenza
- Norovirus
- Scabies
- Tuberculosis
- Clostridium difficile
- PVL positive MR(S)SA
- Invasive Group A Streptococcal infection
- E Coli O157
- Hepatitis A
- Meningitis
- Pertussis
- Legionnaires Disease
- Measles

Appendix 5: Suggested OCT Members

- Consultant in Communicable Disease Control
- Environmental Health Officer
- Consultant Microbiologist / Virologist

- Director of Public Health/ Local Health Protection Nurse
- CCG Representative
- District Partnership Representative
- Representative from Comms and Marketing Team at Oldham Council
- Local NHS Provider Services (as required) [e.g. acute trust, GTD]

NB: This list is not exhaustive; depending on the nature of the outbreak representation from additional organisations may be required, for example, in the event of an outbreak in a school would be appropriate to include a representative from Education at OMBC.

Two or more cases Influenza-like Illness (ILI)

In hours – 9:00AM – 17:00PM

Ensure staff assess, monitor and document symptoms on outbreak forms

Alert PHE on suspected ILI – 0344 225 2562 option 3

IMMEDIATE ACTION

Call the Oldham Health Protection Team for advice and support

Tel: 770 1276/1467

- **Display outbreak posters**
- **Inform staff & visitors**
- **Reinforce hand hygiene**

- **Complete outbreak form daily with a list of all resident's & staff wo are affected**
- **Complete a fluid chart for all affected residents**
- **Email list daily to Health Protection Team**

Undertake Risk Assessment to ascertain whether this is indicative of influenza (please note not all older people present with a fever)

HP Team will collect (up to) 5 swabs and send to MRI Virology via taxi 0161-212-4816

Prescribing AVs – OUT OF SEASON - PSD to be activated for treatment and prophylaxis AVs for all residents. On confirmation of influenza, individual GPs to prescribe treatment dose to affected residents via PSD. IN SEASON to use FP10.

IP&C

- **Isolate affected residents in their own rooms**
- **Keep doors closed**

Affected staff must stay off work

5 days after last symptoms

Enforce handwashing using soap and water or alcohol gel by staff, residents & visitors.

Reinforce respiratory hygiene

"Catch it, bin it, kill it"

Gloves & aprons available in all rooms

Remove as clinical waste before leaving room

- **Postpone non urgent appointments**
- **Inform hospital of outbreak**
- **Cancel special events in the home**
- **Increase cleaning throughout the Home! Dept of Health advises Milton on hard surfaces e.g. Handrails, toilets, bedrails, door & toilet handles**

4+ times a day

The home can reopen after discussion with HP Team and must be deep cleaned first

5 days after last symptoms

The HP Team will contact the Home daily during the outbreak to provide further advice & support.

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Two or more cases of Influenza-like Illness (ILI)

Out of hours – 17:00PM – 09:00AM

Ensure staff assess, monitor and document symptoms on outbreak forms.

IMMEDIATE ACTION

Call PHE to notify and for advice TEL: 0151 434 4819

PHE will notify Director on Call via NWAS on 0345 113 0099 to activate the GTD flu team

GTD Nurse to advice the following:

- **Reinforce hand hygiene**
- **Display outbreak posters**
- **Complete outbreak form daily**
- **List all resident's & staff details**
- **Complete fluid balance for all affected residents**
- **GTD to inform Health Protection Team with update on 0161 770 1276/1467 after the weekend or bank holiday**

GTD - Undertake Risk Assessment to ascertain whether this is indicative of influenza (please note not all older people present with a fever)

GTD to obtain Ilog Number on 0161 276 8854
GTD will collect (up to) 5 swabs and send to MRI Virology via taxi (0161212-4816)

GTD - GP to Prescribe prophylaxis AVs for all residents until confirmation of swab results to possibly increase to Treatment dose if flu confirmed.

IMMEDIATE ACTION

- **Isolate affected residents in their own rooms**
- **Keep doors closed**

Affected staff must stay off work
5 days after last symptoms

Enforce handwashing using soap and water or alcohol gel by staff, residents & visitors.

Reinforce respiratory hygiene

"Catch it, bin it, kill it"

Gloves & aprons available in all rooms

Remove as clinical waste before leaving room

Increase cleaning throughout the Home

Dept. of Health advises Milton on hard surfaces

e.g. handrails, toilets, bedrails, handles

4+ times a day

The GTD flu team will contact the Home daily during the outbreak to provide further advice & support.

5 days after last symptoms

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Oldham In- hours Swabbing and Antiviral Procedure for FLU /ILI

In hours swabbing and Antiviral Procedure for FLU/ILI

2 or more cases of ARI/ILI* identified within same 48hr period/3 or more cases within same 72hr period

Care home notifies:
-OLDHAM HPT: OLDHAM HPT to notify PHE-NW HPT (GM)
-PHE-NW HPT (GM): PHE-NW HPT (GM) to notify OLDHAM HPT

Oldham HPT provide Infection control advice and support to care home

Oldham HPT ensure care home requests/has requested assessment by GP/clinician of symptomatic residents – **HPT to Obtain samples**. GP prescribe antiviral treatment for suspected cases of flu where appropriate and if within flu season*****

Diagnosis

Low likelihood of flu (e.g. clearly outside flu season and no symptoms suggestive of flu)

-Oldham HPT to notify local partners of outbreak and reiterate infection control advice and support
-Oldham HPT can use questionnaire and care home log for information gathering
-GP follow up/monitoring of affected residents.
-OCT not usually required

Possibility of flu (e.g.in/around flu season but symptoms not suggestive of flu or complicated flu)

-Oldham HPT liaise with care home to obtain GP(s) details and share these with PHE-NW HPT (GM)
-PHE-NW HPT (GM) liaise with GP(s)
-PHE- NW HPT (GM) to update Oldham HPT on lead diagnosis
-Oldham HPT to notify local partners of outbreak and reiterate infection control advice and support
-Respiratory infection screen for 3 cases

High likelihood of flu (e.g.in flu season and symptoms suggestive of flu or complicated flu)

-Oldham HPT to notify local partners of outbreak and reiterate infection control advice and support

Outbreak Control Team (OCT)
For first outbreak - discuss swabbing (3 swabs) +/-antivirals. Subsequent outbreaks discuss with PHE

Oldham HPT in liaison with care home to use questionnaire and care home log for information gathering, and share information with GM PHE HPT

Arranging **respiratory infection screens**
GM PHE HPT decision to take samples (3 swabs)
Nursing Home identifies trained person to take samples.
Oldham HPT for residential homes
-Oldham HPT liaise with care home getting samples to lab (ideally delivered by taxi – CCG will fund this).

Sampling kits arrangements
For Residential Home : Oldham HPT have a stock and will swab.
Nursing Home – Chadderton Total Care hold packs for Nursing homes to access. Trained nurse will swab
Oldham HPT to obtain ILOG number to be obtained from PHE lab by Oldham HPT
- Taxi to be arranged for transport via 0161 624 2448

Arranging **antiviral treatment and prophylaxis**
GM PHE HPT /PHE virologist recommend antivirals
-GP to prescribe with support from MO. Antivirals from Lloyds pharmacy ICC for dispensing of antivirals via FP10 in season or via PSD out of season.

Care home to liaise with GP(s) during/following treatment. Care homes to report cases daily to Oldham HPT.
Infection control measures to remain in place a minimum of **5 days after symptom onset of last case(s)**

Out of hours Swabbing and Antiviral Procedure for FLU/ILI

2 or more cases of ARI/ILI* identified within same 48hr period/3 or more cases within same 72hr period

Care home notifies:
-PHE-NW HPT (GM): PHE-NW HPT (GM) to notify GTD Flu team

GTD Flu team provide Infection control advice and support to care home and liaise with PHE

GTD Flu team **to obtain samples** with ILog number from PHE and complete risk assessment as follows**

Diagnosis

Low likelihood of flu (e.g. clearly outside flu season and no symptoms suggestive of flu)

Possibility of flu (e.g.in/around flu season but symptoms not suggestive of flu or complicated flu)

High likelihood of flu (e.g.in flu season and symptoms suggestive of flu or complicated flu)

- GTD Flu team to notify PHE HPT
-Care home to log all pts with suspected ILI
-GP follow up/monitoring of affected residents.
-OCT not usually required

If +ve Sample

- GTD Flu team **to liaise** with care home to obtain GP(s) details re: Renal function of affected residents
- GTD Flu team - Respiratory infection screen for 5 cases
-GTD flu team to update PHE- NW HPT (GM) on lead diagnosis and reiterate infection control advice and support
- CCG on call to notify local partners of outbreak fund taxi for transportation of swabs MRI.

Sampling kits arrangements
For Residential Home GTD Flu team to swab- swab packs GTD headquarters.
Nursing Home – Chadderton Total Care hold packs for Nursing homes to access
-ILOG number to be obtained from PHE lab by GTD-Taxi to be arranged via 0161 624 2448

Oldham HPT in liaison with care home to use questionnaire and care home log for information gathering, and share information with GM PHE HPT

Arranging **respiratory infection screens**
GM PHE HPT decision to take samples (5 swabs)
Nursing Home identifies trained person to take samples.
Oldham HPT for residential homes
-Oldham HPT liaise with care home getting samples to lab (ideally delivered by taxi – CCG will fund this).

Arranging **antiviral treatment and prophylaxis**
GM PHE HPT /PHE virologist recommend antivirals
- GTD to prescribe. Antivirals from Lloyds pharmacy ICC for dispensing of antivirals via FP10 in season or via PSD out of season.

Care home to liaise with GP(s) during/following treatment. Care homes to report cases daily to Oldham HPT.
Infection control measures to remain in place a minimum of **5 days after symptom onset of last case(s)**

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HEALTH PROTECTION AGENCY NORTH WEST

PROCEDURE FOR THE MANAGEMENT OF AN OUTBREAK OF FOOD POISONING OR GASTRO-INTESTINAL ILLNESS (DIARRHOEA AND VOMITING) IN CARE HOMES

February 2011

(Review Date: July 2012)

Membership of the policy group includes:

Alec Bonington, Claire Rogers, Ed Kaczmarski, Gill Marsh, Hugh Lamont, Lorraine Lighton, Ken Mutton, Matthew Olley, Ruth Philp, Jeff Scott and Tracey Wood, on behalf of the North West Policy Group

www.hpa.org.uk

PROCEDURE FOR THE MANAGEMENT OF AN OUTBREAK OF FOOD POISONING AND GASTRO-INTESTINAL ILLNESS

This procedure is applicable to all Nursing and Residential Homes (Private or Local Authority) and to Day Care centres.

The responsibility to manage the outbreak lies with the unit manager/owner. In addition, the owner/unit manager of a home must ensure that in their absence they have a designated and competent person who is authorised to allocate appropriate resources to effectively manage the outbreak. In more severe outbreaks such as e-coli 0157 or salmonella an outbreak control team (OCT) will be convened to assist and advice wherever necessary.

Both viral and bacterial gastroenteritis can be generally mild, usually lasting between 12-60 hours. Symptoms of gastroenteritis include abdominal cramp, nausea, projectile vomiting and/or diarrhoea. Diarrhoea is usually mild, with no blood or mucus in the stool. However, causes of bacterial gastroenteritis such as e-coli 0157 can cause bloody, mucous diarrhoea and prompt action is required in all cases. Other symptoms of both viral and bacterial gastroenteritis include fever, headache and malaise.

An outbreak can be defined as two or more cases of the same illness occurring around the same time or within days of each other

If you identify or suspect you have a gastro-intestinal outbreak e.g. two or more cases of vomiting and/or diarrhoea, please contact:

	Town XX	**Region XX**	**Town XX**	
Health Protection Unit	**Tel:**			
Out of hours	**Via …….. Hospital's switchboard on (insert telephone number)**			
Environmental Health	**Tel:**	**Tel:**	**Tel:**	
Out of hours				
Care Quality Commission	**Complete 'Notification' (previously regulation 37) send to National Processing Centre CQC City Gate, Gallowgate, Newcastle NE1 4PA (03000 616161)**			
Primary Care Trust Community Infection, Prevention & Control Team	**Tel:** **Fax:**			

Early reporting of suspected outbreaks is essential for effective management.

MANAGER

ACTION
• Complete a list of affected residents and staff and update daily, with details of new cases and when cases become asymptomatic. **SEE APPENDIX A – to be completed daily.** • Fax this list daily to the Community Infection Prevention & Control Team or Environmental Health Officer depending on region.
• If possible, isolate all symptomatic residents in their rooms until they are symptom free from vomiting and/or diarrhoea for 48 hours. • Risk assessment to be carried out for residents for whom this may be difficult. • The Community Infection Prevention & Control Nurse (IPCN) or Environmental Health Officer (EHO) will liaise with you about this.
• Advise all symptomatic staff that they must stay off work until they are symptom free for 48 hours. • Restrict movement of staff between affected and non affected areas.
• It maybe prudent to close the home temporarily to admissions, including respite clients. • The home will usually be able to open again when no new cases have presented with symptoms for 72 hours. • The IPCN or EHO will liaise with you about this.
• Post a notice informing visitors of the situation. • Visitors should be made aware of the correct procedure for washing their hands on entry and exit from the home. • Consideration should also be given to restricting visitors until the outbreak is over, especially young children, pregnant women and anyone who is immuno-compromised. • Non-essential services, i.e. Hairdressing, podiatry etc are to be postponed until after the outbreak.
• Inform the IPCN and Hospital Infection Prevention & Control Team of any residents admitted to hospital up to 48 hours prior to the first resident becoming ill and if any resident(s) require emergency admission to hospital.
• Send samples of diarrhoea (not formed stool) from symptomatic residents and staff as soon as possible after the onset of symptoms. • Do not submit specimens of vomit. • Faecal sample pots and laboratory request forms can be obtained from Environmental Health. • Complete a laboratory request form for each sample as advised by the EHO including the antibiotic history. • Every laboratory form submitted must have an incident reference number (ILOG) recorded on it; The EHO will provide you with this number. • Ensure that the patient/sample details are completed on the sample pot label. • Record details of all samples submitted and the results.
• Environmental Health will inform you of the laboratory results when they are available.

ALL STAFF

ACTION
• Reinforce the practice of correct **hand hygiene**.
Isolation • Where possible segregate affected residents until symptom free for 48 hours. • All meals for affected residents to be given in their rooms, where possible. • Clean over bed table with detergent wipe prior to placing food tray in the room. • Offer hand washing to resident/client. • Designate equipment for single patient use where possible. • Toileting can include the use of bedpans, bottles and commodes. • Always use gloves and apron, cover bedpan etc. whilst in transit, discard excreta directly into bedpan washer/macerator or toilet, close toilet lid prior to flushing.
Personal Protective Equipment • Ensure that disposable gloves are worn when delivering direct care to all residents. • Put on a disposable apron when delivering direct care to all residents. • Gloves must be changed after contact with every resident and/or their environment. • Gloves and aprons should be removed inside the resident's room and the hands washed and dried thoroughly prior to leaving the resident's area. • Equipment and supplies in the resident's room to be kept for the sole use of the client.
Laundry • Soiled linen should be placed in red alginate bags to remove the need for further handling of contaminated articles. • The alginate bag used will either dissolve at a certain temperature or the stitching on the bag will dissolve and the remainder of the bag can be removed when the washing cycle is complete. • Disposable gloves should be worn when handling soiled linen. • Soiled linen MUST be bagged at source. • Manual sluicing of soiled linen MUST not be performed. • All soiled linen to be washed as soon as possible. • Where possible keep soiled and fresh linen separated and use colour coded baskets to assist with recognition. • All dry, cleaned linen to be removed and stored away from the laundry. • All ironing to be carried out away from the laundry. • The laundry must be well ventilated and thoroughly cleaned on a daily basis. • During the outbreak only designated laundry staff to use the laundry. • Food and drink should never be consumed in the laundry.
All staff who have symptoms of diarrhoea, vomiting or nausea, must be excluded from duties until they have been free of symptoms for 48 hours

GENERAL CLEANING ADVICE
ALL STAFF

ACTION
Expelled body fluids MUST be removed and the area must be thoroughly cleaned immediately. • This is particularly important in cases of projectile vomiting, as aerosolised particles will contaminate other residents, staff and the immediate environment. • Protective clothing i.e. disposable gloves and aprons are intended as single use items. They must be discarded as soon as they have been used once. Do not wash and reuse gloves or aprons. Wash hands immediately after removal.
• All communal areas e.g. toilets and bathrooms etc. to be thoroughly cleaned at least three times daily. • The cleaning schedule should include all fittings, e.g. door handles, door frames, sinks, taps and handrails.
All cleaning chemicals MUST contain bleaching agents. • Hypochlorite solutions should be diluted to 1,000 ppm. • Care must be taken to ensure adequate ventilation whilst Chlorine products are being used. Consider 'low odour' Chlorine products. • Disposable cleaning cloths and machine washable mop heads should be used. • Cleaning should include either the 5 stage cleaning process of detergent, rinse, bleach, rinse then dry; or a detergent and disinfectant all-in-one product may be used. • Disinfectant or bleach alone does not 'clean'. • The cleaning equipment trolley should remain outside the room. New cloths used for each area in each room and importantly gloves changed and hands washed prior to leaving the affected room.
• Affected client rooms to be thoroughly cleaned daily and/or when physically soiled.
• Under no circumstance should staff designated to cleaning duties perform carer's duties.
• Where a resident has vomited in a communal area then not only the spillage, but a much wider area around it, should be cleaned to remove micro-organisms from the environment.
End of Outbreak Clean At the end of the outbreak (48hrs after all staff & residents have been symptom free) a 'Deep Clean' must be undertaken. This is a thorough spring clean of all areas before normal business resumes. • All carpeted areas should be steam cleaned. • All soft furnishings (curtains, cushions and duvets) should be laundered, where fabrics allow. • Radiator covers removed and behind radiators cleaned. • Portable fans and extractor air fans cleaned. • All surfaces including low, mid and high levels e.g. Door frames, picture frames and curtain rails. • Any furniture that is soiled but cannot be cleaned should be discarded.

CATERING STAFF

ACTION
In certain cases, the EHO will may request the following additional information: • Copies of all menus for the previous three days • Copies of all hot and cold temperature records. • Access to all employees' food hygiene training records. • Access to any in house management food safety audit. • Access to kitchen/food storage cleaning schedules.
• Under no circumstance should the cook or catering staff take their refreshment break or meals with the residents. • Inform the EHO of any catering staff with symptoms just before or during the outbreak.
• It is always good practice to restrict access to the kitchen by care staff, this is particularly important during an outbreak. • Environmental Health will be able to advise you about this.
• Retain menu details (including special diets) for the meals served to residents the week prior to the start of the outbreak. • Provide details of any external functions attended by residents or other food brought into the home by residents.
• Inform Environmental Health if there are planned social events taking place during the outbreak where food will be provided for visitors e.g. parties, buffets. • Environmental Health will advise you about these.
• All catering staff who have symptoms of diarrhoea, vomiting or nausea, **must** be excluded from duties until they have been free of symptoms for 48 hours

CHECKLIST for HOME MANAGERS

Commence log of affected residents/staff	□
Isolate affected residents until 48 hours symptom free	□
Exclude affected staff members until 48 hours symptom free	□
Inform PCT CICN of situation	□
Inform CQC & EH Department of situation	□
Post a notice in reception and advise visitors of situation.	□
Temporarily close to admissions	□
Inform CICN / Hospital ICN of any recent or emergency admissions to hospital	□
Obtain specimens from affected residents.	□
Complete details on specimen form and sample pot (include request for virology & bacteriology testing)	□
Obtain specimen results from GP/CICN/EHO	□
Update log as appropriate	□

FURTHER INFORMATION

- Viral Gastroenteritis Leaflet
  http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947405343

- The Health and Social Care Act 2008 (2010) Code of Practice for the Prevention and control of Infections
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122604

- Infection Prevention Society http://www.ips.uk.net

- National Resource For Infection Control http://www.nric.org.uk

Appendix A

Name of Care Home:

Residents Affected						**Incident No.**		
Name	**Date of Birth**	**Unit or Floor**	**Symptoms e.g. diarrhoea or vomiting**	**Date and time of onset**	**Date of recovery**	**Date sampled submitted**	**Results**	**Additional Information**

Appendix A

Name of Care Home ……

Staff Affected						**Incident No.**		
Name	**Date of Birth**	**job**	**Symptoms e.g. diarrhoea or vomiting**	**Date and time of onset**	**Date of recovery**	**Date sampled submitted**	**Results**	**Additional Information**

Notice

We are presently experiencing an outbreak of diarrhoea and vomiting within the care home. After seeking specialist advice it is recommended that visitors should refrain from entering at present unless absolutely necessary.

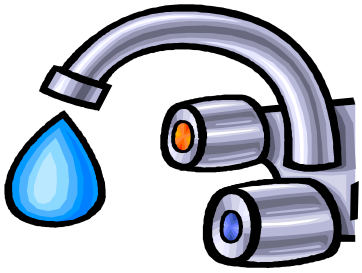
In particular we would advise that children, pregnant women and those particularly vulnerable to infection do not visit at the present time.

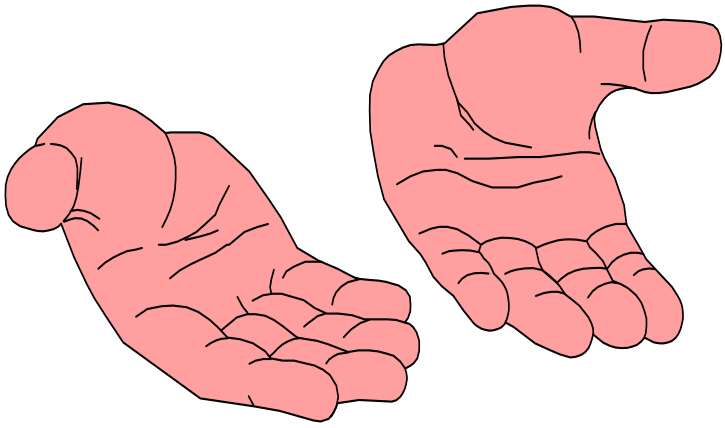
If you would like further information regarding this issue then please contact the home by telephone.

As soon as this problem is deemed to be over, visiting will return to normal.

Management and staff appreciate
your help in this matter

Notice

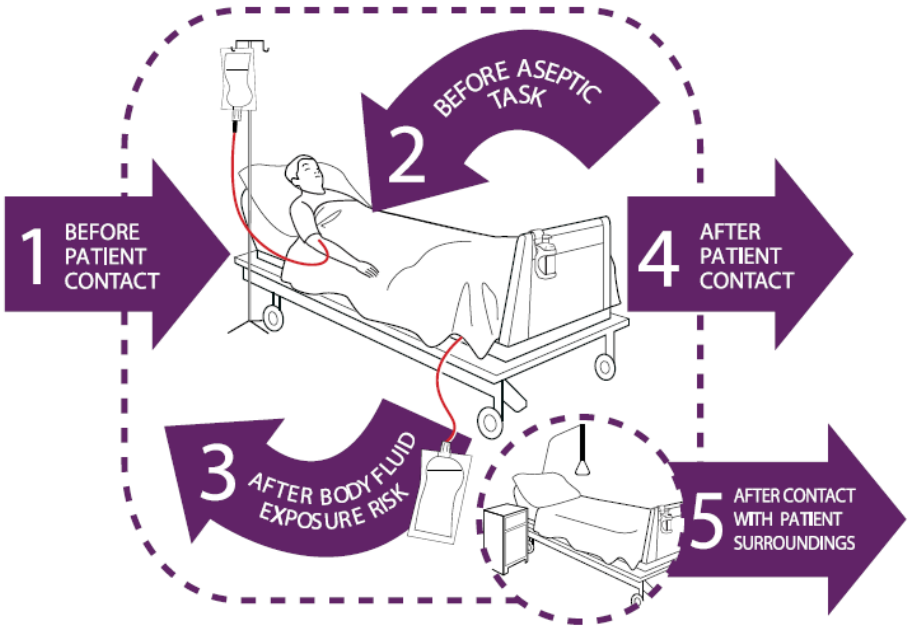




Please wash and dry your hands on entering and leaving the home

NHS
National Patient Safety Agency

Your 5 moments for hand hygiene at the point of care



1	**BEFORE PATIENT CONTACT**	**WHEN?** Clean your hands before touching a patient when approaching him/her **WHY?** To protect the patient against harmful germs carried on your hands
2	**BEFORE AN ASEPTIC TASK**	**WHEN?** Clean your hands immediately before any aseptic task **WHY?** To protect the patient against harmful germs, including the patient's own, from entering his/her body
3	**AFTER BODY FLUID EXPOSURE RISK**	**WHEN?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal) **WHY?** To protect yourself and the healthcare environment from harmful patient germs
4	**AFTER PATIENT CONTACT**	**WHEN?** Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side **WHY?** To protect yourself and the healthcare environment from harmful patient germs
5	**AFTER CONTACT WITH PATIENT SURROUNDINGS**	**WHEN?** Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched **WHY?** To protect yourself and the healthcare environment from harmful patient germs

Adapted from WHO World Alliance for Patient Safety 2006

cleanyourhands® campaign

NHS
National Patient Safety Agency

Your 5 moments for hand hygiene at the point of care

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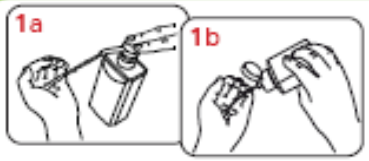
Adapted from WHO World Alliance for Patient Safety 2006

cleanyourhands® campaign

NHS
National Patient Safety Agency

HAND CLEANING TECHNIQUES

How to handrub?
WITH ALCOHOL HANDRUB



Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces

Rub hands palm to palm

Rub back of each hand with the palm of other hand with fingers interlaced

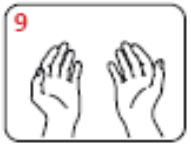
Rub palm to palm with fingers interlaced

Rub with backs of fingers to opposing palms with fingers interlocked

Rub each thumb clasped in opposite hand using rotational movement

Rub tips of fingers in opposite palm in a circular motion

Rub each wrist with opposite hand



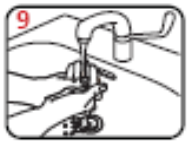
Once dry, your hands are safe

20-30 sec

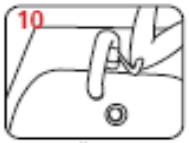
How to handwash?
WITH SOAP AND WATER

Wet hands with water

Apply enough soap to cover all hand surfaces



Rinse hands with water



Use elbow to turn off tap

Dry thoroughly with a single-use towel

Your hands are now safe

40-60 sec

Adapted from WHO World Alliance for Patient Safety 2006

cleanyourhands® campaign

NHS
National Patient Safety Agency

National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

Red

Bathrooms, washrooms, showers, toilets, basins and bathroom floors

Blue

General areas including wards, departments, offices and basins in public areas

Green

Catering departments, ward kitchen areas and patient food service at ward level

Yellow

Isolation areas

ILOG No: _____

Confirmed Organism: _____

Oldham Council

Outbreak of Infection

Message Taken by: …… Date: ……

Outbreak onset date ……

Message received from: ……..

Name and address of Establishment……

……

……

Person in Charge:……

Tel No: ……

Number of cases infected ……Total number at risk (staff & Residents) ……..

Date closed: …… **Date re-opened: ……**

Agencies informed:			
Health Protection Agency	☐	Directorate Head	☐
IPCN Salford Royal	☐	Environmental Health (if applicable)	☐
		DAT (Transfer of Care)	☐

Clinical Details / Signs and Symptoms

……..

……..

……..

Advice Given:

ILOG given and explained	☐	Isolation (48hr rule) discussed	☐
Infection control precautions discussed	☐	Environmental cleaning discussed	☐
Staff sickness (48hr rule) discussed	☐	Staff movement discussed	☐
Patient transfers discussed	☐	Visitors discussed	☐

Follow up (if any)

……..

……..

OUTBREAK TIME LINE

Name of Establishment……..

Outbreak start date…… Date establishment closed……

Week commencing……...

No	**Resident & Room number**	DOB	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Other relevant information	Date of specimen	Result

D = Diarrhoea V = Vomiting N = Nausea AP = Abdo pain >24hrs >48 hrs C = Clear/symptom free

Devised by Infection Prevention & Control Team –

STAFF LOG

No	Staff	DOB	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Other relevant information

ILOG No: _____

Confirmed Organism: _____

Oldham Council

Outbreak of Infection

Message Taken by: …… Date: ……

Outbreak onset date ……

Message received from: ……..

Name and address of Establishment……

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Person in Charge:……

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Number of cases infected ……Total number at risk (staff & Residents) ……..

Date closed: …… **Date re-opened: ……**

Agencies informed:			
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Clinical Details / Signs and Symptoms

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Follow up (if any)

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OUTBREAK TIME LINE

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Devised by Infection Prevention & Control Team –

STAFF LOG

No	Staff	DOB	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Other relevant information

D & V Update Report

Date

Site and Name of Infection Control Nurse	Ward closed	Bays closed (if applicable)	No of Cases Patients and Staff	Date & Time of last case	Possible date for Re-opening. (last case + 48 hours)	No of empty beds closed to admission	Organism/Type of Infection	Infection Control Measures Taken
NMGH Mike Beesley Roz Kaufman								
Royal Oldham Lorraine Durham								
Fairfield Sylvia Maxwell								
Rochdale Ann Taylor								
Care Homes								

During an Outbreak of Diarrhoea and/or Vomiting

If there are 2 or more patients/staff with symptoms of diarrhoea, vomiting or both, report to the Infection Control Team. If this is out of hours report to the bleep holder.

Recommended infection control measures:

- Cohort nurse or isolate symptomatic patients.
- Wear gloves and apron for contact with an affected patient.
- Ensure that hand washing using soap and water is carried out following contact with an infected patient or environment and after removal of gloves and apron. Ensure hand-washing facilities are available for patients to use prior to meals and after using toilet.
- Send samples of faeces to microbiology clearly stating the **ward area** and **ILOG Number** in clinical details.
- Affected staff must be excluded from the ward immediately and until 48 hours symptom free. Affected staff may be required to provide faecal samples if experiencing symptoms of diarrhoea.
- Inform all health care workers/visitors/AHPs to ward and emphasise hand washing.
- In the event of ward closure, visiting essential professionals (e.g Physios, OT's, ECG techs etc.) should continue to provide care for patients and if possible to do so at the end of their list.
- Avoid transfer of affected patients to unaffected wards/departments unless medically urgent. If patients are transferred inform staff of condition prior to transfer.
- Restrict visitors.
- Clean/disinfect any spillages of vomit or faeces, promptly, wiping the area with 1,000ppm **Chlorclean**
- Increase the frequency of environmental cleaning using the above solution (twice per day). The domestic supervisor must be informed.
- Commence an individual patient stool chart and a Collective Ward Stool Chart, record date/time when pt has had symptoms of diarrhoea.
- Following ward closure due to an outbreak the ward can only be re-opened after discussion with Infection Control and a full ward clean and curtain change has been undertaken.

IP&C Teams

Two or more cases of D&V

Out of hours – 17:00PM – 09:00AM

Ensure staff assess, monitor and document symptoms on outbreak forms

Use Bristol stool chart

IMMEDIATE ACTION

Call PHE to notify and for advice

TEL: 0344 225 2562 - option 3

- **Display outbreak posters**
- **Inform staff & visitors**
- **Reinforce hand hygiene**

- **Complete outbreak form daily**
- **List all resident's & staff details**
- **Inform Health Protection Team in hours with update on 0161 770 1276/1467**

Specimens

Care Homes to collect stool pots from the HP Team and once sample collected to be posted via the self-addressed envelope to MRI Virology with IL number

- **Postpone non urgent appointments**
- **Inform hospital of outbreak if residents admitted**
- **Cancel events (discuss with HP Team)**

Complete a fluid & stool chart for all affected residents

If PHE do not advise to close the Home, no further action is required.

IMMEDIATE ACTION

- **Isolate affected residents in their own rooms**
- **Keep doors closed**

Affected staff must stay off work

48 hours after last D&V symptoms

Enforce handwashing using soap and water by staff, residents & visitors.

DO NOT RELY ON ALCOHOL GEL DURING AN OUTBREAK.

Gloves & aprons available in all rooms

Remove as clinical waste before leaving room

Use red alginate water soluble laundry bags for soiled linen during an outbreak.

Increase cleaning throughout the Home!

Dept. Health advises bleach (or Milton) on hard surfaces Handrails, toilets, bedrails, handles

4+ times a day and when soiled/dirty

The home can reopen after discussion with HP Team and must be deep cleaned first

48 hours after last symptoms

The HP Team will contact the Home daily during the outbreak to provide further advice & support.

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Two or more cases of D&V

In hours – 9:00AM – 17:00PM

Ensure staff assess, monitor and document symptoms on outbreak forms

For D&V use Bristol stool chart

IMMEDIATE ACTION

Call the Health Protection Team for advice and support

Tel: 770 1276/1467

- **Display outbreak posters**
- **Inform staff & visitors**
- **Reinforce hand hygiene**

- **Complete outbreak form daily**
- **List all resident's & staff details**
- **Email/phone daily to Health Protection Team**

Specimens

D&V: Collect faeces samples from 2 affected patients. Pots available from HP Team

- **Postpone non urgent appointments**
- **Inform hospital of outbreak if residents admitted**
- **Cancel events (discuss with HP Team)**

Complete a fluid & stool chart for all affected residents

If HP Unit do not advise to close the Home, no further action is required.

IMMEDIATE ACTION

- **Isolate affected residents in their own rooms**
- **Keep doors closed**

Affected staff must stay off work

48 hours after last symptoms

Enforce handwashing using soap and water by staff, residents & visitors.

DO NOT RELY ON ALCOHOL GEL DURING AN OUTBREAK.

Gloves & aprons available in all rooms

Remove as clinical waste before leaving room

Use red alginate water soluble laundry bags for soiled linen during an outbreak.

Increase cleaning throughout the Home!

Dept. Health advises bleach (or Milton) on hard surfaces i.e. Handrails, toilets, bedrails, door & toilet handles

4+ times a day and when soiled/dirty

The home can reopen after discussion with HP Team and must be deep cleaned first

48 hours after last symptoms

The HP Team will contact the Home daily during the outbreak to provide further advice & support.

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ILOG No: _____

Confirmed Organism: _____

Oldham Council

Outbreak of Infection

Message Taken by: …… Date: ……

Outbreak onset date ……

Message received from: ……..

Name and address of Establishment……

……

……

Person in Charge:……

Tel No: ……

Number of cases infected ……Total number at risk (staff & Residents) ……..

Date closed: …… **Date re-opened: ……**

Agencies informed:			
Health Protection Agency	☐	Directorate Head	☐
IPCN Salford Royal	☐	Environmental Health (if applicable)	☐
		DAT (Transfer of Care)	☐

Clinical Details / Signs and Symptoms

……..

……..

……..

Advice Given:

ILOG given and explained	☐	Isolation (48hr rule) discussed	☐
Infection control precautions discussed	☐	Environmental cleaning discussed	☐
Staff sickness (48hr rule) discussed	☐	Staff movement discussed	☐
Patient transfers discussed	☐	Visitors discussed	☐

Follow up (if any)

……..

……..

OUTBREAK TIME LINE

Name of Establishment……..

Outbreak start date…… Date establishment closed……

Week commencing……...

No	**Resident & Room number**	DOB	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Other relevant information	Date of specimen	Result

D = Diarrhoea V = Vomiting N = Nausea AP = Abdo pain >24hrs >48 hrs C = Clear/symptom free

Devised by Infection Prevention & Control Team –

STAFF LOG

No	Staff	DOB	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Other relevant information

Two or more cases Influenza-like Illness (ILI)

In hours – 9:00AM – 17:00PM

Ensure staff assess, monitor and document symptoms on outbreak forms

IMMEDIATE ACTION

Call the Health Protection Team for advice and support

Tel: 770 1276/1467

- **Display outbreak posters**
- **Inform staff & visitors**
- **Reinforce hand hygiene**

- **Complete outbreak form daily**
- **List all resident's & staff details**
- **Email daily to update Health Protection Team**

healthprotectionteam@Oldham.gov.uk

Specimens

The HP Team will collect throat swabs from affected residents if appropriate

- **Postpone non urgent appointments**
- **Inform hospital of outbreak if residents admitted**
- **Cancel events (discuss with HP Team)**

If any samples are positive - The HP Team will liaise with Care Home to arrange antivirals.

If HP Unit do not advise to close the Home, no further action is required.

IMMEDIATE ACTION

- **Isolate affected residents in their own rooms**
- **Keep doors closed**

Affected staff must stay off work

5 days after last symptoms

Enforce handwashing using soap and water by staff, residents & visitors.

Reinforce respiratory hygiene

"Catch it, bin it, kill it"

Gloves & aprons available in all rooms

Remove as clinical waste before leaving room

Use red alginate water soluble laundry bags for soiled linen during an outbreak.

Increase cleaning throughout the Home!

Dept. Health advises bleach/Milton (hard surfaces)

Handrails, toilets, bedrails, door & toilet

The home can reopen after discussion with HP Team and must be deep cleaned first

5 days after last symptoms

The HP Team will contact the Home daily during the outbreak to provide further advice & support.

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Two or more cases of Influenza-like Illness (ILI)

Out of hours – 17:00PM – 09:00AM

Ensure staff assess, monitor and document symptoms on outbreak forms

IMMEDIATE ACTION

Call PHE to notify and for advice

TEL: 0344 225 2562 - option 3

- Display outbreak posters
- Inform staff & visitors
- Reinforce hand hygiene

- Complete outbreak form daily
- List all resident's & staff details
- Phone Health Protection Team with update on 0161 770 1276/1467

Specimens

The HP Team will collect throat swabs from affected residents if appropriate in the next working hours

- Postpone non urgent appointments
- Inform hospital of outbreak if residents admitted
- Cancel events (discuss with HP Team)

Complete a fluid & stool chart for all affected residents

If PHE do not advise to close the Home, no further action is required.

IMMEDIATE ACTION

- Isolate affected residents in their own rooms
- Keep doors closed

Affected staff must stay off work

5 days after last symptoms

Enforce handwashing using soap and water by staff, residents & visitors.

DO NOT RELY ON ALCOHOL GEL DURING AN OUTBREAK.

Reinforce respiratory hygiene

"Catch it, bin it, kill it"

Gloves & aprons available in all rooms

Remove as clinical waste before leaving room

Use red alginate water soluble laundry bags for soiled linen during an outbreak.

Increase cleaning throughout or Milton) on hard surfaces, Handrails, toilets, bedrails, handles etc….

4+ times a day and when dirty

The home can reopen after discussion with HP Team and must be deep cleaned first

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The HP Team will contact the Home daily during the outbreak to provide further advice & support.

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D & V Update Report

Date

Site and Name of Infection Control Nurse	Ward closed	Bays closed (if applicable)	No of Cases Patients and Staff	Date & Time of last case	Possible date for Re-opening. (last case + 48 hours)	No of empty beds closed to admission	Organism/Type of Infection	Infection Control Measures Taken
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- Following ward closure due to an outbreak the ward can only be re-opened after discussion with Infection Control and a full ward clean and curtain change has been undertaken.

IP&C Teams

Management of suspected / positive PVL Staph aureus cases within General Practice

Is PVL Staph aureus suspected?

1. Are there signs & symptoms of PVL Staph aureus (recurrent boils, abscesses, skin lesions?)
2. Is there any previous clinical history of PVL Staph aureus?
3. Is there a history or suspicion of PVL Staph aureus within close contacts (household, family or partner) within last 12 months?

If YES to one or more questions?

NO – consider alternative diagnosis

1. Swab the affected site (including pus if present).
2. Label all swabs as suspected PVL Staph aureus and include relevant clinical information.
3. Undertake incision and drainage if required, practitioner is competent / confident.
4. If practitioner NOT competent / confident refer for surgical assessmen.t
5. Consider antibiotic therapy as per link below, discuss with Consultant Microbiologist (0161 656 1641) if complicated.

Wound care:

1. Dress wound & refer either to District Nurse, Treatment Room or Practice Nurse for dressing changes.
2. Advise patient NOT to touch or squeeze skin lesions.
3. Advise patient to regularly wash hands using liquid soap & water, and NOT to share towels.
4. Advise to return to practice if lesions / wounds do not resolve (or deteriorates).

Patient information:

1. Emphasise personal hygiene including hand washing, avoid sharing towels, bath water etc.
2. Supply patient information leaflets on the management of skin & soft tissue infections.
3. If patient works in a high risk area (such as healthcare), discuss with the Public Health Infection Prevention & Control Team (0161 770 4550).
4. Advise that until wounds have healed that they refrain from communal activities such as swimming, contact sports and massage.

PVL Staph aureus positive result received:

1. Confirm wounds / lesions healed.
2. Prescribe *decolonisation therapy only if wound healed.
3. Explain to patient that they will receive Questionnaire from the Health Protection & Control of Infection Unit for them to complete and return using prepaid envelope.
4. Health Protection & Control of Infection Unit will be in touch with patient if any concerns raised within completed questionnaire i.e., other family members with lesions, recurrent infections etc.

***Decolonisation treatment**

- 5 days Mupirocin Nasal Ointment
- Chlorhexidine skin wash (normal skin)
- Octenisan skin wash (fragile skin & neonates)

Useful numbers:

Microbiology: 0161 656 1605
Public Health IP&C Team: 0161 770 4550
ROH IP&C Team: 0161 627 8771

Visit http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1242630044068 for further guidance on antibiotic prescribing and decolonisation therapy

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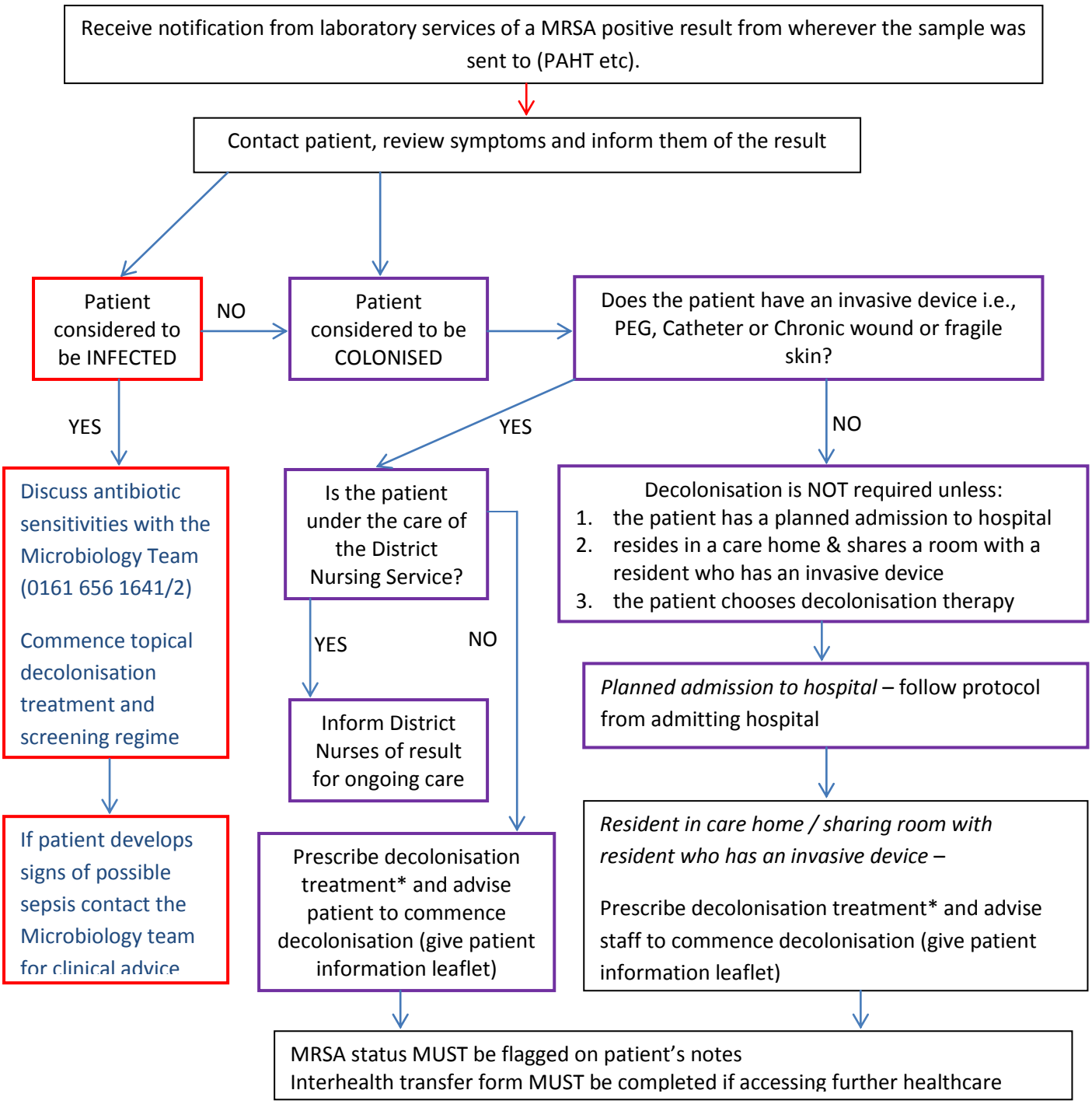
Standard Operating Procedure for the Management of MRSA positive cases within General Practice



*Decolonisation treatment
- 5 days Mupirocin 2% Nasal Ointment
- Chlorhexidine 4% skin wash (normal skin)
- Octenisan skin wash (fragile skin)
- Chlorhexidine 0.2% mouthwash
- Neonates – consult microbiology for advice

Screening : Swab NOSE, PERINEUM or GROIN & ANY LESIONS, Take CSU if catheterised. Swabs are NOT required post decolonisation unless wounds etc clinically infected

*Decolonisation treatment
Mupirocin – only to be used if nasally colonised, await screen results / wounds or ulcers have healed. Advise to use 3 times a day for 5 days (to both nostrils). For further episodes of nasal decolonisation contact Public Health Infection Prevention & Control Team (0161 770 4550)
Skin wash – Wet skin prior to using, apply 30ml to damp cloth & ensure contact for 3 minutes, rinse thoroughly. Hair to be washed on day 2 and day 4 if possible.
Mouthwash – 10ml twice a day for 5 days

Useful numbers: Consultant Microbiologists (0161 656 1641/2),
Public Health Infection Prevention & Control Team (0161 770 4550),
ROH Infection Prevention & Control Team (0161 627 8771)

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NHS
Oldham
Clinical Commissioning Group

Standard Operating Procedure for the Management of Clostridium difficile TOXIN positive cases within General Practice

Receive notification from PAHT laboratory services of a TOXIN positive Clostridium *difficile*.

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Contact patient, review symptoms and inform them of the result

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Review antibiotics and stop everything where possible – including UTI prophylaxis.
Review PPI usage and consider stopping[1], de-escalating dose or changing to H2 antagonist where clinically appropriate.

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Prescribe appropriate antibiotics (take advice from Microbiology if required – 0161 656 1641/2). However the general advice would be:

1st episode (mild) - Metronidazole 400mg tds for 10 days

1st episode (moderate/severe) & 2nd episode (whatever the time span between episode 1 and 2) - Vancomycin 250mg qds for 14 days.

3rd episode (within 1 yr – if longer duration and patient not too unwell treat as 2nd episode).

3rd episode - Vancomycin 250mg qds for 14 days then taper; 125mg qds for 7 days; 125mg tds for 7 days; 125mg bd for 7 days; 125mg od for 7 days; 125mg alt day for 7 days; 125mg every 3rd day for 2 doses then stop.

If concerns remain then discuss with Microbiology appropriateness of alternative therapy.

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Discuss (with Microbiology) all relapses and all cases where patient is troubled with symptoms that are not settling or are severe in the first episode. Also discuss any cases where patients are particularly vulnerable e.g. on chemotherapy; v frail etc… and symptoms are not improving or are deteriorating.

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Advise the patient / carer that they should re-contact the GP if symptoms are not improving or getting worse.

For vulnerable patients, it is advised to review the patient clinically ASAP (take WCC / CRP / U&Es) & undertake 2nd review at 48 -72hrs.

FOR ALL CLOSTRIDIUM DIFFICILE TOXIN (EIA or PCR) POSITIVE CASES DO NOT RE-TEST

Public Health Infection Prevention & Control Team based at OMBC notify Oldham CCG of Toxin positive cases.

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Oldham CCG request GP to complete Root Cause Analysis (RCA) via email.

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Email completed RCA securely by the due date to Sharon.butterworth@nhs.net

IF THE INDIVIDUAL IS IN A NURSING / CARE HOME, THEY MUST BE ISOLATED UNTIL THEY ARE 48hrs SYMPTOM FREE

1. PHE (2013) Updated Guidance on the Management & Treatment of Clostridium difficile Infection.

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BRIEFING TO OLDHAM HEALTH AND WELLBEING BOARD

Report Title: Nutrition and Hydration in over 65s

Report Author: Marie Price, Programme Manager, Age UK Salford

Date: 13 November 2018

Requirement from the Health and Wellbeing Board:

The Board is requested to support the awareness raising and embedding of the intervention in to the everyday work of frontline staff to ensure the sustainability of the programme.

Background:

Salford Malnutrition Taskforce developed and tested a range of simple tools to help raise awareness of malnutrition, including the paperweight armband, nutrition booklet and e-learning resources on malnutrition and dysphagia.

Adopting the Salford model, the Greater Manchester Nutrition and Hydration 2-year pilot programme focuses on delivering a community intervention for preventing, identifying and addressing malnutrition and dehydration in the age 65+ population.

Funded by the GM Health and Social Care Partnership it is delivered in 5 localities; Bolton, Bury, Oldham, Rochdale and Stockport. Delivery is based on five key principles:

1. **Raise awareness across the community:** With older people and their families and carers through frontline staff training.

2. **Identify malnutrition and develop standards of nutritional care, including the type and level of information and training needed to achieve this consistently:** Have organisational structures that facilitate working together across Health and Social Care.

3. **Identifying malnutrition:** Frontline staff screening local populations and, by identifying the cause(s), be able to signpost individuals to appropriate services.

4. **Personalising care and support:** Using a person-centred approach to ensure people have timely and appropriate advice to address barriers to good nutrition and hydration. In hospital and care settings enabling 24-hour access to food and drink of choice through the right advice, support and treatment early and the right support when transferred between settings

5. **Monitoring and evaluating the implementation and impact of using the paperweight armband:** Use the monitoring and evaluation results to sustain the programme beyond 2 years

What the issue is (If any):

In the UK, 14% of the 65+ population is at risk of malnutrition. 93% of those at risk of malnutrition are in the community. Malnourished people visit their GPs twice as often, have 3 times the number of hospital admissions, stay in hospital more than 3 days longer than those who were well nourished, and have more ill health (co-morbidities). Dehydration in older adults is associated with falls, hospitalisation and higher health and care costs.

Relationship with the Oldham Locality Plan:

Supporting people to be more in control of their lives:

The programme uses a self-care 'Food First' approach to enable residents to increase their food intake.

Having a health and social care system that is geared towards wellbeing and the prevention of ill health;

Malnutrition and dehydration are preventable. The tools used for the programme are based on the themes highlighted in the National Institute of Clinical and Care Excellence (NICE) nutrition quality standard 24 to support the identification and intervention of malnutrition.

Access to health services at home and in the community:

The PaperWeight Armband© is a non-medical, nonintrusive tool used to identify and deal with malnutrition. It enables carers, volunteers or health and social care professionals to broach the subject of malnutrition with at-risk individuals and discuss the support the individual needs to take 'self-care' steps to improve nutrition and stimulate weight-gain e.g. fortification of their usual diet, support with shopping etc.

Social care that works with health and voluntary services to support people to look after themselves and each other.

Multi-agency steering groups have been established in each of the pilot areas to embed nutrition and hydration as a priority and prompt the development of a consistent local malnutrition pathway across the range of health, social care and third sector provider settings.

Front-line staff and volunteers from health, social care and the voluntary sector will be trained to deliver the brief intervention.

Recommendation

That the Board recognises the work of the programme and supports the efforts to raise awareness of the issue and to help embed the intervention into the everyday interactions of staff and carers with people aged 65 and over who may be at risk of malnutrition and hydration.