

HEALTH AND WELL BEING BOARD Agenda

- Date Tuesday 21 July 2020
- Time 2.00 pm
- Venue Virtual Meeting -
https://www.oldham.gov.uk/info/200608/meetings/1940/live_council_meetings_online
- Notes
1. DECLARATIONS OF INTEREST- If a Member requires any 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 Mark Hardman in advance of the meeting.
 2. CONTACT OFFICER for this Agenda is Mark Hardman or email constitutional.services@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 on Thursday, 16 July 2020.
 4. FILMING – This meeting will be recorded for live and/or subsequent broadcast on the Council's website. The whole of the meeting will be recorded, except where there are confidential or exempt items and the footage will be on our website. This activity promotes democratic engagement in accordance with section 100A(9) of the Local Government Act 1972.

MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD IS AS FOLLOWS:
Councillors Ball, M Bashforth, Chauhan, Moores, Stretton (Chair) and Sykes, Dr Zuber Ahmed, Chris Allsop, Mike Barker, Jill Beaumont, Dr Bal Duper, Nicola Firth, Majid Hussain, Dr Keith Jeffery, Gerard Jones, Stuart Lockwood, Dr. John Patterson, Katrina Stephens, Mark Warren, Carolyn Wilkins OBE, Liz Windsor-Welsh and Keith Wrate and by invitation Val Hussain, Joanne Sloan and Karen Worthington

Item No

- 1 Appointment of Chair and Vice Chairs

To note the appointment of Councillor Stretton as Chair and to invite the appointments of Vice Chairs of the Health and Wellbeing Board for the 2020/21 Municipal Year.
- 2 Apologies for absence

- 3 Declarations of Interest

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

Urgent business, if any, introduced by the Chair.
- 5 Minutes of Previous Meeting (Pages 1 - 8)

The Minutes of the meeting of the Health and Wellbeing Board held on 12th November 2020 are attached for approval.
- 6 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.
- 7 Health and Wellbeing Strategy Update

The Director of Public Health will introduce consideration of this item.
- 8 Pharmaceutical Needs Assessment - Supplementary Statement (Pages 9 - 18)
- 9 Oldham COVID-19 Management Plan: How we control outbreaks (Pages 19 - 28)
- 10 Date of Next Meeting

The next meeting of the Health and Wellbeing Board is scheduled to be held on Tuesday, 15th September 2020 at 2.00pm.
- 11 Exclusion of Press and Public

That, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it contains exempt information under paragraphs 1 and 3 of Part 1 of Schedule 12A of the Act, and it would not, on balance, be in the public interest to disclose the report.
- 12 Oldham COVID-19 Management Plan: How we control outbreaks (Pages 29 - 76)



HEALTH AND WELL BEING BOARD
12/11/2019 at 2.00 pm

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

Dr John Patterson	Clinical Commissioning Group
Dr Keith Jeffery	Clinical Commissioning Group
Majid Hussain	Clinical Commissioning Group
Dr Carolyn Wilkins	Chief Executive and Accountable Officer
Katrina Stephens	Director of Public Health
Mark Warren	Managing Director of Health and Adult Care Services
Julie Farley	Oldham Healthwatch
Claire Smith	Executive Nurse, Oldham Cares
Sarah Maxwell (substitute)	Oldham Community Leisure

Also in Attendance:

Rebekha Sutcliffe	Strategic Director of Reform
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services
Dr Henri Giller (item 7)	Chair of Safeguarding Boards
Wendy Meston (item 8)	Chair of local Child Death Overview Panel
Rebecca Fletcher (item 8)	Registrar in Public Health
Richard Cohen (item 9)	Consultant, Transforming Care
Vicky Sugars (item 11)	Head of Reform

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chauhan, Chief Supt. Neil Evans, Mike Barker, Val Hussain, Stuart Lockwood, Vince Roche and Nicola Firth.

2 **APPOINTMENT OF VICE CHAIR**

On the Motion of Dr J Patterson and seconded by Dr K Jeffery, it was **RESOLVED** that Majid Hussain be appointed as a Vice Chair of the Health and Wellbeing Board for the remainder of the 2019/20 Municipal Year.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Health and Wellbeing Board held on 24th September 2019 were received.

RESOLVED that, subject to addition of Councillor Ball to the list of apologies for absence, the minutes of the meeting of the Health and Wellbeing Board held on 24th September 2019 be approved as a correct record.

CHILDREN'S AND ADULTS LOCAL SAFEGUARDING BOARDS - BUSINESS PLANS UPDATES

Dr Henri Giller, Chair of the Oldham Local Safeguarding Children and Adults Boards attended the meeting to present the Safeguarding Adults Board Annual Report 2018-19 and the updated 2019-20 Business Plans for both the Safeguarding Children and Adults Boards. An annual report for the Safeguarding Children Board was not presented as, due to the recently implemented revised arrangements, an 18-month Report was to be prepared and would be submitted in due course.

The Board gave initial consideration to the submitted Oldham Safeguarding Adults Board 2018-19 Annual Report that detailed safeguarding activity over the 12-month period and assessed the impact of this activity against the Board's Business Plan for 2018-19. Dr Giller drew attention to two key activities in 2018-19. Firstly, a Peer Review had been undertaken by representatives from the Stockport Board, the conclusions from which and the Board's reflection on these conclusions were presented in the Annual Report. Secondly, and on reflection of the Stockport conclusions, a fundamental review of adults safeguarding had been undertaken from which a number of recommendations had been derived.

These review recommendations then formed a significant part of the 2019-20 Safeguarding Adults Business Plan, and issues of ensuring that service integration did not dilute safeguarding, of trying to get a better picture of safeguarding in partner organisations, of making safeguarding more personal, and identifying joint work with the Safeguarding Children Board to consider transition issues looking towards a comprehensive all age safeguarding approach were highlighted to the Board. In response to a query concerning joint working between the Safeguarding Boards, it was noted that the Stockport review was a formal Peer Review, but that issues were picked up among wider peer groups on a regular basis. In addition, the Independent Chairs and Board Business Managers each had their own quarterly meetings to consider best practice and issues arising.

With regard to the 2019-20 Safeguarding Children Business Plan, the Board was advised that this sought to embed the new ways of working and new areas of work including complex and contextual safeguarding which included modern slavery and

exploitation, and workforce development and training were highlighted. The Board was advised of a Joint Communications Group that was seeking to communicate the work of the two Boards to the public, including development of a new website that was to go live with Children's Board content in the near future, with Adults Board content to follow. Work in the Children's area was looking to maximise the profile and the quality of work for children and young people by enhanced commitment from statutory partners, gaining buy-in from relevant organisations, developing accountability mechanisms and seeking the views of the child.

The following issues were raised by Members of the Board in respect of the Safeguarding Boards reports -

- The Strategic Director Reform noted the need to ensure connectivity between the work of the Safeguarding Partnerships into the emerging staffing strategy in the health and social care sector and a need to ensure that structures would deliver this;
- The reported joint work by both Safeguarding Boards around the transition period was welcomed by the Board generally
- Following a query as to when and how the Children's Board was to hear the voice of the child, the Board was advised that while traditional routes had been through the Youth Council and the Children in Care Council, work was being undertaken to configure new arrangements to access a wider constituency. It was also noted that some children would not have a voice and that consideration of lived experience was also important;
- The consideration within the Business Plans of patients with long term conditions who were at risk but were not known of was queried. With regard to children, work had been done around early help and with schools to raise the issues of risk and vulnerability. It was suggested that some organisations were changing their perspectives, the police now treating those subject to child exploitation as victims rather than criminals being highlighted;
- Issues related to home schooling were noted, with a Member requesting a consideration of those children struggling to get into school. The Board was advised that a sub-group of the Safeguarding Children Board was considering these issues and a report would be prepared in due course;
- A Member noted concerns about local authorities placing children and young people in facilities that provided accommodation, as opposed to care, often distant from their home location, and queried use made by the Council of such facilities. The Chair of the Boards advised of recent correspondence from the Minister about unregistered accommodation: a piece of work was ongoing and a report would be prepared in due course. The Managing Director for Health and Adult Social Care undertook to prepare a breakdown as to the types of

accommodation used, and to co-ordinate a report back to this Board on this issue.



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RESOLVED that -

1. the Oldham Safeguarding Adults Board 2018-19 Annual Report be noted;
2. the updates on the 2019-20 Children and Adults Safeguarding Business Plans be noted;
3. the intent to report further to the Board in respect of home schooling and the provision of accommodation be noted.

8

BURY, ROCHDALE AND OLDHAM CHILD DEATH OVERVIEW PANEL – ANNUAL REPORT

The Board received a report presenting the Greater Manchester (GM) Child Death Overview Panel (CDOP) Annual Report, which included the work undertaken by the Bury, Oldham and Rochdale Panel. The Annual Report presented data from the four CDOPs across GM, making observations about causes and modifiable factors in order to inform action to promote child safety and reduce child deaths in GM. An Oldham Briefing provided an overview of the implications for Oldham and the current work happening to address the potentially modifiable factors identified.

Wendy Meston, Public Health Consultant from Rochdale Council and current Chair of the Bury, Oldham and Rochdale CDOP, reported to the Board further to the submitted report. Public Health chaired all four CDOPs across GM which collectively operated as a network. A multi-agency approach was adopted, and Panel attendees represented professional areas as opposed to geographical areas. Not every child death in the year was considered, with only those deaths that had been considered through all other stages being reviewed. As such, the Annual Report presented a strategic overview of what had been learned over the previous year.

With regard to Oldham, infant mortality was higher than would be expected and, while work had been undertaken to address causal factors, more needed to be done in the area. The GM report had highlighted potentially modifiable factors for reducing deaths in children as well as the existing evidence around reducing deaths in the early weeks of life, and several current initiatives in Oldham aimed at addressing these factors were outlined in the submitted report.

The CDOP network and co-ordinators also played a role in preventative work and had, for example, undertaken work around safe sleeping and getting messages out about the dangers for children presented by cords/blinds and small batteries.

Members of the Board raised the following issues –

- The average Index of Multiple Deprivation score against the number of closed cases for each local authority as shown in Chart 6 at paragraph 6.10.3 of the Annual

Report and what this meant in terms of Oldham and the linkage of deaths to deprivation was queried. It was suggested that a five-year consideration be given to consider whether the 2018/19 figure was a one year issue.

- It was noted that smoking and maternal BMI (body mass index) were significant contributors to young infant mortality and the potential impact on that cohort of an increased universal health offer being considered was queried. It was suggested that weight would be included, but that smoking in pregnancy was the subject of an ongoing GM-wide approach, though the sustainability of the GM offer needed to be considered.

RESOLVED that -

1. the Child Death Overview Panel Annual Report 2018-19 for Greater Manchester be noted;
2. the Oldham Briefing on implications for Oldham and current work being undertaken locally be noted;
3. further work be undertaken to understand the higher rates of infant mortality in the Borough and to develop an action plan to address these issues.

9

OLDHAM HEALTH AND CARE LOCALITY PLAN REFRESH

The Board received a report advising of the background to and the approach taken to a refresh of the Oldham Locality Plan for Health and Social Care Transformation. The report was submitted to provide visibility to the Health and Wellbeing Board of the process for the refresh and of progress to date, prior to the submission of a draft to Greater Manchester by 30th November 2019.

The Board was reminded that a Locality Plan covering the period September 2016 to March 2021 had been prepared to outline the key transformational programmes that would enable Oldham to deliver significant improvements in the health and wellbeing of residents. The strategic context had moved on since 2016 and Oldham was now better positioned to describe a whole public service approach to transformation. There had also been a recent ask to refresh the Locality Plan in support of the GM Health and Social Care prospectus plan and as a response to the NHS Long Term Plan Commitments. In this regard, the Plan would need completion and submission in 'Draft' by the end of November 2019 in order to influence the GM prospectus.

In considering the current position on the refresh exercise and the development of the Plan it was noted that extensive engagement was being undertaken across partners to form content and ensure that it accurately reflected both current and proposed transformation activity. Considerations in the report addressed the structure and content of the Plan and, to support the evolution of an Integrated Care System for Oldham, the design logic and principles employed to develop a model of health and social care.

In noting that a design logic behind the health and social care model was that the person and their community would be placed at the centre, a Member asked how this had been taken account of and sought assurance that delivery would be for the benefit of residents. The Board was advised that some consultations had been undertaken, and the Chief Executive and Accountable Officer advised that issues raised had been taken on board and, where appropriate, been referred to other groups and Boards. The pathways to care were important, and things were being done differently to the first Plan.

RESOLVED that the drivers for the refresh of the Health and Social Care Locality Plan, the structured approach being adopted and the good progress made to date be noted.

10

UPDATE ON THE OLDHAM LEARNING DISABILITY STRATEGY

The Board received a report providing an update on the Oldham Learning Disability (LD) Strategy that linked to the Greater Manchester (GM) LD Strategy and a summary of the actions and progress to date in Oldham on each of the ten strategic priorities that form the Strategy.

The GM LD Strategy had been in place from 2018 and had been written by people with a learning disability for people with a learning disability. The Oldham LD Strategy aligned to the GM priorities, with each of the ten work streams having a named responsible lead to provide accountability. The Health and Wellbeing Board had delegated progression of the Strategy and priorities to the Learning Disabilities Partnership Board which included advocates and those with lived experience among the membership.

The Director of Adult Social Care advised the Board of progress made within each of the ten priority areas, highlighting the specific actions for Oldham that had been identified, and further advising of structures in place for learning and best practice to be shared across GM in each of the priority areas. Councillor Marie Bashforth, Chair of the Learning Disabilities Partnership Board, supported the report, advising of the real energy and drive being put into progressing this big piece of work.

RESOLVED that the progress to date made in respect of the Oldham Learning Disability Strategy be noted.

11

GEOGRAPHICAL ALIGNMENT ACROSS PUBLIC SERVICES

The Board received a report seeking endorsement for partners to progress with geographical alignment across the whole system, including health and social care and wider public services, at populations of 30-55,000 to better enable integrated services to deliver improved outcomes for people and communities in Oldham.

Experience and learning from health and social care and other forms of integrated working had led to agreement in Oldham and Greater Manchester (GM) to scale up place-based integration across the whole system of public services at populations of 30-55,000 so that resources could be better directed to people and communities. This approach had the support of Oldham partners through the Joint Leadership Team and the Oldham Leadership Board and at GM-level through the Wider Leadership Team and the GM Health and Social Care Partnership. Oldham did not currently have coterminous boundaries across all public services making it difficult to achieve full integration and reform of public services as resources and capacity do not align.

The report considered existing forms of multi-agency integration that had already occurred to date and explored the need for geographical alignment at populations of 30-55,000 which was considered to be the optimum size to create economies of scale while remaining small enough to be locally sensitive. Five service footprints based on Ward boundaries had been considered by partners to be legitimate building blocks for service footprints and a number of partner agencies had signed up to amend their existing boundaries to achieve alignment. To reach decisions on geographical alignment a series of criteria and supporting principles, presented within the submitted report, had been determined to assess feasibility. Once agreement was reached, submissions for formal approval would be made to the Council and the Clinical Commissioning Group.

A Member noted that some proposed areas contained some significant social differences within their boundaries and advised of concerns expressed about distances to be travelled to attend a single point of service in an area. In response it was acknowledged that such differences did exist, but that there was an expectation that services would be provided locally from, for example, three delivery points if that was what was needed in a particular area.

RESOLVED that –

1. the proposal to develop coterminous public service footprints at populations of 30-55,000 across the Borough be endorsed;
2. the approach to geographical alignment being progressed on the basis of five footprints using Wards as the building blocks for alignment be endorsed;
3. the criteria and principles by which a decision on geographical alignment will be reached be endorsed;
4. the next steps and decision-making process to progress geographical alignment be noted.

12

DATE AND TIME OF NEXT MEETING

RESOLVED that -

1. the meeting of the Board scheduled to be held on Tuesday, 10th December 2019 as a Development Session be cancelled;

2. the meeting scheduled for Tuesday, 28th January 2020 at 2.00pm be now held as a Development Session.

The meeting started at 2.00 pm and ended at 4.00 pm





Report to HEALTH AND WELLBEING BOARD

Pharmaceutical Needs Assessment – Supplementary Statement

Portfolio Holder:

Councillor Z Chauhan, Cabinet Member for Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Andrea Entwistle, Public Health Business and Strategy
Manager

Ext. 3386

21 July 2020

Purpose of the Report

Oldham Health and Wellbeing Board has a statutory responsibility to publish and keep up-to-date a Pharmaceutical Needs Assessment (PNA). Oldham's current PNA is due to be reviewed during 2020/21 and the renewed PNA to be published in April 2021.

The purpose of this report is to inform the Health and Wellbeing Board that the Department of Health and Social Care has determined that the publication of PNAs be suspended for one year, until 2022, in order to reduce unnecessary extra pressure on local authorities and Local Pharmaceutical Committees (LPCs) during the response to the Covid-19 pandemic.

The report also requests agreement from the Board to publish a supplementary statement which outlines updated information that supersedes the original information in the PNA 2018-21 and the previous supplementary statement issued on 17 December 2018.

Requirement from the Health and Wellbeing Board

The Health and Wellbeing Board is requested to:

1. Note the suspension to the requirement to publish the renewed Pharmaceutical Needs Assessment (PNA) for one year (until April 2022) as determined by the Department of Health and Social Care as a consequence of the Covid-19 pandemic
2. Agree to the publication of the supplementary statement which responds to local changes in pharmaceutical needs during this time.

Pharmaceutical Needs Assessment – Supplementary Statement

1. Background

- 1.1. From 01 April 2013, Oldham Health and Wellbeing Board (HWB) has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA).
- 1.2. The PNA aims to identify whether current pharmaceutical service provision meets the needs of the population. The PNA describes the needs for the population of Oldham. It considers current provision of pharmaceutical services across six districts in the Oldham HWB area and considers whether there are any gaps to service delivery.
- 1.3. The PNA may be used to inform commissioners, such as clinical commissioning groups (CCG) and local authorities (LA), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.
- 1.4. The PNA is used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#). The relevant NHS England area team (AT) will then review the application and decide if the application meets the criteria for approval, as set out in the Regulations. When making the decision NHS England is required to refer to the local PNA.

2. Current Position

- 2.1. Oldham's current PNA was published on 31 March 2018 and covers the period until 31 March 2021 in accordance with HWB's duties to publish PNAs on a three-yearly basis. The PNA can be found at: <http://www.oldham-council.co.uk/jsna/data-and-reports/pharmacy-needs-assessment-2018-2021/>. Work was due to take place during financial year 2020/21 to renew the PNA in preparation of the publication of the new PNA no later than 1 April 2021.
- 2.2. We are currently experiencing an outbreak situation in the UK and globally. Coronavirus Disease (Covid-19) was characterized as a global pandemic by the World Health Organisation on 11 March 2020.
- 2.3. The Department of Health and Social Care (DHSC) has determined that the requirement to publish renewed Pharmaceutical Needs Assessments (PNAs) will be suspended for a year in order to reduce unnecessary extra pressure on local authorities and LPCs during the response to the Covid-19 pandemic.
- 2.4. DHSC's announcement means that renewed PNAs will not need to be published until April 2022. HWBs will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time.
- 2.5. The information in the attached appendices outline identified corrections, clarifications, and updates to service provision or premise details. This updated information supersedes some of the original information within the PNA v2.0 and the previous supplementary statement issued on 17th December 2018 as indicated. This statement should be read in conjunction with those documents.

3. Appendices

- 3.1. Appendix 1 – Pharmaceutical Needs Assessment (PNA) – Supplementary Statement June 2020
- 3.2. Appendix 2 - Community Pharmacy Opening Hours v3.0 (Appendix 8 to PNA)

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Pharmaceutical Needs Assessment (PNA) – Supplementary Statement

1st June 2020

Oldham Council
Civic Centre
West Street
Oldham
OL1 1UT

Date Pharmaceutical Needs Assessment Published – 31st March 2018

Date this Supplementary Statement issued – 1st June 2020

The Department of Health and Social Care (DHSC) has determined that the requirement to publish renewed Pharmaceutical Needs Assessments (PNAs) will be suspended for a year in order to reduce unnecessary extra pressure on local authorities and LPCs during the response to the Covid-19 pandemic.

DHSC's announcement means that renewed PNAs will not need to be published until April 2022. HWBs will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time.

The following items have been identified (in bold) as need corrections, clarification, service provision or premise details update. This updated information supersedes some of the original information within the PNA v2.0 and the previous supplementary statement issued on 17th December 2018 as indicated. This statement should be read in conjunction with those documents.

ADDITIONAL PHARMACIES

None

ADDITIONAL DISTANCE SELLING PHARMACIES

GoTo Pharmacy-UK, Suite A, Lavenham Business Centre, Parsons Street, Oldham, OL9 7AH

Monday: 9am to 1pm and 2pm to 6pm

Tuesday: 9am to 1pm and 2pm to 6pm

Wednesday: 9am to 1pm and 2pm to 6pm

Thursday: 9am to 1pm and 2pm to 6pm

Friday: 9am to 1pm and 2pm to 6pm

Saturday: Closed

Sunday: Closed

Ward: Werneth

District: Oldham Central

PHARMACIES WHICH HAVE CLOSED

None

CHANGES TO PHARMACY TRADING NAME

None

CHANGES TO PHARMACY LOCATIONS

Name: **FutureCare Pharmacy** (Distance selling)
Current address: Unit 2, 87 Exeter Street, Rochdale, OL11 1JY
Previous address: Unit 10, Coppice Industrial Estate, Oldham, OL8 4AP
Ward: Milkstone and Deeplish
Township: Rochdale

Due to the relocation outside of Oldham area, this pharmacy will no longer be included within Oldham PNA.

CHANGES TO PHARMACY OPENING HOURS

Our Pharmacy, Hopwood House, The Vineyard, Lees Road, Oldham, OL4 1JN

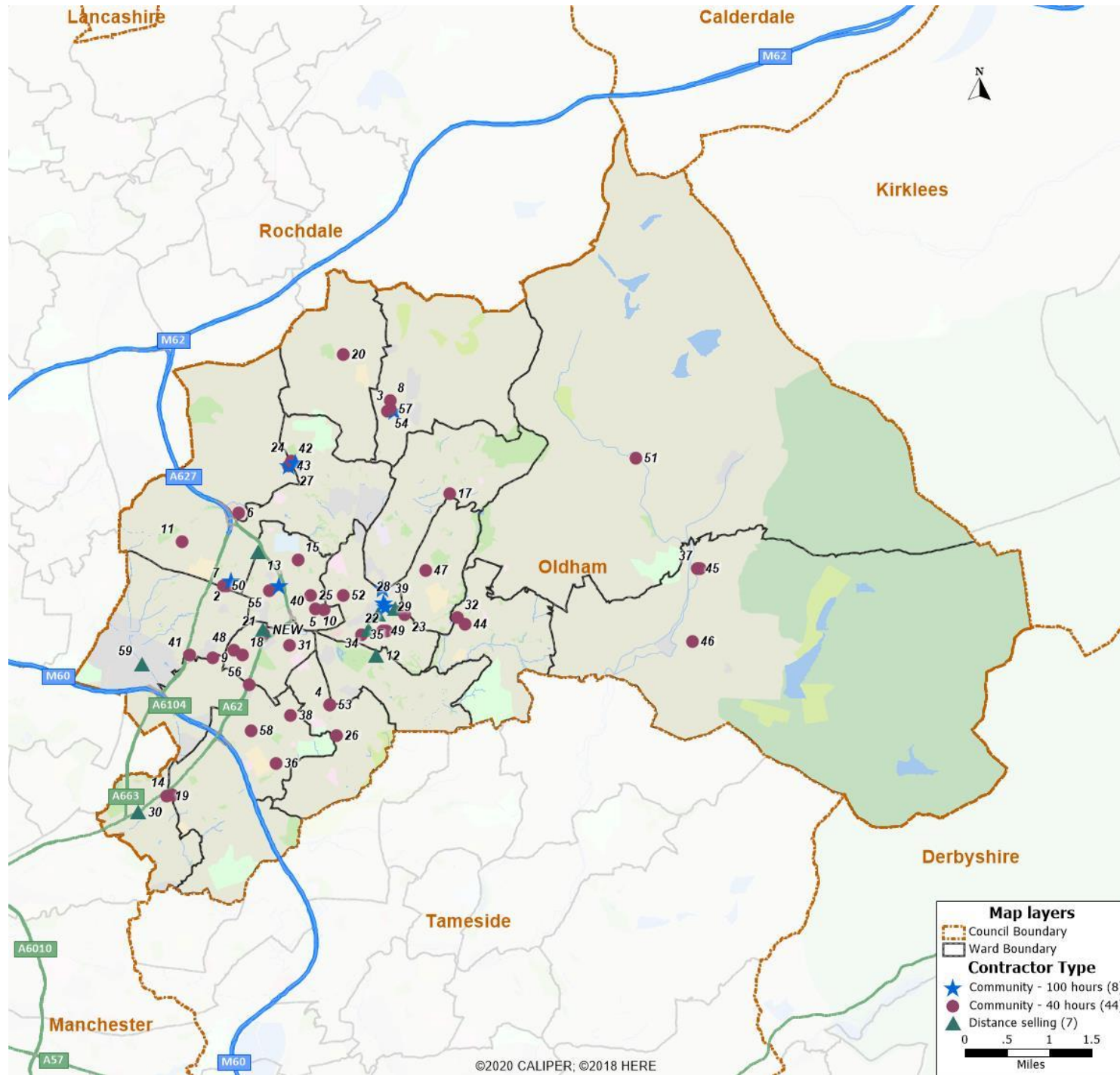
Ward: St Mary's
District: Oldham Central

	Previous opening hours	Current opening hours
Monday	7am to 10pm	7am to 10:30pm
Tuesday	7am to 10pm	7am to 10:30pm
Wednesday	7am to 10pm	7am to 10:30pm
Thursday	7am to 10pm	7am to 10:30pm
Friday	7am to 10pm	7am to 10:30pm
Saturday	7am to Midnight	7am to 8:30pm
Sunday	Midnight to 8am	8am to 5pm

One pharmacy in Oldham has made changes to opening hours which are detailed above. Appendix 8 is still accurate and does not require amendment. The changes in opening hours have not negatively impacted access to Pharmaceutical Services in Oldham.

UPDATED MAP OF PHARMACY LOCATIONS

An updated version of map 3: Oldham pharmacies by type (Section 3.6.1 – page 22) has been issued to reflect the additional distance selling pharmacy.



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Appendix Eight – Community Pharmacy Opening Hours v3.0

District	Ward	No of pharmacies in ward	8am or earlier	Weekdays				Saturdays				Sundays	
				AM	PM	7pm or later	Closed for lunch	8am or earlier	AM	PM	7pm or later		Closed for lunch
Chadderton	Chadderton Central	3	0	3	3	0	0	0	0	0	0	0	0
	Chadderton North	5	2	5	5	1	1	2	3	2	1	0	1
	Chadderton South	<i>There are no pharmacies in the Chadderton South Ward</i>											
Failsworth and Hollinwood	Failsworth East	<i>There are no pharmacies in the Failsworth East Ward</i>											
	Failsworth West	3	0	3	3	0	1	0	2	2	0	0	0
	Hollinwood	4	0	4	4	0	0	0	2	0	0	0	0
Oldham Central	Alexandra	1	1	1	1	0	0	0	0	0	0	0	0
	Coldhurst	6	1	6	6	2	0	1	5	3	2	0	3
	Medlock Vale	3	0	3	3	0	0	0	2	0	0	0	0
	St. James'	2	1	2	2	1	0	1	1	1	1	0	1
	St. Mary's	10	2	10	10	3	5	2	4	1	1	0	3
	Waterhead	1	0	1	1	0	0	0	1	0	0	0	0
	Werneth	5	0	5	5	0	1	0	1	0	0	0	0
Royton	Royton North	3	1	3	3	2	0	1	3	2	2	0	2
	Royton South	2	1	2	2	2	0	1	2	1	1	0	1
Saddleworth and Lees	Saddleworth North	1	0	1	1	0	1	0	1	0	0	0	0
	Saddleworth South	3	0	3	3	0	0	3	2	0	0	0	0
	Saddleworth West and Lees	2	0	2	2	0	1	0	2	0	0	0	0
Shaw and Crompton	Crompton	1	0	1	1	0	1	0	0	0	0	0	0
	Shaw	4	1	4	4	1	0	1	2	2	1	0	1

*There may be some variation in opening and closing times on certain days.

This table includes distance selling pharmacies.

For full details of pharmacy opening hours please see [NHS Choices](#).

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Report to HEALTH AND WELLBEING BOARD

Oldham COVID-19 Management Plan: How we control outbreaks

Portfolio Holder:

Councillor Z Chauhan, Cabinet Member for Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Katrina Stephens, Director of Public Health **Ext. 8686**

21 July 2020

Purpose of the Report

The Oldham COVID-19 Management Plan has been developed to meet national requirements for local Outbreak Control Plans. The document provides local direction and guidance to collectively manage and prevent the spread of COVID-19 across our communities. The plan supplements the existing Oldham Health Economy Outbreak Plan (2018) by providing specific management arrangements to effectively respond to the unique threats posed by the COVID-19 pandemic.

Requirement from the Health and Wellbeing Board

The Health and Wellbeing Board is requested to:

1. Agree the COVID-19 Management Plan and the local arrangements for preventing and controlling the spread of COVID-19.
2. Agree the governance arrangements for the plan.

Oldham COVID-19 Management Plan: How we control outbreaks**1. Background**

- 1.1. On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. The UK has been responding to a COVID-19 outbreak since 31 January 2020 when a Level 4 National Incident was declared for NHS England and NHS Improvement. The UK Government moved from the “Contain” phase to the “Delay” phase on 12 March 2020 with the Department of Health and Social Care launching the NHS Test and Trace service as a key component of “Test, Trace, Contain and Enable” strategy on 28 May 2020.
- 1.2. Contact tracing and outbreak management are essential tools in limiting the spread of infectious diseases. Effective tracing and isolation of people exposed to COVID-19 can reduce the spread of infection and may allow for greater relaxation of social distancing requirements than would otherwise be possible.

2. Current Position

- 2.1. The Oldham COVID-19 Management Plan has been developed to meet national requirements for local Outbreak Control Plans. The document provides local direction and guidance to collectively manage and prevent the spread of COVID-19 across our communities. The plan supplements the existing Oldham Health Economy Outbreak Plan (2018) by providing specific management arrangements to effectively respond to the unique threats posed by the COVID-19 pandemic.
- 2.2. The plan will continue to be reviewed and revised in response to changes in national requirements and advice, and to incorporate learning from implementation.
- 2.3. Overall accountability and oversight of the Oldham COVID-19 Management Plan, and the response to COVID-19 outbreaks lies with the Oldham Health and Wellbeing Board, via the Health Protection Sub-Committee (chaired by the Cabinet Member for Health and Social Care). This is supported by the COVID-19 Prevention and Control Board (chaired by the Director of Public Health) supported by the Oldham Health Protection Sub-Group of the Health & Wellbeing Board. The COVID-19 Prevention and Control Board is jointly accountable to Oldham Health and Wellbeing Board, via the Health Protection Sub-Committee and the Oldham COVID-19 Gold (Strategic Coordinating Group) and Silver committees

3. Appendices

- 3.1. Appendix 1 – Oldham COVID-19 Management Plan: how we control outbreaks, Executive Summary
- 3.2. Appendix 2 – Oldham COVID-19 Management Plan: how we control outbreaks

Oldham COVID-19 Management Plan: How we control outbreaks

Executive Summary

30th June 2020

1. Introduction

- 1.1. On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. The UK has been responding to a COVID-19 outbreak since 31 January 2020 when a Level 4 National Incident was declared for NHS England and NHS Improvement. The UK Government moved from the “Contain” phase to the “Delay” phase on 12 March 2020 with the Department of Health and Social Care launching the NHS Test and Trace service as a key component of “Test, Trace, Contain and Enable” strategy on 28 May 2020.
- 1.2. Contact tracing and outbreak management are essential tools in limiting the spread of infectious diseases. Effective tracing and isolation of people exposed to COVID-19 can reduce the spread of infection and may allow for greater relaxation of social distancing requirements than would otherwise be possible.
- 1.3. The Oldham COVID-19 Outbreak Control Plan has been developed to meet national requirements for local Outbreak Control Plans. The document provides local direction and guidance to collectively manage and prevent the spread of COVID-19 across our communities. The plan supplements the existing Oldham Health Economy Outbreak Plan (2018) by providing specific management arrangements to effectively respond to the unique threats posed by the COVID-19 pandemic.
- 1.4. This document will continue to be reviewed and revised in response to changes in national requirements and advice, and to incorporate learning from implementation.

2. Aims and objectives

- 2.1. **Aim:** Our aim is to reduce the spread of COVID-19 through prevention, containment and suppression of outbreaks, and mitigate the impact of COVID-19 and the associated control measures on the local population.

2.2. Objectives of the Plan

- To provide an overview of the key control measures, including those relating to the Department of Health and Social Care (DHSC) test, trace, contain and enable approach and the seven associated national themes
- To provide an overview of the GM approach and how the national and GM tiers fit together
- Define governance, roles and responsibilities and command & control arrangements relating to COVID-19 management
- Set out communications and engagement arrangements with partner organisations and residents
- Outline how the impact of outbreaks on residents will be mitigated
- Outline the approach to surveillance using data and other sources of information to monitor the extent and impact of COVID-19 infection across Oldham

3. National and Greater Manchester Context

- 3.1. The contact tracing system in England is made up of three operational tiers:
- Tier 3 consists of call handlers who speak to contacts of confirmed cases and advise them to isolate;
 - Tier 2 consists of case handlers who interview confirmed cases of COVID-19 to identify their contacts; and
 - Tier 1b is an integrated regional and local system to deal with contact tracing and outbreak management in complex settings.
 - Tier 1a provides strategic oversight of the whole system and sets guidance and policies.
- 3.2. Oldham forms part of the Greater Manchester (GM) Tier 1b system. Within Tier 1b, most contact tracing is expected to be done by the Greater Manchester Integrated Contact Tracing Hub (GM ICTH). Local authorities and systems will be involved where their support is needed in managing complex cases or outbreaks, and in providing support to individuals and settings that have been affected by COVID-19. This might include supporting people who have been told to isolate, or managing the consequences of closing a particular setting, such as a school or GP practice.
- 3.3. The GM Combined Authority and GM Health & Social Care Partnership have developed a COVID-19 Management Plan which follows the same principles as the outbreak control plans in each of the 10 GM local authorities. The GM plan supports our local plans with clear approaches across the city region to each of the seven key themes of the outbreak control plans including the overlapping systems of command and control required during outbreak response, which feed into the Local Resilience Forum.

4. Oldham approach to preventing and managing transmission of COVID-19

- 4.1. The following seven key themes have been identified nationally as key priorities on which to focus our local work to manage and control COVID-19. These are based on the priority areas and actions based on experience of the pandemic to date, and highlighting the key mechanisms through which to deliver on these priorities and associated actions:

Theme	Actions required	Local activity
Care homes and schools	Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).	<ul style="list-style-type: none"> •Resource packs developed for care homes and schools, including actions to take and templates to use. •Advice provided on Infection prevention & control and action to take in response to cases. •Scenario planning undertaken to inform development of standard operating procedures.
High risk places, locations and vulnerable communities	Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).	<ul style="list-style-type: none"> •Key settings identified and relevant services involved in scenario planning to inform development of standard operating procedures. •Letters sent to high risk businesses to communicate local arrangements and measures to prevent outbreaks.
Local testing capacity	Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment)	<ul style="list-style-type: none"> •Local testing available through satellite site, mobile testing unit and local pop up testing. •Working with Department of Health & Social Care to improve access to local testing for vulnerable groups. •Additional testing capacity available through GM Mass Testing Strategy to respond to outbreaks.
Contact tracing in complex settings	Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).	<ul style="list-style-type: none"> •Local Single Point of Contact (staffed by public health) in place to receive referrals from the GM Integrated Contact Tracing Hub. •Environmental Health Officers identified to undertake local contact tracing. •Protocols developed with place-based teams to support response to cases and outbreaks. •Additional Infection Prevention & Control Nurse posts established.
Data integration	Integrating national and local data and scenario planning through the Joint Biosecurity Centre (JBC) (e.g., data management planning including data security, data requirements including NHS linkages). The JBC will collect data about the prevalence of the disease, analyse that data to understand infection rates across the country, and provide expert advice on responding to spikes in infection.	<ul style="list-style-type: none"> •Available data subjected to daily review by public health intelligence leads and DPH. •Dashboard developed to allow Boards to monitor and track local position. •Data sharing agreement with PHE being put in place to provide access to postcode level data on testing and contact tracing.

Theme	Actions required	Local activity
Vulnerable people	Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.	<ul style="list-style-type: none"> •Support available via Helpline & Place-based Hubs.
Local Boards	Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a member-led Board to communicate with the general public.	<ul style="list-style-type: none"> •Test and trace bronze group will become the COVID-19 Prevention & Control Board responsible for technical health protection function and delivery of the COVID-19 management plan. •Health Protection Sub-Committee of Health and Wellbeing Board will be responsible for oversight of the plan and building public trust and engagement in testing and contact tracing, and other prevention and control measures.

5. Response to cases and management of outbreaks

- 5.1. The Oldham COVID-19 Prevention & Control Board, under the leadership of the Director of Public Health, will have the responsibility for declaring and managing local outbreaks in consultation with PHE North West and GM Integrated Contact Tracing Hub (GMICTH).
- 5.2. Notifications of cases and/or outbreaks will come either via local reporting direct to the Oldham Single Point of Contact (SPOC), or via the GM ICTH to the Oldham SPOC.
- 5.3. The Director of Public Health (or designated deputy) will convene the Outbreak Control Team (OCT) including members of the COVID-19 Prevention & Control Board, plus representatives related to the particular setting and/or community where the outbreak has occurred.
- 5.4. Following the declaration of an outbreak, the Director of Public Health (DPH) will lead the local response to an outbreak within Oldham, which will include the following elements:

Contacting an affected setting (e.g. head of school; manager of care home) to get details of the situation, which would include numbers of possible and confirmed cases (and whether any are at high risk of severe COVID-19 disease), dates of onset of symptoms, numbers of people potentially affected (including numbers at high risk of severe COVID-19 disease), any wider risks, and potential impacts that would need support from the system.

Contact tracing: Much of the contact tracing will be done by the NHS Test and Trace service and GM Integrated Contact Tracing Hub. Local contact tracing will be carried out by the Council's Environmental Health Team following referral to the Single Point of Contact, and local settings/services leads appropriate to the outbreak.

Providing initial infection prevention and control advice. This may include signposting to existing guidance and sources of support, advice on isolation and exclusion and other infection prevention and control advice. This will be led by community infection prevention & control nurses/Health Protection Team.

Ensuring that any symptomatic people who have not yet been tested are tested promptly. This will ensure actions are based as much as possible on confirmed cases, as well as helping to rule out situations that are not linked to COVID-19. In care homes all residents and staff will be tested regardless of their symptom status. This will be coordinated by the Test and Trace Manager, in collaboration with the commissioned testing service.

Identifying any urgent support needs. This would include meeting health needs among cases and contacts to prevent detrimental effects on any underlying medical conditions (e.g. access to medication) as well as wider social impacts on individuals and communities and impact on services. The response to meet these needs will be coordinated through the Helpline and Place-Based Hubs.

Notifying the wider system and communication. Early notification to the lead(s) for the wider system for that setting will ensure timely support for consequence management is available as early as possible and impacts on the wider system can be managed. It will also allow wider information and intelligence about the situation to be included in the risk assessment. Early warning to the communications lead can make sure that proactive and reactive communications messages are in place early.

Communications and engagement: At every stage in this process communications will be important both to make sure that all parties are operating on the same information, to ensure transparency of actions taken, and to build trust across the system and with the public. Accurate recording of actions and decisions will also be important, both for management of the situation and to provide an audit trail of situation management.

Enforcement of control measures: Oldham will rely mainly on proactive engagement with communities to facilitate adherence to control measures. Legal enforcement under schedule 21 of Coronavirus Act 2020 will be an act of last resort and would be approved through the local SCG/Gold structure. Schedule 21 confers powers relating to potentially infectious persons and makes related provision.

6. Governance

- 6.1. Overall accountability and oversight of the Oldham COVID-19 Management Plan, and the response to COVID-19 outbreaks lies with the Oldham Health and Wellbeing Board, via the Health Protection Sub-Committee (chaired by the Cabinet Member for Health and Social Care). This is supported by the COVID-19 Prevention and Control Board (chaired by the Director of Public Health) supported by the Oldham Health Protection Sub-Group of the Health & Wellbeing Board. The COVID-19 Prevention and Control Board is jointly accountable to Oldham Health and Wellbeing Board, via the Health Protection Sub-Committee and the Oldham COVID-19 Gold (Strategic Coordinating Group) and Silver committees.
- 6.2. Alongside the Health Protection Sub-Committee, regular updates on the local COVID-19 management plan and work of the COVID-19 Prevention and Control Board will be provided Oldham's Equalities Advisory Group for COVID-19 in order to help inform and shape our local response.
- 6.3. The COVID-19 Prevention and Control Board will meet weekly, with more frequent meetings being arranged if needed to respond to emerging local issues or outbreaks. The Health Protection Sub-Committee will meet monthly.

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By virtue of paragraph(s) 1, 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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