TRAFFORD COUNCIL

UPDATED AGENDA INCLUDING PAPERS MARKED 'TO FOLLOW' FOR

HEALTH AND WELLBEING BOARD

Date: Thursday, 18 May 2023

Time: 10.00 a.m.

Place: Council Chamber, Trafford Town Hall, Talbot Road, Stretford M32 0TH

A G E N D A **PART I** **Pages**

1. **ATTENDANCES**

To note attendances, including officers, and any apologies for absence.

2. **DECLARATIONS OF INTEREST**

Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

3. **QUESTIONS FROM THE PUBLIC**

A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4 p.m. on the working day prior to the meeting. Questions must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received.

4. **HEALTH AND WELLBEING BOARD TERMS OF REFERENCE** 1 - 6

To consider the updated Terms of Reference for the Board.

5. **INFECTION PREVENTION AND CONTROL ANNUAL REPORT - UPADTED** 7 - 30

To consider a report from the Matron for Infection Control.

6. **ALCOHOL UPDATES** 31 - 50

To consider a report from the Director of Public Health.

7. **GM ICP JOINT FORWARD PLAN** 51 - 62

To consider a report from Deputy Place Lead for Health and Care Integration for the Trafford Locality.

8. **BETTER CARE FUND** Verbal Report

To consider a verbal update from the Corporate Director of Adults and Wellbeing and the Deputy Place Lead for Health and Care Integration for the Trafford Locality.

9. **HEALTH AND WELLBEING BOARD FORWARD PLAN AND MEETING DATES 2023/24** 63 - 64

To agree the forward plan and meeting dates for the 2023/24 municipal year.

10. **WORKING WITH SPORTING ASSETS TO IMPROVE HEALTH AND WELLBEING** Verbal Report

To receive a verbal update from the Director of Public Health.

11. **URGENT BUSINESS (IF ANY)**

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

12. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD
Chief Executive

Membership of the Committee

Councillors Wareing, J. Slater (Chair), K.G. Carter, C. Hynes, M.P. Whetton, J. Brophy, H. Fairfield, E. Roaf, R. Spearing, P. Duggan, D. Evans, M. Hill, J. McGregor, E. Calder, James, M. Gallagher, Rose, Todd, J. Cherrett, M. Prasad, C. Davidson, Roe, C. Siddall and N. Atkinson.

Further Information
For help, advice and information about this meeting please contact:

Alexander Murray, Governance Officer,
Tel: 0161 912 4250
Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Wednesday, 10 May 2023** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

WEBCASTING

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Members of the public may also film or record this meeting. Any person wishing to photograph, film or audio-record a public meeting is requested to inform Democratic Services in order that necessary arrangements can be made for the meeting. Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any other queries.

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Health and Wellbeing Board

Terms of Reference

1. Functions of Health and Wellbeing Board

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs), which is a duty of local authorities and Integrated Care Boards (ICBs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health-related services and the board itself.
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.
- Revised (non-statutory) guidance on HWBB was issued in November 2022 : Health and wellbeing boards – guidance - GOV.UK (www.gov.uk) and it reinforces the role of the HWBB in ensuring that local authorities and ICBs have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions
- Following the disestablishment of Clinical Commissioning Groups, the introduction of NHS GM Trafford, and the release of the Health and Wellbeing Boards Guidance published November 2022 Trafford has decided to maintain the partnership relationship with NHS GM Trafford representation replacing Trafford CCG representation on the Board. The specifics of the relationship are covered further in section 4 below. This relationship will be reviewed on an annual basis with any changes being reflected within the Terms of Reference.
- The guidance referenced above is available at https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance#the-relationship-between-health-and-wellbeing-boards-and-integrated-care-systems-continuity-and-change

2. Regulations relating to Health & Wellbeing Boards: Statutory Instrument 2013 No. 218

The regulations relating to health and wellbeing boards have been published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health

and Wellbeing Boards and Health Scrutiny) Regulations 2013 http://www.legislation.gov.uk/uksi/2013/218/ contents/made

The regulations modify certain legislation as it applies to health and wellbeing boards and disapply certain legislation in relation to the boards. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.

Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee', as it is sometimes called within local government. However, the regulations modify and disapply certain provisions of section 102 and other sections of the Local Government Act 1972 and also provisions of the Local Government and Housing Act 1989 in relation to health and wellbeing boards. This means that health and wellbeing boards are similar to section 102 committees with some differences. sections below discuss the characteristics shared by health and wellbeing boards with other council committees and where they do or may diverge.

The modifications and disapplication's which apply to health and wellbeing boards within the regulations generally also apply to subcommittees and joint sub-committees of boards.

3. Membership of Health & Wellbeing Boards

See Appendix 1 for membership of the Trafford Health and Wellbeing Board.

The Health and Social Care Act 2012 indicates that health and wellbeing boards are different to other section 102 committees, in particular in relation to the appointment of members. Specifically, the Act sets a core membership that health and wellbeing boards must include:

- at least one councillor from the relevant council
- the director of adult social services
- the director of children's services
- the director of public health
- a representative of the local Healthwatch organisation (which will come into being on a statutory footing on 1 April 2013)
- a representative of the local ICB team
- any other members considered appropriate by the council

- requires that the councillor membership is nominated by the executive leader with powers for the leader to be a member of the board in addition to or instead of nominating another councillor.

- under the regulations (Regulation 7) modifies sections 15 to 16 and Schedule 1 of the Local Government and Housing Act 1989 to disapply the political proportionality requirements for section 102 committees in respect of health and wellbeing boards – this means that councils can decide the approach to councillor membership of health and wellbeing boards.

- requires that NHS GM (Trafford) and local Healthwatch organisation appoint persons to represent them on the board.

- enables the council to include other members as it thinks appropriate but requires the authority to consult the health and wellbeing board if doing so any time after a board is established.

- the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

4. Trafford Health and Wellbeing Board additional locally agreed functions

Trafford HWBB, working alongside TLB and other key locality forums, will continue to:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving the wellbeing of their local population
- Set strategic direction to improve health and wellbeing

The HWBB will support ICB and ICP leaders, local authorities to understand how they should work together to ensure effective system and place-based working, following the principle of subsidiarity. Within the confines of the Act and guidance, the following work programmes / areas fall within the responsibility of the Board:

- Sign off the localities Better Care Fund (BCF) Plans
- Development and publication of a Joint Local Health and Wellbeing Strategy (JLHWS) – Trafford HWBB Strategy
- Development and publication of a Joint Strategic Needs Assessment (JSNA)
- Publication of the Director Public Health's Public Health Annual Report for the borough
- Development and publication of Trafford's Pharmaceutical Needs Assessment (PNA) (to be published every three years)
- To receive an annual report on Health Protection in the locality:
- Receive CDOP Annual Report
- Consider ICP Strategy
- Consider ICP Joint Forward Plan (JFP)
- Consider ICP Annual Reports
- Receive and consider ICBs and their partner NHS Trusts and NHS Foundation Trusts joint capital resource use plan
- Be consulted on the Performance Assessment of the ICP

The HWBB will also:

- Provide oversight to the delivery of the Trafford Locality Plan.
- Be accountable for the delivery of the Locality Plan will be with both the HWBB and Trafford Locality Board, reporting into the GM Integrated Care Board (GM ICB)
- Maintain a positive relationship with the Trafford Locality Board to help shape strategic commissioning decisions and those concerning structural reform in Health and Social Care sectors.
- Agree an annual set of key priorities based on the content of the Trafford Health and Wellbeing Strategy, the Trafford Public Health Annual Report and relevant data sets such as the JSNA, the indices of Multiple Deprivation and Public Health profiles

- Ensure delivery against these priorities either through Task and Finish (service reform) project groups or by delegating the priority to a relevant thematic partnership (e.g. Safer Trafford)
- Utilise existing performance dashboards to measure progress against agreed priority programmes of work, and create required measurement arrangements where required. The Board will receive regular updates relating to progress of the identified HWBB priorities.
- Receive written reports at regular agreed intervals from the HWBB sub-groups such as Trafford Tobacco Alliance and the Alcohol, Substance and Gambling Group, and from key Boards including, but not limited to, the Strategic Safeguarding Board

5. Meeting Arrangements

Notice of Meetings
Meetings of the Board will be convened by Trafford Council, who will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Team will act as Clerk).

Chairing of the Board
The chair of the Health and Well Being Board will rotate on an annual basis between Trafford Council and the NHS GM Trafford representation.

Quorum
The quorum for all meetings of the Board will be a minimum of 5 members with at least two Local Authority and two NHS GM Trafford members present.

Substitutes
Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Members are asked to nominate a single named substitute who replace them in the event they cannot attend a meeting. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

In the event of circumstances leading to a required change in membership of the Board (for example: natural movement of staff, non-attendance, inappropriate conduct, etc) a suitable representative will be identified by the constituent organisation and confirmed in writing to the Chair.

Membership (including the chairing arrangements) will be reviewed in line with the annual review of the Terms of Reference.

Decision Making
It is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote

Meeting Frequency
The Health and Well Being Board will meet once six times per year in line with the outcomes of the Health and Wellbeing Board review in 2022.

Status of Reports
Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Trafford Council's offices and on Trafford

Council's website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended. The same principals will apply to information from GM ICB as a partner organisation on the board. Other participating organisations may make links from their website to the Board's papers on Trafford Council's website.

6. Members' Conduct

Where appropriate rules and regulations governing the Code of Conduct of Board members will apply. The Code in use will be the Trafford Council Code of Conduct. Board members will be expected to declare appropriate interests where necessary.

7. Review and amendment

These Terms of Reference will be reviewed by the Board at least annually.

As further guidance as to system working is produced, it will undoubtedly be necessary to review these Terms of Reference and make amendments to reflect these changes and emerging ways of working at both system and locality level. These Terms of Reference may therefore be reviewed at any time when deemed necessary and/or appropriate. Reviews shall be instigated by the Chair(s) (on the request of any member of the Board or on the Chair's own volition).

Any amendments to the terms of reference must be approved by the Board.

Previous wording - The Health and Well Being Board may vary its Terms of Reference by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

8. Governance and Accountability

- The Health and Well Being Board will be accountable for its actions to its individual member organisations.

- There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.

- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.

- It is expected that decisions will be reached by consensus.

Appendix 1 – Membership of the Health and Wellbeing Board

Notes on Membership:

(1) The Councillor Membership is nominated by the Leader of the Council.

(2) The chair of the Health and Wellbeing Board will rotate on an annual basis between Trafford Council and NHS GM Trafford Representatives.

(3) * Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note: at least one Councillor, one member of each relevant ICB, a representative of the local Healthwatch organisation plus any other members considered appropriate by the Council, must be appointed.)

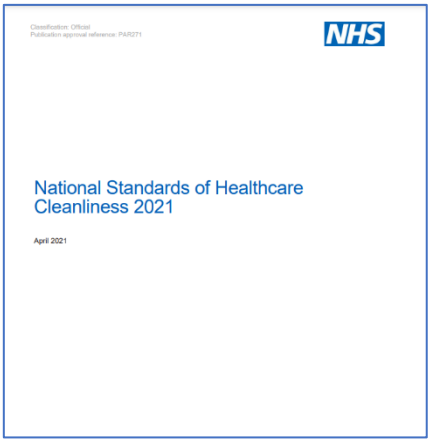
COMMITTEE	NO. OF MEMBERS
HEALTH AND WELLBEING BOARD	TBC (Plus TBC External Partners)

LABOUR GROUP	CONSERVATIVE GROUP	LIBERAL DEMOCRAT GROUP
Councillors:-	Councillors:-	Councillors:-
Executive Member for Health, Wellbeing, and Equalities	Shadow Executive Member for Health, Wellbeing, and Equalities	TBC
Executive Member for Adult Social Care		
Executive Member for Children's Services		
TOTAL 3	**1**	**1**

Membership of the Health and Wellbeing Board shall also comprise of:

- Director of Public Health
- Corporate Director of Adult Social Care and Wellbeing
- Corporate Director of Children's
- Corporate Director of Place
- Place Based Lead for Health and Care Integration NHS GM Trafford
- Deputy Place Based Lead for Health and Care Integration NHS GM Trafford
- Associate Medical Director, NHS GM Trafford
- Chair of Healthwatch Trafford
- Trafford Community Collective
- Chair of the Children and Adults Safeguarding Board
- Chair of the Safer Trafford Partnership,
- GMP
- Chief Officer, Trafford Leisure
- Chief Executive Officers of health care providers (3): (Central Manchester University Hospital NHS Foundation Trust; Greater Manchester Mental Health NHS Foundation Trust)
- Greater Manchester Fire and Rescue Service Representative
- Strategic Housing lead, Trafford Council

Trafford Community Infection Prevention and Control Team
Annual report 2022 – 2023



Author: Anna Anobile, Modern Matron, Community Infection Prevention and Control Team (CIPCT)

Contents

1.0 Introduction

The SARS-CoV-2 (COVID-19) pandemic and Omicron version which presented late 2021 has continued to afford major challenges to infection prevention and control services – across community and acute sectors.

Responding to the needs of health and social care providers, and other settings within Trafford, has continued to apply ongoing capacity and resource pressures on the Trafford Community Infection Prevention and Control Team (CIPCT) and COVID-19 continues to present ongoing challenges to our older people's care homes.

Despite this, the team have endeavoured to educate and collaborate with partners to bring about positive change, including establishing and embedding the care home programme of audit and teaching. Engagement work with schools and community settings has also proved positive with encouraging feedback.

Work had been largely halted in Trafford and other localities around monitoring and prevention of other healthcare associated infections (HCAI) due to COVID-19 in 2020 – 2021. The need for CIPCT to revisit proactive measures around avoidable infections this past year has therefore been amplified. Working closely with public health, integrated care, and foundation trust partners several learning outcomes have been identified around HCAI which will be outlined in this report.

This report will give brief overview of new service specification for IPC in Trafford, highlight continuing work with care homes around COVID-19, reflectively review the input of the IPC team including feedback from care homes and other partners, and outline reflections, challenges, and lessons learned.

The team continue to be guided by The Health and Social Care Act 2008 '*Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance'* which sets out requirements for health and social care services to ensure compliance around cleanliness and infection.

The NHS National Cleaning Standards 2021 will also underpin a new stream of audit and engagement work within primary care which CIPCT will take forward 2023 – 2024 as a service priority. This will link with work around antimicrobial resistance and stewardship.

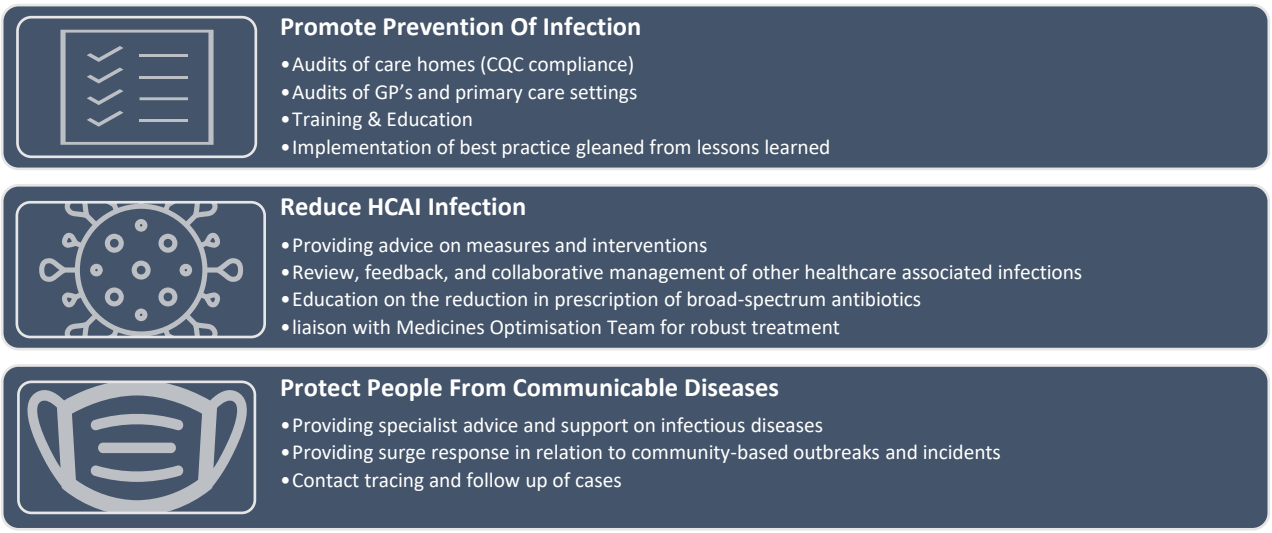
The focus for the service continues to be to improve understanding and best practice around IPC and promote reduction of healthcare (and social care) associated infections.

2.0 Infection prevention and control – service specification, team structure and provision

Trafford Community Infection Prevention and Control Team are employed through Manchester Foundation Trust, and permanently seconded to work with Trafford Metropolitan Borough Public Health Department. For recruitment, HR and employment responsibility, MFT provide support as parent organisation.

Opportunity in 2022 presented to shape the future of infection control for Trafford Public Health through development of new service specification (previous working document 2015). In collaboration with Senior Business Change Manager – Health Protection, Director of Public Health, and MFT IPC/Tissue Viability Assistant Chief Nurse IPC/Tissue Viability the document maps out the joint agreement between organisations, and service needs to be met by the team.

CIPCT Service Specification – overview:



In December 2021, the team transferred physical location to 1st Floor, Trafford Town Hall to faciliate supportive working with Trafford Director of Public Health, and wider Public Health/Health Protection colleagues. Previously located with Trafford Local Care Organisation partners at Sale Waterside, as no longer responsible in terms of service provision for Manchester Foundation Trust community services, this was impracticable. TLCO services, including District Nursing Teams, are now overseen by the MFT Community IPC team and Matron.

There have been numerous changes and challenges for the team including long term sickness. Linda Magennis, IPC Nurse left to take a new post with Christie Hospital in June 2022, however due to delays in MFT recruitment process, advertisment and interview for new Specialist Nurse post only took place in September 2022, with new nurse commencing in post in January 2023.

Current team structure:

- Anna Anobile, Modern Matron, Band 8A
- Abbie Pipe, Specialist Infection Prevention and Control Nurse, Band 7 (start date January 2023)
- Jaiby Jacob, Infection Prevention and Control Nurse, Band 6 (start date September 2021)
- Ann Molineux, Assistant Practitioner, Band 4

3.0 Care Homes

The main body of work for CIPCT continues to be to offer support and advice to Trafford Care Homes, however since commencement in post of new Matron mid-pandemic (March 2021), work with our homes has continued to develop, including now established programme of audit and teaching, and the re-commencement of IPC link meetings – first quarterly meeting post-pandemic 10th March 2023.

Input with our homes has continued, due to ongoing community transmission, to be responsive in relation to outbreaks and incidents of COVID-19.

3.1 COVID-19 guidance, outbreaks, and IPC management

As other areas of society opened and moved to business as per pre-pandemic, care homes and high-risk adult social care settings have remained very much under the shadow of COVID-19 with incidents and outbreaks of infection continuing to enforce restriction and enhanced infection control measures in settings. Since April 2022, there have been 78 outbreaks of COVID-19 in care homes and Adult Social Care Settings in Trafford (Appendix 1).

A successful booster vaccination programme Autumn 2022 largely saw reduction in disease severity and hospital admissions in care home and older population, however CIPCT have noted a rise in numbers of care home residents needing hospital treatment as a result of COVID-19 infection in the first three months of 2023 (5 hospital admissions; 2 deaths) which may suggest waning immunity. Respiratory IPC measures therefore continue to take precedence for care homes in Trafford.

In a move to afford more autonomy to care homes, the Department of Health and Social Care updated the COVID-19 supplement to the infection prevention and control resource for adult social in December 2022.

https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care

Change to guidance advises risk assessment around wearing of FFP2 face masks rather than mandate, and consideration in collaboration with local IPC teams re declaration of end of outbreak where cases have been identified and managed in smaller homes.

CIPCT have worked closely with the GM Care Home IPC Cell to continue to educate and inform care homes across Greater Manchester and Trafford on updates to COVID-19 guidance, including local interpretation on recommendations e.g., around enhanced testing and management of visitors to homes in times of high disease prevalence. The team have also continued to liaise with Adult Social Care Commissioning partners to communicate updates to all settings.

The GM Health Protection Confederation/UKHSA Common Community Infectious Diseases Relevant to Inter-agency Transfer of Health Care poster (Appendix 2), and other simple posters have also been developed for the care homes in Trafford to highlight salient IPC points, sometimes using humour to deliver our message as requested by our providers (Appendix 3).

Care homes in England are still required to manage outbreaks through lateral flow device (LFD) testing and polymerase chain reaction (PCR) lab whole home sampling in the event of two or more linked/in-setting transmission cases of COVID-19 infection. When one case in resident or staff member is identified, staff are required to LFD test for 5 days. In the event of two or more cases of infection, whole home LFD and PCR testing – all residents and staff, must be carried out on Day 1; then Day 3-7. This process is not only time and capacity consuming, but also can be distressing for elderly individuals, however, does continue to identify positive individuals where asymptomatic testing in homes was 'paused' due to low community prevalence 31st August 2022.

Due to the number of cases of COVID-19 in care homes, working in collaboration with the Public Health Outbreak Hub (funded up to March 2023), a system of case reporting via online e-form for the homes and adult social care providers was introduced in 2021 with non-resident/service user identifiable information requested to enable initial assessment to be made.

Details requested include residents' initials, unit and room number, date of onset of symptoms, LFD or PCR test date, and are then recorded on password protected SharePoint document with synopsis added to outbreak card on Trello for CIPCT follow up.

This process has been useful in terms of capturing data around numbers of homes in outbreak, and numbers of affected individuals - however, at times proves challenging for CIPCT in terms of visualising pattern of transmission within a setting. The team therefore continue to liaise daily with homes to monitor cases, to discuss potential modes/risks of transmission, cohorting, staff capacity, visiting, and to advise and reiterate IPC best practice in SBAR (Situation, Background, Assessment, Recommendations).

3.2 Other outbreaks of infection – respiratory, and enteric

Acute Respiratory Infection

Where COVID-19 has not been detected through LFD testing in two or more individuals linked to time/place who have symptoms of acute respiratory infection or influenza like illness (ILI), care homes are asked to report to CIPCT without delay.

The team will offer all respiratory IPC advice and arrange ILOG (Incident Log) number through UK Health Security Agency (UKHSA)/laboratory partners for courier delivery to the home of up to five respiratory PCR swabs. The courier waits until swabs are obtained and returns directly to the laboratory at Manchester Royal Infirmary for full respiratory repertoire testing (Appendix 4).

This follows the UKHSA Acute Respiratory Infection Resource Pack for Care Homes. If Influenza A, or Influenza B are suspected or confirmed by lab testing, CIPCT will liaise with UKHSA partners to assist in arranging treatment dose for symptomatic individuals, and prophylactic dose for 'contact' cases within the care home of Oseltamivir (Tamiflu) or appropriate antiviral medication

The following ARI outbreaks have been reported/managed by CIPCT:

- January 2023 – Influenza A
- January 2023 – Influenza B / RSV (co-circulating)
- January 2023 – Human Metapneumovirus
- February 2023 – No causative organism detected

Enteric Infection

Outbreaks of enteric infection within the homes are managed in line with the updated Guidelines for the management of norovirus outbreaks in acute and community health and social care settings.

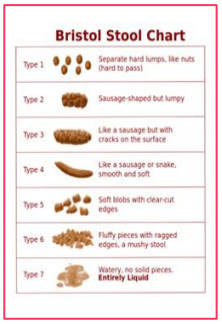
Guidelines for the management of norovirus outbreaks in acute and community health and social care settings - ScienceDirect

As cases of norovirus increased in the community during Quarter 1, 2023, outbreaks of D & V have made a resurgence in Trafford care homes with two settings reporting W/C 13th March. One previous D & V outbreak reported in September 2022.

CIPCT have ensured clear messages communicated to the homes during on-site training, all contacts, and IPC Link Meeting around SIGHT (see below), decontamination and cleaning, management of staff and cohorting if required, and advice around home closure to admissions and for non-essential transfers.

SIGHT diarrhoeal outbreak management, and Bristol Stool Chart:

S –	SUSPECT – BRISTOL STOOL CHART TYPE 5, 6, OR 7 STOOL
I -	ISOLATE
G -	GLOVES (+ APRON - PPE)
H -	HAND WASHING – SOAP & WATER
T -	TEST – AND TREAT



Staff are asked to be particularly vigilant around residents/service access and availability to hand washing facilities to prevent indirect transmission of enteric and respiratory organisms.

Practical demonstration sessions are in development by team Assistant Practitioner utilising 'e-bug' (https://www.e-bug.eu/) resources targeted at children, but with exercises useful for adults to be shared with care home IPC link staff, and activities coordinators.

3.3 Programme of IPC audit and training

CIPCT re-introduced a rolling programme of IPC audit using GM standardised tool, and on-site training in Trafford care homes in June 2021. Overview of audits completed and onsite training as per Appendix 5.

Due to the number of COVID-19 outbreak/incidents, and CIPCT matron return to work in March 2022 following planned surgery, audits recommenced in May 2022. On occasion, IPC audit visits have had to be postponed by settings experiencing COVID-19 outbreak, however CIPCT have ensured all homes have been inspected as we move to Q1 2023/2024.

Audits are RAG rated in terms of topic section (e.g., hand hygiene; environmental cleaning) and overall compliance. Scoring as follows:

RAG Rating Percentages
0% to 70% = Red
71% to 91% = Amber
92% to 100% = Green

Audit inspections are conducted in a 'critical friend' manner, as opposed to punitive approach. In general, Trafford care homes are very receptive to advice and recommendations around suggested improvements to achieve compliance in relation to IPC.

In terms of follow up and monitoring of recommended improvements, all homes are asked to provide an update on actions within three months of date of IPC audit.

- Settings achieving green status, as of March 2023, are awarded a Certificate of Recognition and re-audited in 12 months.
- Settings achieving amber status are re-visited 6 months following initial audit.
- Currently, no homes in Trafford are identified as red status.

With regards to audit section compliance, topic areas are outlined as per Appendix 6, with areas requiring attention including laundry, sluice/dirty utility, management of sharps, and communal areas.

Targeted work with the home's centres around areas of poor compliance and this is reflected in IPC training session delivery and follow-up discussions with managers and staff within the homes how best to improve on practices.

With regards to education in the care homes, IPC face to face training has continued despite issues around team capacity with long term illness and awaiting new member of staff. CIPCT have sought to visit as many settings as possible – however several, including during Q1 have unfortunately postponed due to COVID-19/other respiratory outbreaks and other reason, including care home staff capacity, illness, and bereavement.

Feedback is requested from all attendees at IPC sessions and has been overall incredibly positive, with staff from different settings quoting:

"Informative and relevant to care setting"
"Very interesting training"
"Very informative, everything covered"
"Wonderfully presented – great presentation"
"Excellent, informative and made fun!"
"Lovely training"
"Clear, precise and interesting training"
"Excellent – lots of knowledge"
"Very knowledgeable. Learnt a lot"
"Refreshed my knowledge – thank you"

The first IPC 'face-to-face' link meeting since 2020 for care homes took place at Trafford Town Hall 10th March 2023. The meeting was very well attended with 27 link individuals from 18 care homes.

These meetings will continue to be held quarterly and homes have been asked for agenda item ideas – including 'bug of the moment' and best practice sharing (outbreak management, hand hygiene etc.).

3.4 IPC Service Feedback from Trafford Care Homes

A simple feedback form was developed in January 2023 for the 33 'over 65s' residential and nursing bedded (15) care homes in Trafford:
https://forms.office.com/e/nDEUQVWH9J

This link was shared with all homes via email, with follow up reminder phone calls to settings to complete by Assistant Practitioner.

The link was also communicated via the Care Home/ASC Commissioner Newsletter.
21 out of 33 (64%) of Trafford care homes responded to feedback request (survey responses - Appendix 8).

In general, support from CIPCT over the last 12 months cited as:

- **Excellent:** by 48% of homes who responded
- **Very good:** by 38% of homes who responded
- **Good:** by 14% of homes who responded

Moving forward, the team will re-visit how best to obtain feedback from all care homes.

4.0 GP Practice/Primary Care Engagement

CIPCT have continuously supported GPs, practice nurses, and practice managers when advice has been sought around IPC matters. Work with our GP practices has therefore been mainly reactive/responsive during 2022 – 2023, as opposed to proactive.

Since 2020 Trafford CICPT and other teams across GM and nationally have faced challenges around re-commencement of audit and training in primary care and general practice and one of the priorities set out by Matron and the team in 2022/2023 was to re-engage with our GP practices and focus work with settings through re-introduction of programme of IPC audit and training.

Following recruitment of the Specialist Infection Prevention and Control (SIPCN - Band 7) Nurse who commenced in post in January 2023, this will now be possible.

The team SIPCN and Matron are currently working closely with colleagues in Oldham and Manchester to ratify the current GM GP IPC audit tool to include antimicrobial stewardship, aseptic non touch technique (ANTT), and amalgamate elements of previously stand-alone COVID-19 requirements for Primary Care practices. A resource pack is also in development to support roll out of GP audit across GM which will be shared for comment across all GM health protection/IPC teams. Audit and guidance are in line with the update National Standards of Healthcare Cleanliness (2021).

It is envisaged audits will be able to re-commence in Q1 – 2023/2024, and CIPCT have communicated via GP newsletter and through phone call and email to GP practices for those willing to take part in trial audits.

Once audits have re-commenced, it will then be possible to look at link meetings and training for GP practice staff, including regular updates around antimicrobial stewardship. In terms of wider education for primary care, team Matron supported the Trafford led Male Infant Circumcision event in September 2022 and has agreed to deliver two sessions via webinar in May 2023 to GM Practice Nurse Leads around general IPC and sepsis.

5.0 Schools and Early Years/Childcare settings

Throughout the COVID-19 pandemic, schools and childcare settings were able to obtain advice and updates around national guidance from both the Trafford Outbreak Hub, Health Protection Lead, and CIPCT.

The team offered support with Trafford DPH and Health Protection Lead through online webinar sessions for schools, particularly following changes to national COVID-19 testing and lifting of restrictions from 1st April 2022.

Schools and nurseries are able to contact CIPCT via phone or email to discuss any queries around infection prevention and control, and IPC has remained pivotal to continuity in educational settings, particularly following upsurge in scarlet fever/Group A streptococcus/i-GAS infection in November/December 2022 (details below).

CIPCT are currently collaborating with other localities in GM around Sector Led Improvement in IPC for early years providers.

Suggestions for improving and monitoring IPC practices in EY settings put forward by Trafford IPC Matron are:

▪ Each early year setting will have at least one IPC link staff memeber who will complete 2 week IPC course as available via e-bug

▪ A simple, but detailed IPC audit tool will be standardised for GM. In Trafford we highlight due to service capacity that nurseris will be asked to self-audit, however some localities do have capacity to visit to complete audit

▪ A 'stripped-back' version of the IPC audit tool will be developed and available for childminders

▪ With permission from UKHSA, the previously known PHE South West 'Spotty Book' with pictoral information around childhood infectious diseases which nurseries find very helpful will be adapted for use in GM with details of local team contacts, and updated to include pictures of rashes on darker toned skin.

The team will be liaising closely with Environmental Health and Early Years partners around the SLI work and plan to hold an open event for nurseries and childminders in Q1 – 2023/2024 to see how we can work better together and improve knowledge and outcomes around transmissable/communicable disease.

5.1 Scarlet fever – Group A streptococcus

From weeks 37 (W/C 12th September) to week 46 (W/C 14th November), in correlation with new term start date for schools, notifications of scarlet fever rose steeply across England and Wales. A total of 4,622 notifications were received by UKHSA in comparisson with an average of 1, 294 in the previous 5 years.

Due to an increase in numbers of cases of Group A Streptococcal (GAS) infection in the population, cases of invasive Group A strep (i-GAS) also increased with enhanced media attention.

CIPCT worked closely with DPH, Health Protection Lead, and Trafford Outbreak Hub to develop timely advice around symptoms, antibiotic treatment, management, and monitoring of cases. The team also liaised with Medicines Optimisation colleagues around availability of antibiotics in Trafford, and potential for prescription of rectal paracetamol for younger children unable to swallow or retain oral analgesic preparations.

Trafford Public Health and CIPCT also provided two supportive Team meetings to offer advice around scarlet fever/GAS guidance and appropriate measures – including decontamination of environment and equipment, and enabled settings time to ask questions and raise queries.

Due to the volume of queries received, notification from schools, initially received in overwhelming numbers via telephone, were then asked to be reported to the Health Protection team via online form to report cases within schools and EY Settings.

A Trello board was set up to manage and monitor cases, and CICPT liaised with UKHSA partners to ensure schools with potential co-circulation of chickenpox or influenza – both known to increase risk of invasive GAS infection – were appropriately advised.

As of 9th March 2023, 92 outbreaks or incidents of scarlet fever/Group A Strep and/or tonsilitis associated with GAS had been reported to Trafford Outbreak Hub/CIPCT with timely advice offered through follow up phone call and email to each setting.

5.2 Other outbreaks/incidents in schools and childcare settings

Other outbreaks or incidents reported over the past 12 months from schools and childcare settings have included:

- Hand, foot and mouth — 4 outbreaks (2 schools, 2 nurseries)
- Scabies — 1 outbreak (nursery setting)
- Measles — 1 case query (school)
- Malaria — 1 case (school)

When liaising with schools and early years settings around outbreak management, CIPCT ensure settings are aware of the online UKHSA Health Protection Guidance, and also provide more specific advice around IPC measures, including a simple outbreak guide prepared by the team (Appendix 7) which has proved particularly useful, along with links to national guidance.

5.3 Hand hygiene campaign, hand hygiene and and infection control sessions

Living with COVID-19 Guidance was published on 1st April 2022. Following the changes published, settings across Trafford began to learn to adjust to operating with no, or reduced restrictions. However CIPCT note re-emergence of other communicable/infectious diseases (e.g. Scarlet Fever; norovirus) across our population and opportunity to continue to advise around the importance of hand hygiene and good infection control practices.

From the end of April, CIPCT, Trafford Outbreak Management/IPC Hub, and Public Health Team began to explore an IPC/hand hygiene campaign: Trafford Loves Clean Hands.

In support of the campaign to encourage engagement with younger children in schools and wider community settings around hand hygiene, respiratory and enteric infection control measures, the team's Assistant Practitioner working with support of the Public Health COVID-19 Contact

Tracing Case Workers was able to develop a 'hands on' session to roll out to settings, and offer made to schools and nurseries at the beginning of Q1 2022 to deliver on site.

Six sessions were delivered at four primary schools, Sale Shark's Summer Camp and Coppice Library which received excellent feedback, with attendees saying they had learnt a lot about infection control and self care. See Appendix 8.

It is hoped that with team capacity and Public Health support Trafford Loves Clean Hands campaign will be fully developed and rolled out fully with further school, childcare, and public group sessions as we move into 2023/2024.

6.0 Healthcare Associated Infection (HCAI)

The COVID-19 pandemic continued to force IPC efforts and input on provision of service and support around COVID-19 – monitoring, outbreak management. Review, feedback, and collaborative management of other healthcare associated infections, namely MRSA (Methicillin/Meticillin Resistant Staphylococcus Aureus) blood stream infection (BSI), Clostridium *difficile* infection, and e-coli (Escherichia Coli) Gram Negative BSI has continued to prove challenging through 2022/2023.

Clostridioides *difficile* (C-*diff*): CIPCT have continued to liaise with colleagues despite capacity, including liaison with CCG Medicines Optimisation around ensuring provision of Vancomycin in the community as first line treatment for Clostridioides *difficile* and communication via GP Newsletter to highlight NICE treatment guidelines for community patients.

One deep-dive root cause analysis (RCA) of a patient who had received two courses of antibiotics – one hospital prescribed, one GP prescribed led to learning across the community, primary care and acute settings and the team liaised closely with Manchester Foundation Trust Colleagues to ensure messages around treatment and prescription appropriately communicated.

Although RCA often highlights similar issues around presentation of C *diff* cases, many of which are unavoidable, it is still clear that work is needed in Trafford to ensure patients receive timely treatment and appropriate clinical review. The Specialist IPC Nurse will be working closely with GP practices and will include recognition and management of C-*diff* and other HCAI in future teaching and contact communications with settings. Joint working around antimicrobial stewardship and antibiotic use also important to reduce risks of C-*diff* antibiotic related diarrhoeal illness.

MRSA: Partnership working with MFT colleagues and services, and other health and social care providers has also continued in relation to management, feedback and learning around MRSA BSI. Cases have reduced in number over the past 12 months (see table below). This may be due to more face-to-face input from community services and primary care as we moved out of lockdown and COVID-19 measures.

E-coli BSI: Work around Gram-negative bacteria, in the main e-coli BSI has been re-commenced, with focused liaison with care homes and delivery of e-coli presentation at the IPC Link Meeting in March. Collaboration with primary care partners is also vital, as we are often informed by care homes of prescription for antibiotics for UTI in residents with symptoms where urine has been unnecessarily dip-sticked, rather than GP request for laboratory specimen to prevent unnecessary prescription of antibiotics.

UKHSA – Healthcare Associated Infection, Data Capture System (HCAI DCS) Comparative case rates: April 1st 2021 to March 31st 2022, and April 1st 2022 – March 31st 2023.

Organism	2021 – 2022 case total	2022 – 2023 case total
Clostridioides *difficile*	62	70
MRSA BSI	7	3
E-coli BSI	164	155

Addendum note: UKHSA HCAI Data Capture System – previously reported as per NHS CCG, now data accessed via 'Sub-ICB' or 'Metropolitan Borough Council'. Discrepancies in rate counts for E-coli BSI cases reported back to DCS team and clarification from UKHSA DCS re correct process to access locality total rate count requested by CIPCT.

7.0 Antimicrobial stewardship

The rise of antimicrobial resistance threatens to creat more 'Superbugs' which would render currently treatable conditions as life threatening, causing a larger national and global burden of disease. Current AMR infections cause 700,000 deaths globally per year.

As per Tackling Antimicrobial Resistance 2019 – 2024, the UK's 5 Year National Action Plan localities across GM and nationally are beginning, as we move away from COVID-19 focussed work, to revisit best practice around reduction in antimicrobial use and prescribing.

Trafford is a national outlier in terms of antibiotic prescribing, being ranked 106/106 (CCG as was pre July 2022). Working closely with DPH, Health Protection Lead, Medicines Optimisation, Integrated Care Board and GP Prescribing Lead the team are supporting a Trafford Task and Finish group around tackling inappropriate antimicrobial prescription. This will run alongside the work of the GM Antimicrobial Resistance Group.

As CIPCT work very closely with care homes and other care providers, we are aware of issues around antibiotic prescription fo residents/servic users. To highlight the extent of antibiotic use, CIPCT have develop a simple antibiotic usage monitoring tool for the care homes in conjuntion with one of our home Managers.

The tool was presented at the March IPC Link Meeting with providers keen to assist in recording numbers of residents who are prescribed antibiotics. CIPCT will be able to look back to see if infection (e.g. UTI) was present through lab testing, or if practices had inappropriately dip-sticked urine, and will also be able to feed back to individual practices and Medicines Optimisation colleagues.

During respiratory season, the team also noted that many care home residents has been assessed with symptoms of acute respiratory infection, and commenced on oral antibiotics. Communication to the GPs via newsletter and in converstaion with practices outined that were one or more individuals in a care setting are assessed with ARI, this will be due to viral transmission and to ask the home to report to CIPCT for follow up.

It is hoped through the re-commecement of work with GP practices and primary care colleagues that the issue of tackling antimicrobial resistance can also move forward with our support.

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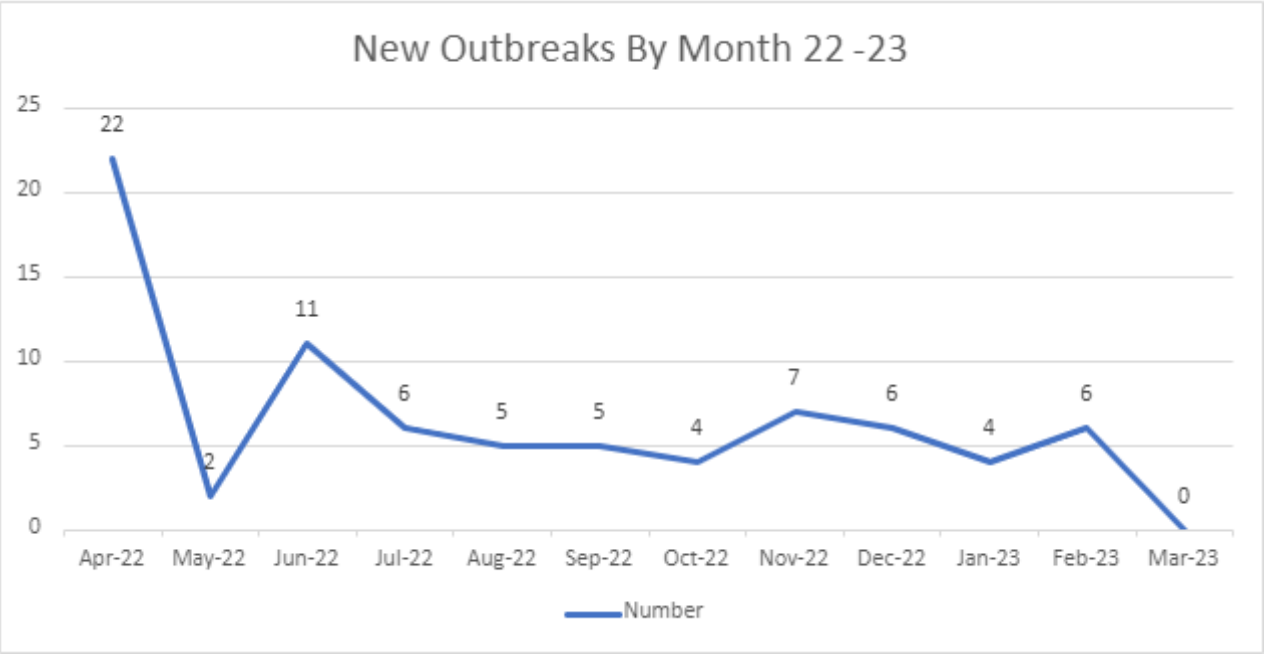
NHS England National Standards of Healthcare Cleanliness (2021)
B0271-national-standards-of-healthcare-cleanliness-2021.pdf (england.nhs.uk)

UKHSA Research and analysis: Group A streptococcal infections: report on seasonal activity in England, 2022 to 2023 Updated 16 March 2023
https://www.gov.uk/government/publications/group-a-streptococcal-infections-activity-during-the-2022-to-2023-season/group-a-streptococcal-infections-report-on-seasonal-activity-in-england-2022-to-2023#:~:text=A%20total%20of%204%2C622%20notifications,in%20the%20previous%205%20years.

Appendix 1

Outbreaks of COVID-19 in Care Homes and Adult Social Care Settings 01 April 2022 to 20 March 2023

Setting	No.
Nursing/Residential Care Home	58
Intermediate Care	4
MH/LD Care Home	4
Day Care	1
Supported Living	11
Total	78



Appendix 2

Common community infectious diseases relevant to inter- agency transfer of health care V2

	Parasitic	Enteric	Airborne/Droplet		Reactivation	Health Care Associated Infections						
	Scabies	Diarrhoea such as norovirus and rotavirus	Influenza/ ILI	Covid 19	Shingles	MRSA Colonisation	MRSA Wound / Infection	C.difficile Symptomatic	C.difficile Asymptomatic	IGAS	CPE	E.coli (Urine)
Outpatients/GP/Dental/Podiatry/Optometry												
Can patients attend outpatients/GP/ community appointments i.e. Physiotherapy etc..?	YES If treatment commenced; If it hasn't they can be seen at the home by these professionals	NO Must be symptom free for 48 hour prior to attending; They can be seen at the home by these professionals*	NO Until 5 days after onset symptoms; They can be seen at the home by these professionals	NO Until completed isolation period; They can be seen at the home by these professionals	YES If rash is covered by clothing/dressing or if exposed area of the body is dry	YES	YES If wound is covered with a dressing	NO Must be symptom free for 48 hour prior to attending; They can be seen at the home by these professionals*	YES	YES Only after 48hrs after treatment started?	YES If no diarrhoea in previous 48 hours; If less than 48 hours active diarrhoea– see enteric	YES
Do the above need to be notified of the infection?	YES Outpatients would need to know why the patient has not attended	YES Outpatients would need to know why the patient has not attended	N/A	YES If the individual has attended the outpatient setting in the previous days	YES To avoid direct contact with non-immune staff (i.e. persons with no history of chicken pox)	YES	YES If requiring wound dressing	YES Outpatients would need to know why the patient has not attended	NO	YES Due to antibiotic treatment	YES	YES If catheterised
What information is required when making notification?	Commenced/completed treatment	If appt is urgent, onset/diagnosis/part of outbreak	N/A	Date of onset, symptoms, positive test date, if part of an outbreak and vaccine status	Location of rash; Date started treatment or if the rash can be covered	YES Site of colonisation, treatment if applicable & date of samples	YES Treatment regime, location of wound, dressing required; Date of identification; Systemic treatment	N/A If appt is urgent, onset/diagnosis/part of outbreak	N/A	Date of onset, site and antibiotics prescribed and given	Diagnosis, site, date colonized/infected take CPE card	YES Standard Precautions
Admission to Hospital (Emergency)												
If admitted to hospital does ward/department need to be notified?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES Date of diagnosis provided	YES Date of diagnosis provided
What information is required?	Whether treatment has commenced, details of treatment & dates	Date of onset, symptoms and if part of an outbreak	Date of onset, symptoms, if part of an outbreak and treatment/prophylaxis	Date of onset, symptoms, positive test date, if part of an outbreak, vaccine status	Location of rash/vesicles, treatment, date of onset, type of dressing required if applicable	Site of colonisation, treatment if applicable & date of samples	Date identified as infected/colonised, location of wound type of dressing required and dressing regime, treatment if applicable	Date of onset, symptoms and if part of an outbreak	Date of diagnosis, treatment received and length of time symptom free	Date of onset, site and antibiotics prescribed and given	Diagnosis, site, date colonized/infected, continent/incontinent, take CPE card	Treatment given
Admission to Care Home												
Can Patient/client be admitted to a care home?	YES	YES Requires isolation for 48hrs post admission	YES Requires Isolation for 5 days after symptoms started	YES Requires Isolation as per UKHSA guidance	YES	YES	YES	YES Requires isolation for 48hrs post admission	YES	YES	YES	YES
What information is required?	Whether treatment has commenced, details of treatment & dates	Date of onset, symptoms and any samples taken	Date of onset, symptoms, if part of an outbreak and treatment/prophylaxis	Date of onset, symptoms, positive test date, if part of an outbreak and vaccine status; Risk assessment needed by Home Manager	Location of rash/vesicles, treatment, date of onset, type of dressing required if applicable	Date identified as being colonised [location– i.e. nose, throat, perineum etc.	Date identified as infected/colonised, location of wound type of dressing required and dressing regime, treatment if applicable	Date of onset, symptoms and any samples taken	Date of diagnosis, treatment received and length of time symptom free	Date of onset, site and antibiotics prescribed and given	Diagnosis, site, date colonized/infected continent/incontinent, take CPE card	Treatment given
Care Home Transfer												
Can patient/client be transferred to another care home whilst infected or colonised?	YES	YES Would need to be isolated for 48hrs post admission	YES Requires Isolation for 5 days after symptoms started	YES Requires Isolation as per UKHSA guidance	YES	YES	YES If covered with a dressing	YES Would need to be isolated for 48hrs post admission	YES	YES	YES	YES
Does the home need notifying?	YES	YES	YES	YES	YES To avoid contact with non-immune members of staff (who haven't had chicken pox)	YES To allow appropriate resident placement	YES	YES	YES	YES	YES	YES
What information is required?	Whether treatment has commenced, details of treatment & dates	Date of onset, symptoms and any samples taken	Date of onset, symptoms if part of an outbreak, and treatment/ prophylaxis	Date of onset, symptoms, positive test date, if part of an outbreak and vaccine status; Risk assessment needed by Home Manager	Location of rash/vesicles, treatment, date of onset, type of dressing required if applicable	Date identified as being colonised location (i.e. nose, throat, perineum etc.)	Date identified as infected/colonised, location of wound type of dressing required and dressing regime, treatment if applicable	Date of onset, symptoms and any samples taken	Date of diagnosis, treatment received and length of time symptom free	Date of onset, site and antibiotics prescribed and given	Diagnosis, site, date colonized/infected, continent incontinent, take CPE card	Treatment given
Day Centre												
Can patient/client attend day centre?	YES	NO However can attend when has been symptom free for 48hrs	NO Requires isolation for 5 days after symptoms started	NO Until completed isolation period	YES If rash is dry or covered with clothing or dressing	YES	YES If covered with a dressing	NO However can attend when has been symptom free for 48hrs	YES	YES Only after 48hrs symptom free	YES Unless they have active diarrhoea or are incontinent	YES
Does day centre require notification?	YES	YES	NO	YES If the individual has attended the setting in the previous days	YES To avoid contact with non-immune members of staff (who haven't had chicken pox	YES Standard Precautions	YES If involved in dressing wound	YES	NO	YES	YES	YES
What information is required?	N/A	Involvement in outbreak, date symptoms ceased	N/A	Date of onset, symptoms, positive test date, if part of an outbreak and vaccine status; Risk assessment needed by Manager	Location of rash/vesicles, treatment, date of onset, type of dressing required if applicable/pain control for hepatic neuralgia	YES Standard Precautions	Location of wound type of dressing required and dressing regime, treatment if applicable	Involvement in outbreak, date symptoms ceased	N/A	Date of onset, site and antibiotics prescribed and given	YES Standard precautions	YES Standard Precautions, catheters, encourage oral fluid intake
Patient Transport												
In a non emergency situation can patient/client travel by patient transport? (i.e. Ambulance, Taxi etc..)	YES	NO However can when has been symptom free for 48hrs	NO Requires isolation for 5 days after symptoms started	NO Until completed isolation period	YES If the rash is dry or covered with clothing or a dressing; Unless facial/orbital shingles where there is risk of contact with fluid	YES	YES Ensure any wound are covered with dressings	NO However can when has been symptom free for 48hrs	YES	YES	YES Only if continent	YES
Does Patient transport service require notification?	NO	N/A	N/A	YES If the individual has been attending the setting in the previous days	NO	YES Standard Precautions	YES Standard Precautions	N/A	NO	YES	YES Standard Precautions	YES If have continence problem/catheter in situ
What information is required?	N/A	N/A	N/A	Date of onset, symptoms, if part of an outbreak, vaccine status	N/A	YES Standard Precautions	YES Standard Precautions	N/A	N/A	Date of onset, site and antibiotics prescribed and given	YES Standard Precautions	YES If have continence problem/catheter in situ
Emergency Transport	YES	YES	YES Crew need to be informed of symptoms prior to transport	YES Crew need to be informed of symptoms, positive test date, vaccine status (if home is in outbreak, prior to transport)	YES If the rash is dry or covered with clothing or a dressing; Unless facial/orbital shingles where there is risk of contact with fluid	YES	YES Ensure any wound are covered with dressings	YES	YES	YES Standard Precautions required	YES See hospital admission information	YES See hospital admission information

***Refer to local Health Protection / Community Infection Control Team for further guidance**

Standard precautions used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not to ensure the safety of those being cared for, staff and visitors in the care environment.

With thanks to the Manchester Community Infection Control Team for allowing the redevelopment of this poster.

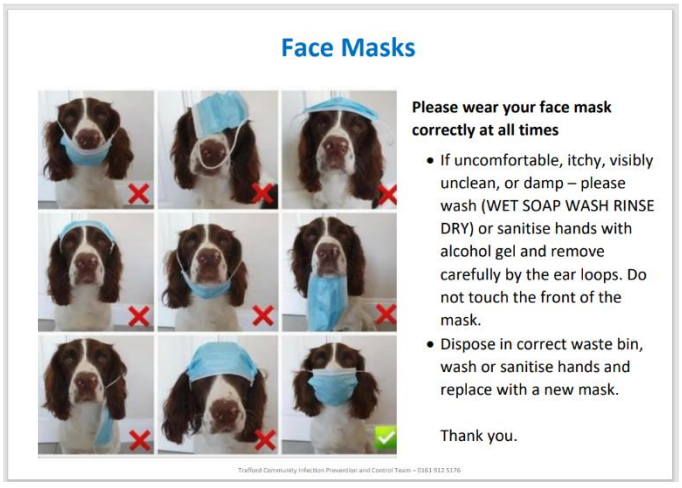
Version 2 February 2022, review date 2024

Contact:
Trafford Community Infection Prevention and Control Team
0161 912 5176
traffordcommunityipcteam@mft.nhs.uk

If you require any infection prevention control advice, support, or need to report symptomatic, positive cases or outbreaks outside of office hours, please contact the UK Health Security Agency Team (UKHSA) Out of Hours service for the Northwest on 0151 4344819 and ask for the 'on call duty team' to speak to a health professional.

Appendix 3

Trafford IPC poster examples for Care Homes and Adult Social Care Settings



Appendix 4

In event of outbreak of non- COVID-19 detected acute respiratory infection (ARI) in care homes, respiratory swabs returned to UK Health Security laboratory are screened for:

- Adenovirus – **V**
- Bordetella pertussis (whooping cough) – **B**
- Bordetella Para pertussis – **B**
- Chlamydia pneumoniae – **B**
- Parainfluenza (HPIV) types I; II; III; IV – **V**
- Human coronaviruses (4 types) – **V**
- Human metapneumovirus – **V**
- Human rhinovirus/enterovirus – **V**
- Influenza A – **V**
- Influenza B – **V**
- MERS (Middle East respiratory syndrome) coronavirus – **V**
- Mycoplasma pneumoniae – **B**
- SARS –CoV-2 (COVID-19) - **V**

Appendix 5

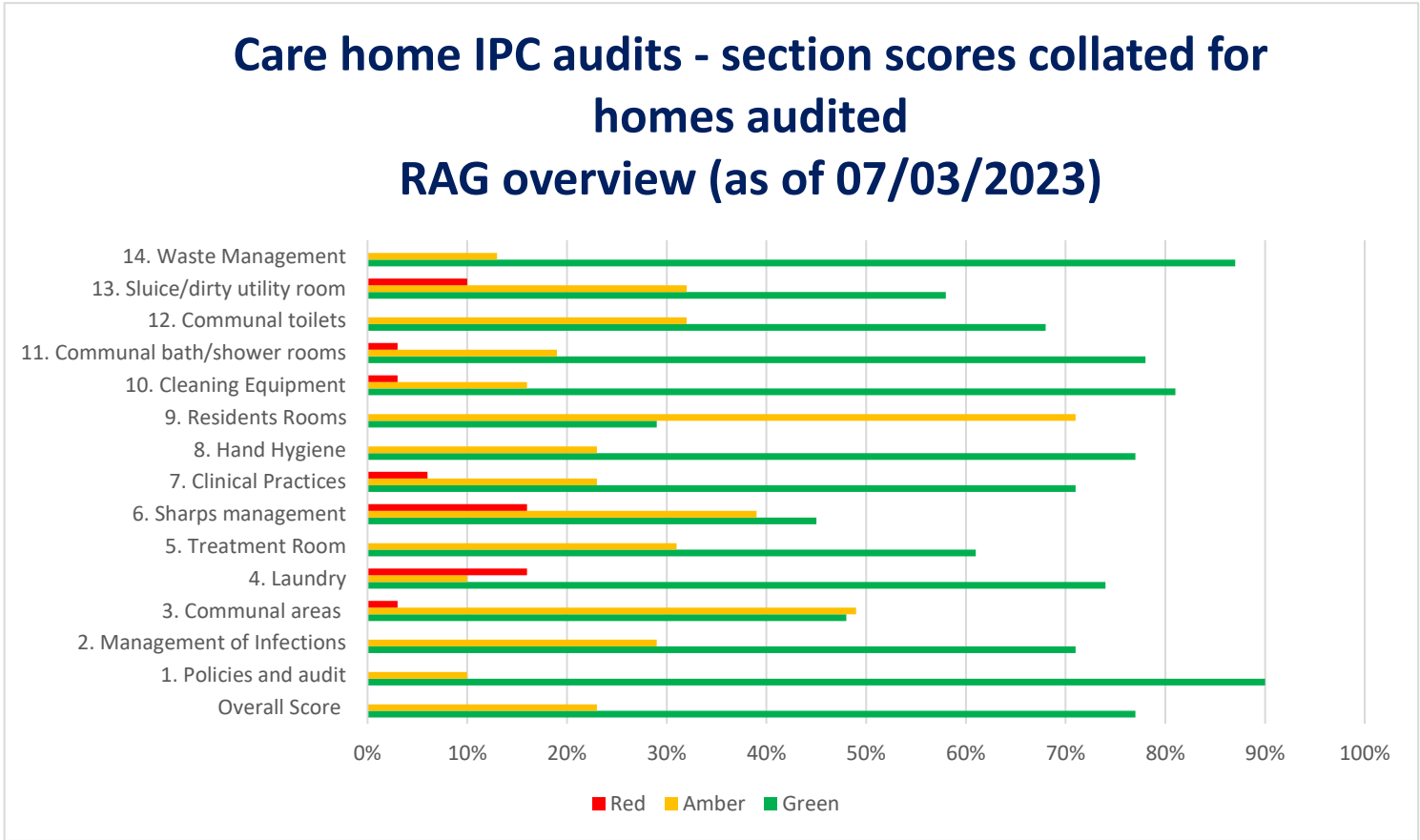
Trafford care homes – IPC audits and training sessions 2022 - 2023

2022	Care Home	Percentage/RAG	Previous score (GM – tool)	On-site IPC training
Q1				
May	•Lady of the Vale •De Brook Lodge Care Home •Wyncourt Nursing Home	92% - Green 86% - Amber 95% - Green	71% - Amber 85% - Amber	
June	-Faversham Nursing Home •Ann Challis	94% - Green 82% - Amber	68% - Red	-De Brook Lodge
Q2				
July	-Haylands RH for gentlemen •Bradley House Nursing Home •Ascot House IMC •Mayfield Care Home	88% - Amber 91% - Amber 98% - Green 87% - Amber	69% - Red 89% - Amber 85% - Amber	-Haylands RH
August	•Flixton Manor Nursing Home	92% - Green	92% - Green	-Ann Challis
September	-Allingham House Care Centre •Bickham House •Heathside Care Home •Claremont House	92% - Green 92% - Green 98% - Green 94% - Green	95% - Green 90% - Amber 91% - Amber	
Q3				
October	•Amberley Care Home •Oldfield Bank •Ferrol Lodge	89% - Amber 81% - Amber 86% - Amber	97% - Green 90% - Amber	-Faversham NH -Bradley House NH
November	•Bowfell House •Urmston Manor •Oakfield Croft •Timperley CH •The Cedars RH •Handsworth	95% - Green 88% - Amber 93% - Green 86% - Amber 78% - Amber 94% - Green	100% - Green 94% - Green 98% - Green 100% - Green 96% - Green 92% - Green	-Lady of the Vale NH -Mayfield CH
December	-Ashlands Manor Care Centre •Four Oaks CH	93% - Green 97% - Green	97% - Green 99% - Green	-Ascot House IMC (Trafford Town Hall)
Q4 - 2023				
January	•Bowfell House •Beverly Park Nursing Home •Ann Challis Residential Home for Ladies (re-audit) -Brookfield Nursing Home •Halecroft Grange •Haylands Residential Home for Gentlemen (re-audit) •Manorhey Care Centre	95% - Green 92% - Green 99% - Green 92% - Green 97% - Green 92% - Green 94% - Green	100% Green 91% - Amber 82% - Amber 96% - Green 98% - Green 88% - Amber 96% - Green	-Bowfell House (e-coli/Gram negative bacteria)
February	•Bradley House Nursing Home -Limetree House Christian Science Nursing Facility -Mayfield Care Home (re-audit) -Our Place •Woodland Care Home	96% - Green 96% - Green 92% - Green 95% - Green 96% - Green	91% - Amber 97% - Green 87% - Amber 95% - Green	-Wyncourt Nursing Home •Heathside Care Home •Allingham House Care Centre
March	All audits complete 2022 – 2023 with exception of 6 monthly re-visit for Amber rated settings			-Oldfield Bank •Ferrol Lodge •The Cedars Rest Home -Clairmont House Care Home •Flixton Manor -Urmston Manor •Ascot House x 2 sessions (Sale Waterside) •Ann Challis •Ashlands Manor

Appendix 6

Care home audits – collated section scores RAG rated

Up to March 2023		Overall Score	1. Policies and audit	2. Management of Infections	3. Communal areas	4. Laundry	5. Treatment Room	6. Sharps management	7. Clinical Practices	8. Hand Hygiene	9. Residents Rooms	10. Cleaning Equipment	11. Communal bath/shower rooms	12. Communal toilets	13. Sluice/dirty utility room	14. Waste Management
	Green	77%	90%	71%	48%	74%	61%	45%	71%	77%	29%	81%	78%	68%	58%	87%
	Amber	23%	10%	29%	49%	10%	31%	39%	23%	23%	71%	16%	19%	32%	32%	13%
	Red	0%	0%	0%	3%	16%	0%	16%	6%	0%	0%	3%	3%	0%	10%	0%
Up to August 2022		Overall Score	1. Policies and audit	2. Management of Infections	3. Communal areas	4. Laundry	5. Treatment Room	6. Sharps management	7. Clinical Practices	8. Hand Hygiene	9. Residents Rooms	10. Cleaning Equipment	11. Communal bath/shower rooms	12. Communal toilets	13. Sluice/dirty utility room	14. Waste Management
	Green	70%	97%	66%	42%	62%	61%	59%	69%	83%	59%	76%	83%	76%	66%	100%
	Amber	30%	3%	34%	55%	31%	31%	34%	24%	14%	41%	21%	10%	24%	24%	0%
	Red	0%	0%	0%	3%	7%	0%	7%	7%	3%	0%	3%	7%	0%	10%	0%



Appendix 7

IPC Service Feedback from Trafford Care Homes

How has support from the Community Infection Prevention and Control Team (CIPCT) been over the past 12 months in general?	Number
Excellent	10
Very good	8
Good	3
Total	21

How would you prefer IPC training to be delivered?	Number
Onsite (at your setting)	18
At Trafford Town Hall with staff from other care homes	3
Total	21

What additional support, if any, would you like from the CIPCT?	Number
None/Satisfied	16
Regular calls/contact	2
Newsletter relating to Trafford Care Home's - best practices etc.	1
Improve clarity of audit template	1
Further training on care home premise	1
Total	21

Appendix 8

Respiratory hygiene and general outbreak infection control advice
Trafford Schools and childcare settings

- Respiratory hygiene is vital – Catch it, Bin it, Kill it - with supplies of tissues readily available, and individuals asked to cover their mouth and nose if coughing or sneezing. If a tissue is not available, cough or sneeze into the inside of the elbow rather than on hands to prevent transmission.

- Careful hand washing with liquid soap and warm water following correct order: 'WET, SOAP, WASH, RINSE, DRY'. Use a paper towel particularly in outbreak situation to properly dry hands after washing. If possible, head, class, or nursery staff to reiterate the importance of hand washing with the children, after using the toilet/before eating – and to try not to touch their faces, pick noses, or bite nails!

- Consider 'Sneeze Stations' around the school/nursery where children/adults can wash hands, or clean with wet wipes, and grab a tissue.

- Regular environmental cleaning with detergent soapy water and disposable cloth, followed by disinfectant or dilute bleach (available chlorine) solution – with particular attention to touch points, tables, and chairs, grab rails, door handles, radiators (remove covers), and toilets.

- Cleaning of any toys or items played with during the day with hot soapy detergent water -storage receptacles for items cleaned in the same way. Try to prevent small children from sharing items if possible.

- Suspend sand play for the duration of any outbreak of infection, and if play dough is needed to make up fresh and disposed of after session (as a good medium for organism growth). If water trays are used, these must be cleaned with detergent soapy water and clean cloth, dried thoroughly, or inverted to prevent pooling of water at end of the play session.

- If possible, children and staff should be asked to put toilet lids down if they experience diarrhoea or vomit, or if no toilet lids little ones can tell their teacher and paper towels can be placed over the toilet basin prior to flushing. Staff should wear disposable gloves and aprons if they need to do this.

- Cleaning vomit or spillages on a floor or carpeted area – if spillage kit is available; ensure staff know where to obtain and carefully follow instructions on the kit. If spillage kit is not available, staff must wear disposable apron and gloves, take rubbish bag to site of spillage, place paper towels over the vomit and absorb as much as possible. Clean the floor area with a disposable cloth and detergent hot soapy water followed by bleach-based product or disinfectant. Dispose of apron and gloves, tie bag and place in general rubbish – then wash hands carefully. Do not mop the area until all these steps have been taken – and ensure that surrounding furniture/vertical surfaces are also cleaned. Wear gloves and apron for cleaning.

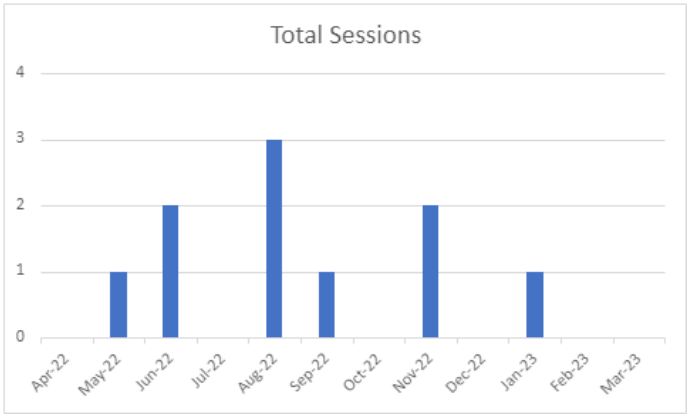
- Alginate or alginate strip bags are a good idea for placing items of clothing which may have been in contact with vomit or infective spores such as coats/outer clothing. These can be placed directly into the washing machine and will dissolve allowing clothes to be washed as normal without contaminating other individuals or surfaces.

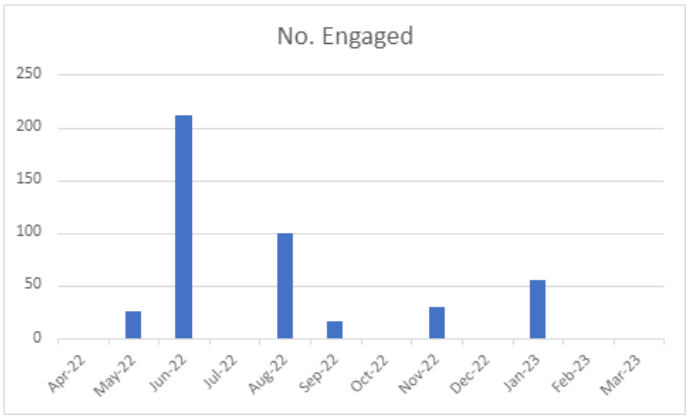
- Affected individuals must stay away from school or nursery until they are free of symptoms and are feeling well. Children or adults with symptoms of diarrhoea or vomiting should stay away from school or nursery until they are at least 48 hours symptom free.

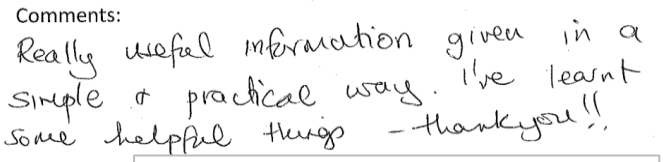
- Please call Trafford Community IPC Team on 0161 912 5176 if you have any questions or queries, or numbers of affected cases continue to rise despite following all the above advice.

Appendix 9

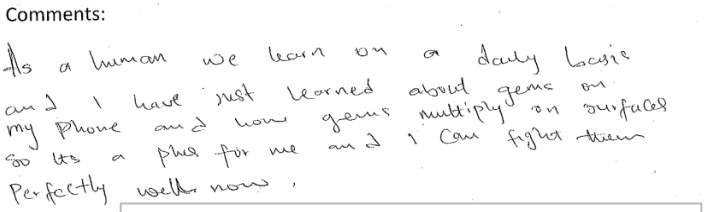
Hand hygiene and IPC - Community Engagement Sessions 2022-2023



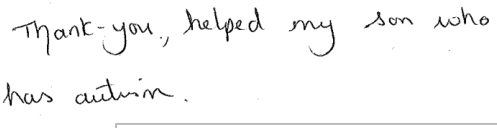



Comments:
Really useful information given in a simple & practical way. I've learnt some helpful things - thankyou!!

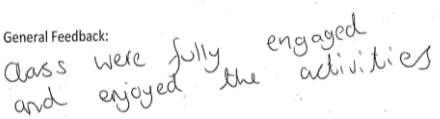
Coppice Library Session - August 2022


Comments:
As a human we learn on a daily basis and I have just learned about germs on my phone and how germs multiply on surfaces so its a plus for me and I can fight them perfectly with now.

Old Trafford Wellbeing Centre - August 2022


Thank-you, helped my son who has autism.

Coppice Library Session - August 2022


General Feedback:
Class were fully engaged and enjoyed the activities

English Martyrs - June 2022

I just wanted to say a massive thank you for your session on Friday. The children loved the activities and stayed really engaged throughout as well as learning a very valuable lesson of day-to-day handwashing and the impact it can have upon their health.

We love the work you do, and we would be really interested in working with you again at our activity camps and in future projects across the trust. I also have some images of the work you did with the children which I will send across in a following email.

Thanks again for a brilliant session!

Sale Sharks Summer Camp 2022

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Reducing harm from alcohol: an update to Trafford's Health and Wellbeing Board, May 2023

1. Introduction

The Health & Wellbeing Board (HWBB) completed a deep dive into alcohol harm in November 2022. After a period of consultation, the HWBB members and wider invited guests identified two smart actions for the HWBB in relation to alcohol harm in Trafford. This paper will provide an update on these actions.

Members of the HWBB are asked to:

I. note the content of this report,
II. support the Trafford Alcohol, Substance Misuse and Gambling Partnership (TASMGP) by:
    a. ensuring representation at the quarterly meetings,
    b. providing service contributions to the action plan,
    c. supporting the development of the Alcohol and Substance Misuse Joint Strategic Needs Assessment, (JSNA).

2. Update on Alcohol related harm in Trafford

Since the deep dive on alcohol was held, we have received updated numbers in relation to alcohol harms. Office for National Statistics data tells us that in 2021, there were 9,641 deaths (14.8 per 100,000 people) from alcohol-specific causes registered in the UK, the highest number on record. This is 7.4% higher than 2020 (8,974 deaths; 14.0 per 100,000) and 27.4% higher than in 2019 (7,564 deaths; 11.8 per 100,000), the last pre-coronavirus pandemic year. Before this, between 2012 and 2019, rates of alcohol-specific deaths in the UK had remained stable, with no statistically significant changes in age-standardised rate.[1]

Locally, Trafford has an alcohol specific mortality rate of 11.8 per 100,000 people. This is below the England average listed above, and the Northwest average of 18.7 per 100,000. Trafford has the 11th highest rate compared to our other statistical neighbours (16 in total).[2]

Please note: Alcohol-specific deaths only include those health conditions where each death is a direct consequence of alcohol (that is, wholly attributable causes such as alcoholic liver disease). It does not include all deaths that can be attributed to alcohol and therefore we can only assume the harms associated from alcohol are much higher than listed in this data set. This further adds to the importance of following through the HWBB alcohol priority actions.

3. Update on SMART Goal Action Plan

2.i. To establish a **Trafford Alcohol, Substance Misuse & Gambling Partnership** accountable to the Health and Wellbeing Board (HWBB) and Safer Trafford Partnership (STP).

- The Partnership will be led and chaired by Trafford's Public Health Team, and will bring together partners and stakeholders, including commissioners, providers, regulatory services, planning, housing, GMP and probation, and the VCFSE sector.
- The initial action for the Partnership will be to develop and deliver Trafford's vision for reducing harm from Alcohol and Substance Misuse. The partnership will meet bi-monthly, and the initial meeting will take place in April 2023.
- The vision will be aspirational, realistic, and inclusive. It will be developed collaboratively and agreed at the HWBB Autumn 2023.

[1] Alcohol-specific deaths in the UK - Office for National Statistics (ons.gov.uk)
[2] Public health profiles - OHID (phe.org.uk)

- The vision will be implemented through a coproduced delivery plan that focusses on local need, as described in our JSNA (see Action 10) and will include national and GM ambitions.

The initial meeting of the Trafford Alcohol, Substance Misuse and Gambling Partnership (TASMGP) took place on the 24th of April in person at Trafford Town Hall, (see Appendix A, TASMGP Terms of reference and Appendix B, Minutes from the first meeting). The partnership is accountable to the Trafford Health & Wellbeing Board for the alcohol element, and Trafford Community Safety Partnership Board in regards to substance misuse and gambling. Led by Public Health the partnership aims to:

1. Reduce population alcohol and drug use (including prevention and early intervention).
2. Reduce harms caused by gambling among the Trafford population (including affected others).
3. Reduce alcohol and drug-related crime.
4. Reduce alcohol and drug related deaths and harm.
5. Reduce the levels of drug supply.
6. Improve recovery outcomes.
7. Increase engagement in treatment.

The aims will be achieved through the delivery of a co-produced action plan. Interim actions, (May-October), have been identified following the first partnership meeting, these include;

- promoting local support service to wider settings including schools, business, GPs and Pharmacists-to include a reference resource.
- delivering alcohol awareness training for professionals working with children and young people.
- promoting services to residents through social media and other communication channels.

The substantive strategy and accompanying action plan will be developed using local evidence and recommendations from a comprehensive Alcohol and Substance Misuse Joint Strategic Needs Assessment, due to be published in October 2023. TASMGP are responsible for the delivery of this JSNA. The vision for TASMGP will be developed and agreed by the partnership at the July meeting.

The initial meeting was well attended by colleagues from recovery services, MFT, ICB-Trafford, VCSE, GMP, Trafford's youth engagement service, Children's Community Health, (School Nursing and Health Visiting) and both children and adult's social care. The chair of TASMGP will approach members of the HWBB where representation was absent.

The next TASMGP meeting will be held on the 3rd July 2023, 2-4pm at Trafford Town Hall.

2.ii. To ensure a strong, local, needs based approach to reducing alcohol and substance misuse harm through the development and publication of an **Alcohol and Substance Misuse Joint Strategic Needs Assessment, (JSNA),** owned by the Trafford Alcohol & Substance Misuse Partnership**.** It will include national and local intelligence and incorporate both quantitative and qualitative sources. It will be published on the Trafford JSNA website and will be reviewed annually. The Public Health Alcohol and Substance Misuse lead will be response for the JSNA with all partners expected to contribute. The development process will start in April 2023, with publication by October 2023.

The development of the Alcohol and Substance Misuse JSNA has progressed. The project leads are Aimee Hodgkinson, Public Health Commissioning Support Officer and Kate McAllister, Principle Public Health Analyst.

The purpose of the JSNA is to collate national and local evidence of need relating to the impact of alcohol and substance misuse in Trafford, and to provide evidence-based recommendations for

action. The JSNA will aim to include intelligence about adults, children or families living in Trafford, or registered with a Trafford GP between 2018 to 2023. Children and young people who attend a Trafford school but who live out of borough will also be included.

A draft structure and parameters has been shared with the TASMGP, this includes acronyms and definitions of terminology that is likely to be discussed, (see Appendix C for draft structure).

A request has been made to the partnership to share what data assets they can contribute to the JSNA to ensure the needs assessment is truly collaborative and written jointly with partners. The data assets currently identified include data from recovery services, social care services, our drug related death panel and national data sets. We expect more data assets to become available as we update the TASMGP on the JSNA progress.

A final draft of the alcohol and substance misuse JSNA will be presented, for sign off, to the Autumn meeting of the Health and Wellbeing Board.

4. Next Steps

The TASMGP will continue to meet, with work on-going to develop a comprehensive JSNA. The substantive local strategy and action plan will be available to the HWBB from January 2024. Where the partnership is experiencing challenges in achieving the outcomes identified in the strategy, these issues will be escalated to the chair of the HWBB for support and resolution.

Members of the HWBB are asked to:

I. note the content of this report,
II. support the Trafford Alcohol, Substance Misuse and Gambling Partnership by:
    a. ensuring representation at the quarterly meetings,
    b. providing service contributions to the action plan,
    c. contribute to the development of the Alcohol and Substance Misuse Joint Strategic Needs Assessment, (JSNA).

Paper prepared by Helen Gollins, Deputy Director of Public Health and Aimee Hodgkinson, Public Health Commissioning Support Officer, 10th May 2023.

Appendix A: TASMGP Terms of Reference.

Please see below the partnerships terms of reference.

TOR TASMGP Final PDF.pdf

Appendix B: TASMGP Minutes, 24th April 2023

TASMGP Minutes 24.04.23.docx

Appendix C: Draft Structure of Alcohol and Substance Misuse JSNA.

Draft JSNA Structure, Parameter

Trafford Alcohol, Substance Misuse & Gambling Partnership

Terms of reference

This document represents the Terms of reference for the Trafford Alcohol, Substance Misuse & Gambling Partnership group.

Background

The Trafford Alcohol, Substance Misuse & Gambling Partnership brings together a range of partners and organisations linked both directly and indirectly with alcohol, drugs, and gambling. The focus is to collaborate and share good practice to strengthen alcohol, drug and gambling activity across the borough and deliver on the local alcohol, drug and gambling action plan.

The national 10-year drugs plan, From Harm to Hope, was informed by the Dame Carol Black reviews and sets out a set of strategic outcomes that will be monitored both regionally and nationally.

Our local partnership will feed into both the Trafford Health and Wellbeing Board (alcohol) and Safer Trafford Partnership (substance misuse). The local partnership will also be able to provide feedback to the Combatting Drugs Partnership at a regional level, which in turn will report on the national strategic framework and outcomes.

Aims and objectives

The aims and objectives are the priorities within our local drug and alcohol plan, based on the national drug plan and the Greater Manchester drug and alcohol strategy.

1. Reduce population alcohol and drug use (including prevention and early intervention).
2. Reduce harms caused by gambling among the Trafford population (including affected others).
3. Reduce alcohol and drug-related crime.
4. Reduce alcohol and drug related deaths and harm.
5. Reduce the levels of drug supply.
6. Improve recovery outcomes.
7. Increase engagement in treatment.

Purpose

- Work collaboratively to deliver on the local drug and alcohol action plan.
- Recognise that addressing gambling harms requires effective multi-agency partnership arrangements and information sharing in Trafford.
- Create opportunities for effective collaborative work.
- Share intelligence on emerging trends or themes.

- Share service and organisational updates to ensure members are up to date with local provision.
- Share best practice in relation to drug and alcohol projects, treatment, and recovery.
- Include the voice of lived / living experience in our discussions, plans and strategies.
- Support delivery of the Greater Manchester drug and alcohol strategy.
- Support delivery of the national strategy and its outcomes.
- Support specific work around reducing drug related offending on behalf of the Safer Trafford Partnership.
- Support work around equality, diversity and inclusion and consider this in our discussions, plans and strategies.
- Raise the profile of drugs and alcohol work and support offers across local organisations and partnerships.
- Support development of appropriate interventions based on emerging data, trends and needs assessments.
- Support development of policy and delivery plans.
- Support trauma-informed approaches to managing addictions in Trafford, including gambling harms, which focus on addressing wider determinants of health.
- Use this platform to support / update on other relevant topic areas such as tobacco control and gambling.
- Discuss agreed data sets at each meeting.

Accountability / decision making authority

- The partnership will be accountable to the Trafford Health & Wellbeing Board and Trafford Community Safety Partnership Board.

Membership and roles

Membership has been co-ordinated based on guidance within the national drug plan, as well as feedback from a recent local drug and alcohol workshop.

Core partnership group:

- Public Health (local authority).
- Greater Manchester Police.
- Treatment Providers.
- Children's Social Care / Early Help.
- Childrens Health Services.
- Adult social care / Safeguarding.
- Licensing.
- Community Safety Partnership Lead.
- Mental health treatment provider.
- Alcohol Care Team (Hospital).
- Mental Health – Young People.
- Medicine Optimisation.
- Housing Provider.
- Probation.
- Office for Health Improvement and Disparities.
- Elected Member for Health.

- Prison and Youth Offender Institutions.

Associated members group:

- Further representation from core group sectors.
- Public Protection.
- Pharmacy.
- Primary care.
- Department of work and pensions.
- Greater Manchester Fire & Rescue Service.
- Youth Service.
- Night time economy.
- Employment and health (local authority).
- VCFA.
- Education.
- Housing.
- LiveWell service.
- North West Ambulance Service.
- Lived / living experience representation.
- Community sector organisations.
- A&E.
- Employability / skills.
- GP representation.
- Armed Forces.
- Data and Intelligence.

Meeting Arrangements

- Core meetings are to be held on a monthly basis in the first instance.
- Meetings will alternate between online and in-person.
- Ad hoc meetings or workshops may be organised in-between if required.
- Draft agenda and papers to be circulated at least one week in advance of the meeting.
- Action notes and decisions to be circulated within two weeks of each meeting.
- Agreed data sets to be discussed in the meetings.
- Agreed priority leads will update on and discuss their priority aims and objectives.

Conflict of Interests

Members of the group should declare any interest at the point of joining the group and make this known to the wider group members.

TOR created: 10/03/2023

TOR to be reviewed: 10/03/2024

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Trafford Alcohol, Substance Misuse & Gambling Partnership

Meeting Minutes

Committee Rooms A & B Trafford Town Hall

Monday 24/04/2023 2-4pm

Attendees:	Helen Gollins, Aimee Hodgkinson, Kate McAllister, Karen Cooney – Public Health Kate Waugh – Youth Justice Team Mandy Winnard – Early Break Debbie Smith & Geeta Prasad – Alcohol Care Teams MFT Georgina Cartridge – GM NHS ICB Trafford Peter Ward – GMMH Nathan Plester – Intuitive thinking Skills Hannah Froste – Great Places Denise Holcroft – The Big Life Group George Devlin – Trafford Community Collective Niamh Meehan – Salford CVS Rachel Nutsey – GMP Tony Morrissey – Childrens Social Care Trafford Council Tina Mallon – Adults Social Care Trafford Council Mick McHugh – Youth Engagement Hannah Marsh – Childrens Health & School Nursing
Apologies:	Helen Grant - Community Safety Paul Burton - Public Health

	Discussion	Action
1	**Welcome & Introduction** HG gave a brief synopsis of her background and the purpose of the TASMGP. The aim of the group is to bring together in partnership to collaborate, share good practice and support the challenges around Alcohol, Substance Misuse and Gambling for the residents of Trafford.	
2	**Lived Experience** AH read out a real-life experience to the group of somebody who had successful left substance misuse treatment.	
3	**Terms of Reference (TOR)** **Action: All group members to send any comments on the TOR to HG & AH by end of next week 05/05/2023**	**All**
4	**Trafford Provision and Performance: Alcohol & Substance Misuse**	

	AH gave an overview of the commissioned recovery services in Trafford. She shared some NDTMS data relating to numbers in treatment, substance breakdown and referral sources for adults and young people. AH also shared LJMU data around drug related deaths. The partnership was encouraged to refer anyone into Achieve who needed drug/alcohol support. A discussion was held around how the NDTMS data is not a true reflection of those open to the Achieve partnership as not everybody has a comprehensive assessment before they access support. The group then discussed other sources of data/intelligence related to alcohol and substance misuse which considers those not open to treatment including: • Dentist and optometry. • Community based workshops - link into neighbourhood work. • Anyone seeking private health. • Admissions into A & E. • PHE Alcohol Care Teams – 1/3rd Trafford residents seen (approx. 120) at Wythenshawe Hospital. • The Big Life attend Wythenshawe weekly drop-ins. The group also shared they felt there was a profile change coming through - increasing complexity and safeguarding issues. Alcohol related brain damage, cognitive and physical health issues. PW from GMMH explained that people often get referred to treatment when at crisis point. In our DRD panel, several deaths have been from those who are new to treatment. The importance of early access to treatment and prevention was discussed.	
5	**Trafford Provision and Performance: Gambling** PB was unfortunately unable to attend the TASMGP due to sickness. AH presenting gambling on his behalf covering: • Gambling as a public health approach • The GM governance and principles • Interventions working to address gambling harms • What work has been done in Trafford in this area • Trafford's contribution to the GMCA plans. Gambling Harm is a high priority in Trafford. The harms are linked to poor mental health, domestic abuse, suicide, debt & health inequalities. UK is currently ranked 5th among the top 10 online gambling countries. A discussion was held around gambling not been an embedded as substance misuse in research, assessments or offers of support. Trafford has an estimated prevalence of 9,896 'at risk' gamblers and 3,239 'problem gamblers'. Gambling can be easily hidden and is becoming the social	

	norm, due to heightened exposure through sporting and other high profile events. Beacon Trust training was recommended to the partnership.	
6	**Joint Strategic Needs Assessment (JSNA)** KA explained the purpose of the needs assessment and shared the parameters of data which are to be included. Clarified the JSNA will focus on alcohol and substance misuse. The JSNA will use a life course approach from maternity to old age, covering a variety of aspects of life and services. Both quantitative data and qualitative data (focus groups, interviews etc) can be included. **Action: KA encouraged everyone to look at the draft JSNA structure, parameters and definitions and familiarise themselves with it. The partnership to send through any feedback.** AH and KA described the existing data assets and asked the partnership if they have access to data which can fill in the missing gaps. Suggestionsshared includes: • Kooth data (Sally Atkinson commissions the service) • Hospital data • Youth engagement – incidental case • School health data. **Action: To send through any data assets your service might have to aimee.hodgkinson@trafford.gov.uk or katherine.mcallister@trafford.gov.uk (Please do not send any data yet)**	**All** **All**
7	**Collaborative Working** Group table discussions answering the following questions: Q1: What is working well? Q2: What needs to be improved? Q3: Who else needs to be invited to support this area of work? Q4: What priorities would you like the TASMGP to have?	
8	**Date of next meeting:** Monday 3rd July 2023 2pm – 4pm Maria Netherwood Conference Rooms A & B To be held bi-monthly. Invitations to be sent out by AH. **Request for agenda items to be sent to AH / KC by 19.06.2023**	**All**

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Draft

Alcohol and Substance Misuse Joint Strategic Needs Assessment Structure

Contents

Introduction

Background & Context

To include information on the National Drugs Strategy 'From Harm to Hope' and the National Alcohol Strategy 2012 (*noting the absence of an update national strategy).*

Parameters and definitions of the needs assessment.

National evidence (activity & need)

Trafford needs assessment

Alcohol

Impact on population and protected groups.

Life course issues, maternity and foetal alcohol spectrum disorder, children, young people and families, living well, ageing well.

Services activity

a. Primary care activity
b. Achieve treatment provider (Adults)
c. Achieve treatment provider (Children, Young People & Families)
d. Tier 4 – Detox and residential rehab.
e. Accident & emergency

Substance Misuse

Impact on population and protected groups.

Life course issues, maternity and foetal alcohol spectrum disorder, children, young people and families, living well, ageing well.

Services activity

a. Primary care activity
b. Achieve treatment provider (Adults)
c. Achieve treatment provider (Children, Young People & Families)
d. Tier 4 – Detox and residential rehab.
e. Accident & emergency

Alcohol & Substance Misuse

Recommendations around needs of the population

Parameters, Acronyms & Definitions

Parameters

The JSNA will aim to include any adult, child or family living in Trafford, attending a Trafford school or registered with a Trafford GP between 2018 to 2023.

Acronyms

BBV – Blood-borne Viruses.
CYP – Children & Young People.
FASD – Foetal Alcohol Spectrum Disorders.
GP – General Practitioner.
GMMH – Greater Manchester Mental Health.
IMD – Index of Multiple Deprivation.
LDIS – Local Drug Information System.
NDTMS – National Drug Treatment & Monitoring System.
NWAS – Northwest Ambulance Service.
OST – Opioid Substitution Therapy.
PWID – Person/People Who Inject Drugs.
TASMP – Trafford Alcohol & Substance Misuse Partnership.
YJS – Youth Justice Service.

Definitions

Drug - Drug is used to describe a psychoactive substance (other than alcohol) used illicitly or illegally, except in the term 'controlled drug' where it refers to a substance defined by and controlled under the Misuse of Drugs Act.

Alcohol – For the purpose of this needs assessment, we will be referring to an alcohol beverage which is any drink that contains ethanol/ethyl alcohol above 0.5% ABV in line with the department of health and social care descriptor.

Substance - This is used to describe the wider range of drugs, solvents (volatile substances), and alcohol, that could be harmful to oneself or others.

Brief Interventions – This includes a short session of structured brief advice with an aim to help someone reduce their drug or alcohol consumption (sometimes even to abstain) and can be carried out by non-specialists.

Extended Brief Interventions – This a longer, more motivationally-based session from a brief intervention and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change.

Structure Treatment - Structured treatment consists of a comprehensive package of concurrent or sequential specialist substance misuse-focused interventions. Structured treatment requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client. The plan sets out clear goals which include change to substance use, and how other client needs will be addressed in one or more of the following domains: physical health; psychological health; social well-being; and, when appropriate, criminal involvement and offending. All interventions must be delivered by competent staff, within appropriatesupervisionand clinical governance structures.

Psychosocial interventions – Structured psychological or social interventions used to address substance-related problems. They can be used at different stages of drug treatment to identify the problem, treat it, and assist with social reintegration.

Pharmacological interventions – Medications that are used in the treatment or drug and alcohol dependence to manage withdrawal during detoxification, stabilisation, and substitution as well relapse prevention, in addition to the symptomatic management or treatment of co-occurring conditions.

National Drug Treatment Monitoring System (NDTMS) – A dataset which helps drug and alcohol treatment demonstrate the outcomes it achieves for the people it treats. NDTMS is a national standard and is applicable to young people and adults within community and secure, setting-based treatment providers.

Substance Categories - Individuals presenting to adult alcohol and drug treatment services are categorised by the substances they cite as problematic at the start of treatment. They are categorised by the following hierarchal criteria:

Opiate - Any mention of opiate use would result in the person being categorised as opiateirrespective of what other substances are cited.

Non-Opiate Only – People who present with non-opiate substances without opiates or alcohol.

Alcohol Only – People who present with alcohol and no other substances.

Non-Opiate & Alcohol – People who present with a non-opiate substances and alcohol use.

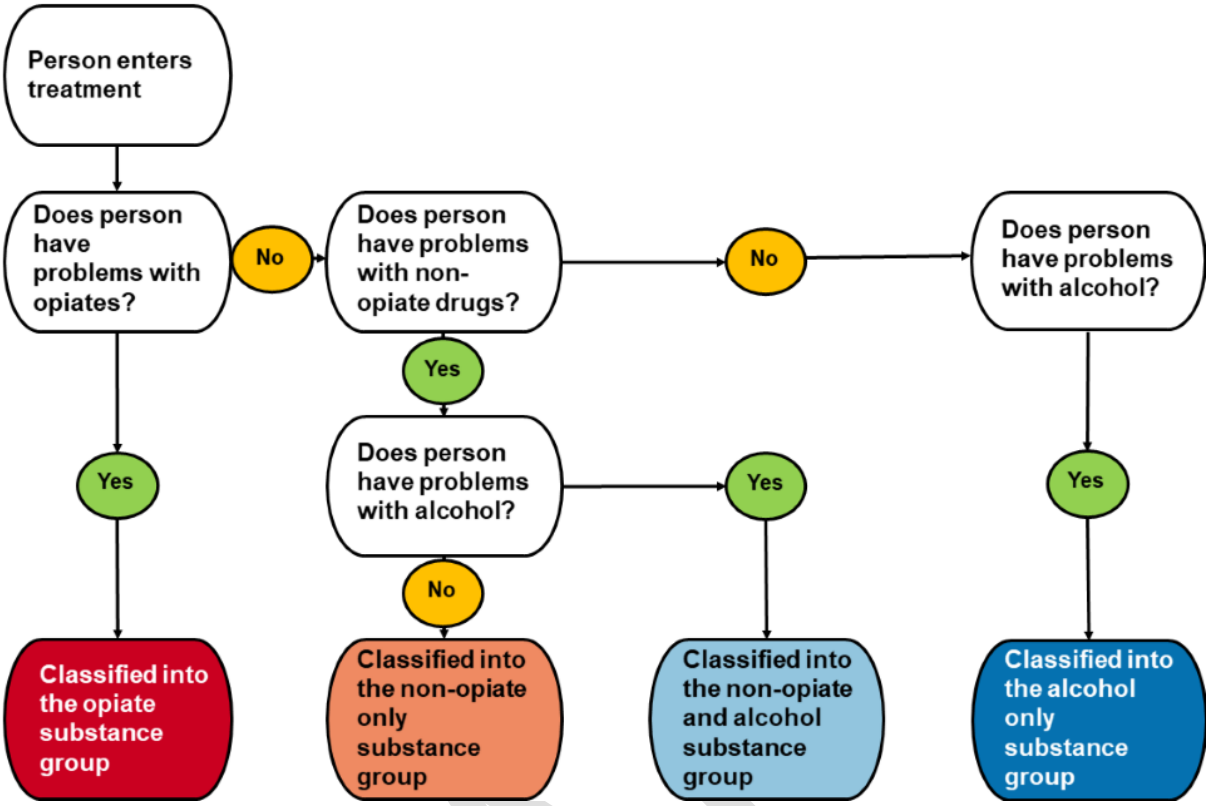

Figure 1: How people are classified into substance reporting groups.

Unit – In the UK, alcoholic drinks are measured in units. Each unit corresponds to approximately 8g to 10ml of ethanol. The same volume of similar types of alcohol (for example, 2 pint of lager) can compromise a different number of units depending on the drink's strength (that is, its percentage concentration of alcohol)

Low Risk Drinking – To keep the risk of harm from alcohol low, the UK Chief Medical Officer advises that men and women should not regularly exceed 14 units of alcohol. It is also recommended that if the alcohol consumption is as much as 14 units per week, it should be spread evenly over 3 or more days .

Harmful Drinking (Increasing Risk Drinking) – Regularly drinking more than the low risk guidelines of over 14 units per week and up to 35 units for women and 50 units for men.

Hazardous Drinking (Higher Risk Drinking) – This is a pattern of alcohol consumption that increases someone's risk of harm. Hazardous drinking for women is regularly drinking more than 35 units per week and for men over 50 units per week.

Binge Drinking – Binge drinking refers to drinking enough on a single occasion to get drunk, in a short period of time. The technical definition is drinking more than 6 units for women, and 8 units for men on a single occasion.

Intoxicated – Being under the influence of drugs or alcohol.

Polydrug use – mixing drugs or taking one drug when under the influence of another drug.

Dependence - A state in which an organism only functions normally in the presence of a substance, experiencing physical disturbance when the substance is removed. A person can be dependent on a substance without being addicted, but dependence sometimes leads to addiction.

Addiction – Defined as not having control over doing, taking, or using something to the point where it could be harmful to you.

Recovery – Recovery from problematic drug or alcohol use is define as a process in which the difficulties associated with substance misuse are eliminated or significantly reduced, and the resulting personal improvement becomes sustainable.

Abstinence – Refraining from drug or alcohol use.

Relapse – Where an individual has taken drugs or alcohol after a period of abstinence.

Opioid - Opioid is used in line with the WHO definition to refer to the whole group of natural, semi-synthetic and synthetic compounds that act on opioid receptors.

Opiate - Opiate is also used at times for substances derived from the poppy plant and for the semi-synthetic drug diamorphine (heroin).

Opioid substitution therapy (OST) – A treatment for opioid dependence. This involves prescribing a drug that has a similar action to the opioid that the person is addicted to. This presents withdrawal symptoms and craving and reduces the likelihood of injecting drugs.

Methadone – An opioid substitution therapy that is used to help manage opioid dependence and addiction in adults for example heroin addiction.

Buprenorphine - An opioid substitution therapy that is used to help manage opioid dependence and addiction in adults for example heroin addiction.

Naloxone – Naloxone is a medicine that rapidly reverses an opioid overdose. It is an opioid antagonist. This means that it attaches to opioid receptors and reverses and blocks the effect of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. However, naloxone has no effect on someone who does not have opioids in their system, and it is not a treatment for opioid use disorder.

Alcohol use disorders identification test consumption (AUDIT C) – A brief alcohol screening instrument that helps to identify harmful and hazardous drinkers. The AUDIT-C is a modified version of the 10 question AUDIT instrument.

Foetal Alcohol Syndrome Disorder (FASD) – A neurodevelopmental condition with lifelong cognitive, emotional, and behavioural challenges. FASD results when prenatal alcohol exposure affects the developing brain and body. FASD is a spectrum and each person wit FASD is affected differently.

Local Drug Information System – A local drug information system is an agreed communication system that has consistent and efficient processes for sharing and assessment information around substances. This can include issuing warnings where needed, and can help ensure high-quality, effective information rapidly reaches the right people.

Drug Related Deaths – The coroners define drug related deaths as drug poisoning including accidents and suicides involving drug poisoning, as well as deaths from drug abuse and drug dependence. Data around drug related deaths will include those identified from the coroner and by individuals who have died whilst in structured treatment, or recent structured treatment with a drug or alcohol treatment provider.

Transition – This refers to the transition from young people's service to adult services. Under the current treatment model, all service users aged under-21 will be considered young people. In exception circumstances, the young people's service will work with young adults up to the age of 24, at the discretion of the case management team.

Gambling –Gambling encompasses a broad range of activities, ranging from the National Lottery to casino games, slot machines, and online betting

Alcohol related dementia – Alcohol-related dementia is a type of alcohol-related brain damage, caused by regularly drinking too much alcohol over many years. If a person has alcohol-related dementia they will struggle with day-to-day tasks. The person may have memory loss and difficulty thinking things through. They may have problems with more complex tasks, such as managing their finances.

Needle exchange – Sharing needles can increase an individual's changes of contracting blood-borne viruses. Needle exchange is in place in selected pharmacies where needle/syringe users can swap used needles, for a clean and sterile injecting equipment pack. This provides a safe and confidential route for disposal of used needles and a provision of clean equipment.

Detoxification – Often referred to as 'detox' is the removal of a toxic substance, such as drugs or alcohol from the body. Detox can be achieved through medical treatment either in the community or at a residential facility. Detox can also help in preparing an individual for residential rehabilitation.

Residential Rehabilitation – Often referred to as residential 'rehab' offers onsite, around-the-clock addiction treatment. People participating in residential programmes live at the treatment facility and will have access to medical care and support when needed.

Co-occurring Conditions – An individual who has a co-existing mental health and alcohol or drug difficulties.

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TRAFFORD COUNCIL

Report to:	**Health & Wellbeing Board**
Date:	**18th May 2023**
Report for:	**Information**
Report of:	**The Deputy Place Lead for Health and Care Integration for the Trafford Locality**

Report Title

GM Joint Forward Plan – Next Steps

Purpose

The development of the Joint Forward Plan (the Delivery Plan for the ICP Strategy) is a key system priority and needs to be complete by the end of June.

The attached slides contain the structure of the JFP (based on the six missions in the ICP strategy) and the process for developing the plan.

Recommendations

The Health and Wellbeing Board is asked to note the update.

Contact person for access to background papers and further information:

Name: Paul Lynch – Director of Strategy and Planning
Email: paul.lynch@nhs.net

Joint Forward Plan – Next Steps

Greater Manchester Integrated Care Partnership

Joint Forward Plan

- National guidance states that each ICB must publish a five-year Joint Forward Plan setting out how they propose to exercise their functions, which must be shared with NHSE by 30th June 2023.

- Whilst legal responsibility for the JFP lies with the ICB, systems have also been encouraged to use the JFP to develop a shared delivery plan for the integrated care partnership strategy. This is the approach we are taking in Greater Manchester

- Guidance from NHSE describes that the plans should be:
  - Fully aligned with the ambitions of the wider partnership
  - Build on local strategies and plans and reflect universal NHS commitments
  - Delivery-focused

- Whilst the JFP will cover 5 years, it will necessarily be more detailed in terms of the first two years.

Update on Process

- The document structure is complete (see later slides) and is being populated with content from existing strategies and plans
- We have set out proposed system leadership for each of the missions
- We have developed a model for the Performance and Accountability Framework to track delivery of our strategy and plan
- Partners in the system have commenced work on specific areas of the document – for example, the CEG on the Staying Well and Early Detection Mission
- We are tracking and wrapping in the work informing the recovery of finance and performance recognising the significant focus this will provide on reducing admissions, achieving flow, reducing the backlog and improving productivity in the first year
- We now need to conclude the process over the next 4-6 weeks with focused work across the system
- It is also intended to develop a clear 3 year roadmap to system sustainability. That will relate strongly to the work on the recovery programme, but capture and quantify the contributions across the full plan

Developing the Content

Stage 1 (In Progress)

Populate the Document with content from existing strategies and plans. Focused on:

Actions

Metrics

Resources to deliver and

Accountability for delivery

Stage 2 (Early May)

Address gaps in content with relevant leads

Stage 3 (by end of May)

Targeted roundtable events where greater clarity required on elements of plan

JFP Structure

Chapter	Content	Information Sources/Drafting Process
Foreword	• Sir Richard Leese/Paul Dennett	• WH/PL to draft
Introduction and Context	• Short intro to GM system • Our strategic challenges • Our Opportunities and Assets	• ICP Strategy • 23/24 Operational Plan
Our Strategy	• Summary of the ICP Strategy – vision, outcomes, shared commitments, missions, ways of working	• ICP Strategy
Delivering the Strategy	• The Key System Objectives and Actions to Deliver the 6 Missions (See next slide for structure) • Roles and Responsibilities in Delivery • Metrics and Ambition • Role of ICB and other partners in enabling change	• ICP Strategy • 23/24 Operational Plan • PWC and Carnall Farrar reports • Range of current system plans – inc. Locality Plans • ICS Operating Model – *Refreshed to take Account of All of the Above* • Input from System Leads and Round Table Sessions – See Additional Slide
How GM Will be Different	• Description of how the system will look in 3-5 years	• Describe strategic change arising from collective delivery of plans
Tracking our Delivery	• Performance and Accountability Framework	• BI Team to Populate Framework with Data • Accountability to be described once recommendations from GM ICB governance review are enacted

Chapter: Delivering the Strategy – Example

Mission: Strengthening our communities

Description of Mission

- *Short description from ICP strategy*

Focus area: Scale up and accelerate delivery of neighbourhood model

- *Describe area of focus and set out 3 or 4 key actions e.g. Continue to develop social prescribing in Primary Care Networks, coordinate our response to poverty, Expand community-based mental health provision, Equip people with the skills, connectivity and technology to get online*
- *Metrics and Ambition*

Then repeat for other areas of focus

Leadership Arrangements

- *Describe ownership of mission and actions*

JFP Structure and Leads (1 of 2)

Mission	System Leadership	Action	Lead Board/Committee	Key Contact for JFP
Strengthening our Communities	Population Health Board	Continue to develop social prescribing in Primary Care Networks	Live Well Steering Group/Primary Care Board	Rob Bellingham/Zoe Porter
		Providing proactive and preventative integrated care through our neighbourhood model	Locality Boards	DPBLs
		Coordinate our response to poverty and long-standing Inequalities	Population Health Board	Dave Boulger
		Expand community-based mental health provision	Mental Health Executive	Sandy Bering
		Embed the VCSE Accord	VCSE Leadership Group	VCSE Leadership Group
		Deliver a Greater Manchester-wide consolidated programme to deliver better outcomes for those experiencing multiple disadvantage and co-occurring conditions	Reform Board	Jane Forrest
		Equip people with the skills, connectivity and technology to get online	Digital Board	Laura Rooney
		Enable a system-wide shared vision for children and young people (CYP)	CYP Board	Alison McGovern
		Secure a greener Greater Manchester with places that support healthy, active lives	Population Health Board	Claire Igoe/Neil Hind
Helping people stay well and detecting illness earlier	Clinical Effectiveness and Governance Committee (CEG)	Application of Core 20 PLUS 5	Population Health Board/CEG	Claire Lake/Jane Plikington
		Application of CORE20PLUS5 for children and young people	Population Health Board/CEG	Claire Lake/Jane Plikington
		Drive prevention	Population Health Board/CEG	Claire Lake/Jane Plikington
		Tobacco	Population Health Board	Jane Pilkington
		Alcohol	Population Health Board	Jane Pilkington
		Food and Healthy Weight	Population Health Board	Jane Pilkington
		Living Well at Home	GM DASS Group	Jo Chilton
		GM Moving	Population Health Board	Hayley Lever
		Secondary prevention	Population Health Board	Claire Lake/Jane Plikington
		Continued development of immunisation and screening	Population Health Board	Jane Pilkington
		Expansion of culturally appropriate services	Equalities Board	Jackie Driver
		Apply evidence-based falls prevention approaches	Population Health Board	Jane Pilkington
		Monitor and target unwarranted variation	Finance and Performance Committee	Ed Dyson
		Ensure early detection	Population Health Board	Jane Pilkington
		Provide anticipatory care	UEC Board	Gill Baker

JFP Structure and Leads (2 of 2)

Mission	System Leadership	Action	Lead Board/Committee	Lead Contact for JFP
Helping people get into, and stay in, good work	Population Health Board	Expansion of our Work and Health Models	Population Health Board	Jane Pilkington
		Working with employers on employee wellbeing	People Board	John Herring
		Implementing the Greater Manchester Social Value Framework	Population Health Board	Neil Hind
Recovering core NHS and care services	Finance and Performance Recovery Committee	Improving urgent and emergency care and flow	UEC Board	Gill Baker
		Improving ambulance response and A&E waiting times	UEC Board	Gill Baker
		Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard	Elective Reform and Recovery Board	Vicky Sharrock/Lisa Galligan-Dawson
		Making it easier for people to access primary care services, particularly general practice	Primary Care Board	Rob Bellingham
		Ensuring universal and equitable coverage of core mental health services	Mental Health Executive	Sandy Bering/Xanthe Townend
		Pursuing best practice to improve quality and reduce unwarranted variation	Finance and Performance Committee	Ed Dyson
		Digital opportunities for recovery	Digital Board	Laura Rooney
Supporting our workforce and our carers	GM People Board	Increase in membership of the Greater Manchester Good Employment Charter and payment of the Real Living Wage	People Board	John Herring
		Grow and develop our workforce	People Board	John Herring/Jane Seddon
		Workforce Integration	People Board	John Herring
		Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers	People Board/DASSs	Jo Chilton
		Addressing workforce inequalities	People Board/Equality Board	John Herring
		Strengthening leadership and accountability for addressing inequalities	People Board/Equality Board	John Herring
Achieving Financial Sustainability	Finance and Performance Recovery Committee	Develop and implement a comprehensive system wide programme	Finance and Performance Committee	Through Recovery Programme

Performance and Accountability Framework

- A key feature of the JFP will be the Performance and Accountability Framework to enable us to track delivery of our Strategy and Plan

- The Framework needs to incorporate the core NHS and care operational metrics but also a broader set of indicators to reflect our approach to improving population health

- We propose to use a modified version of the World Health Organisation Health System Performance Assessment (HSPA) Framework (as modified by the University of Manchester research team) as the basis to track delivery of our Strategy

- The Framework covers the two aspects of ICS performance:
  - The performance of the health system, which is primarily defined by NHSE, as the funders of the system, through their operating framework and other national requirements
  - The performance of the whole system (including wider partners) and in particular the contribution of the health system to societal goals

- We are working with BI colleagues to populate the Framework with current data for its incorporation into the JFP

Updated Timetable

DATE	KEY TASKS
4th May	Resubmission of Operational Plan
May	Run Roundtable Events on the Missions
9th May	Update on Process and Structure of Document at JPDC
24th May	Share Draft with system partners for comment – including the 10 HWBs
13th June	Discussion of Draft at JPDC
14th June	Complete update of Document following comments
21st June	Sign off JFP at Integrated Care Board
30th June	Publication of JFP

Item	Report Author/ Presenter	Summary of item	Format (Report/ Presentation/ verbal update)	Does the report contain confidential information? (Y/N)	For Noting, Discussion, or Decision	Submission deadline for Agenda	Last updated when and by whom	Comments
18th May 2023	**Key Topic - Alcohol**	**Agenda Briefing - 11th May 2023**						
HWB ToR						10/05/23	AM 11/04/23	
Infection Control Annual Report						10/05/23	AM 11/04/23	
Alcohol						10/05/23	AM 11/04/23	
Better Care Fund						10/05/23	AM 11/04/23	
GM ICP Joint Forward Plan						10/05/23	AM 11/04/23	
						10/05/23		
						10/05/23		
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						10/05/23		
21st July 2023	**Key Topic - Tobacco**	Agenda Briefing - 30th June 2023						
Tobacco						13/07/23	AM 11/04/23	
						13/07/23		
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15th September 2023	**Key Topic - Real Living Wage**	Agenda Brieifing - 25th August 2023						
						07/09/23		
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17th November 2023	**Key Topic - Healthy Weight**	Agenda Briefing - 27th October 2023						
Healthy Weight						09/11/23	AM 12/04/23	
						09/11/23		
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19th January 2024	**Key Topic - Physical Inactivity**	Agenda Brieing - 5th January 2023						
Physical Inactivity						11/01/24	AM 12/04/23	
						11/01/24		
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15th March 2024	**Annual Review**	Agenda Briefing - 23rd February 2023						
Annual Review of Deep Dives						07/03/24	AM 12/04/23	
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