

ITEM NO. 4

Tameside Health Protection Group

3.00 pm Monday, 13 July 2015
Rainbow Room, Ashton Primary Care Centre

Action notes

1. Welcome and apologies	
Present:	
Anna Moloney (Chair)	Consultant in Public Health, TMBC AM
Debbie Pritchard	Clinical Lead, Infection Prevention, THFT DP
Gary Mongan	Environmental Services Manager, TMBC GMo
Khush Ahmed	Environmental Services Manager, TMBC KA
Graham Munslow	Screening/Immunisation Team, GMPHE GMu
Laura Birch	Pennine Care Foundation Trust LB
David Armitage	Public Health Manager, TMBC DA
Tim Wilde	Team Manager, TMBC TW
Andrea Welch (Notes)	Senior Secretary, TMBC AW
Apologies:	
Jamie Douglas	General Practitioner, T&G CCG
Ian Saxon	AED, Environmental Services, TMBC
Andrea Morris	Head of Integrated Governance, PCFT
Lindsay Stewart	Interim Deputy Director of Nursing, THFT
Lorraine Lighton	Consultant in Communicable Disease Control, GMPHE
Brian Dillon	Resilience Manager, GMCSU
Andrea Morris	Head of Integrated Governance, PCFT
Peter Howarth	Head of Medicines Management, T&G CCG
John Goodenough	Director of Nursing, Infection Prevention and Control, THFT
Pauline Patton	AGMA Civil Contingencies and Resilience Unit
Gill Gibson	Director of Nursing and Quality, T&G CCG
John Goodenough	Director of Nursing, Infection Prevention and Control, THFT
2. Notes from previous meeting and further actions	
<p>AM welcomed everyone attending and introductions were made. LB is representing Andrea Morris, who gave apologies for today.</p> <p>AM stated that the main item for discussion will be Item 10 on the Agenda regarding Sector Led Improvement (SLI) Outbreak Planning. AM is participating in a forthcoming SLI on Outbreak Planning being organised by Greater Manchester Public Health Network (GMPHN) on 10 and 11 August 2015 and would welcome any comments on the template.</p>	

<p>The notes from the last meeting were read and the following amendments are to be made:</p> <p>Item 2 - AM to contact Pauline Patton (PP) regarding reference and guidance list in respect of outbreaks.</p> <p>Item 8 – delete “DP will attend” at the end of paragraph 4.</p> <p>Following these amendments, the notes were agreed.</p> <p>Exercise Cygnus regarding pandemic flu will not be taking place until at the earliest April 2016, DP advised. AM provided an explanation of what this Exercise was and said that Tom Walley, Civil Contingencies and Resilience Unit (CCRU) would be organising this.</p>	<p>AM</p> <p>AW</p>
<p>3. GMSIT – Update</p> <p>GMu gave a brief explanation of how the routine immunisation data is compiled.</p> <p>Data was provided on the following immunisation programmes:</p> <ul style="list-style-type: none"> • HPV – target exceeded (Tameside highest achiever) AM mentioned a national concern where in 1 GM area (not Tameside) there had been concerns over newspaper reports on alleged adverse reaction to the vaccine. AM has briefed Cllr Clooney on this issue but there were no reports of any issues with the vaccine in Tameside. PHE have issued a statement. • 0-5 primary dose – target exceeded • MMR 1st dose – just under target GMu advised that there is an issue across all areas but this can now be resolved because of access to GP data. • DTap/IPV booster – slightly under target GMu quoted an organisation issue where PHE have liaised with Tameside and Glossop Clinical Commissioning Group (T&G CCG) to resolve. An improvement should be seen by the November HPG meeting. • MMR pre-school booster – target exceeded. GMu shared good practice from another GM area. • Flu over 65 year olds – above target including national AM extended congratulations to everyone involved and advised that flu telephone conferences for 2015/16 have been organised. The pharmacy pilot is continuing and GMu provided information on target groups stating eventually that all under 17s will be able to receive the vaccine. This has the advantage of reducing the amount of older people contracting flu. • Flu at risk groups – under target • Flu pregnant women – under target but an increase compared to 2014/15 • PPV – given routinely when 65 years old, no national target but increase on uptake from last year. • Shingles – slightly under target 2013 programme to target 70 and 79 year olds. GMu provided background information on age difference. Discussion followed regarding uptake. • Pre natal pertussis – new programme introduced and GMu provided 	

<p>background information. Good uptake to date.</p> <ul style="list-style-type: none"> • Men B – new programme commencing 1 September 2015 to include 3 doses and short catch-up programme. • Meningococcal ACWY vaccination programme commencing on 1 August 2015 targetting 14-17 year olds and 1st year university students up to 25 because of increase in number of fatalities recently in Manchester. Outbreak should be under control within 1-2 years. GP practices starting immunisation from 1 August 2015 and year groups 9 and 10 over the next 2 years. A promotional campaign is planned and a letter to universities has been sent out advising them on the action for student health and how this should be dealt with during “Freshers” week. 	
<p>4. HCAI Whole Health Economy Overview</p> <p>AM commented on the attached report produced by Martin Kent, CCG re: April and May figures. On plan for close of May. DP has the June data but this has not yet been signed off. DP provided a breakdown of the report in respect of Clostridium Difficile which is currently still in breach of target. As regards Root Cause Analysis (RCA) this is almost complete and will shortly commence on outstanding cases. DP explained the situation regarding risk factors involved. AM confirmed that antibiotic prescribing was a critical causative factor. AM said that there was not much change in the figures from last year and DP commented that there had been an increase in community cases but a decrease in hospital cases compensating for economy.</p> <p>A Service Level Agreement for RCAs is being processed. AM with the CCG is treating this as a matter of urgency.</p> <p>Post infection reviews completed and submitted to PHE and termed unavoidable. DP updated meeting on the process involved, clarifying the situation regarding arbitration. TW asked if it was worth reporting on unavoids and DP explained that this was routine practice and that it was a mandatory report for PHE.</p> <p>AM is to arrange an appointment with CCG to discuss HCAI performance.</p>	<p>AM</p>
<p>5. Public Protection</p> <p>GMo spoke about deaths due to air quality, where PHE and DEFRA are involved. A draft quality action plan is to be issued shortly.</p> <p>The plans to clean up a former chemical site locally have been slightly delayed and GMo provided updated information stating that the work is now due to commence in Feb/March 2016.</p> <p>When the full plans are received PHE will be involved and it was agreed that GMo will contact Lorraine Lighton, PHE to inform her of the situation.</p> <p>KA will provide information on food outlets to future HPG meetings.</p>	<p>GMo</p> <p>KA</p>
<p>6. Sexual Health</p> <p>DA advised that the national Chlamydia data has been released and Tameside have the second highest results this year which is positive news. DA provided an explanation of the data. There are 2 areas of high prevalence in GM and DA</p>	

<p>explained the difficulties being experienced and a discussion has been entered into around sharing costs.</p> <p>The HIV late diagnosis rate is being addressed and should significantly improve shortly.</p>	
<p>7. PHE Health Protection</p> <p>This item was deferred until the next meeting.</p>	<p>LL</p>
<p>8. Medicine Management</p> <p>AM is to speak to Peter Howarth, CCG.</p>	<p>AM</p>
<p>9. PHOF – Health Protection</p> <p>Document provided for members information and attention.</p>	
<p>10. Report from the SLI Flu Support Panel</p> <p>AM provided background information on the SLI programme and the forthcoming Outbreak Planning SLI. There will be a panel consisting of health protection specialists and lay men who will interview the local authority representatives. AM expressed her thanks to Monica Chapman, Environmental Health, TMBC who contributed to the completion of the template. KA will be attending the SLI Panel with AM and AM would like a representative from CCG to attend also. AM will contact CCG regarding a representative to attend SLI on 11 August 2015. Once a CCG representative is identified, a telephone conference with AM, KA and CCG representative will be arranged prior to 11 August.</p> <p>AM went through the self-assessment template for members and asked for comments. The score was provided from AM's personal perception.</p> <p>LL provided feedback on Intelligence from the PHE perspective and this is an opportunity to highlight future development. It was agreed that a discussion is required and the Salford document is being worked on by PP and AM. The MoU also needs to be completed. AM provided an overview of the key challenges.</p> <p>SLI Flu Support Workshop – AM attended this workshop on behalf of TMBC and explained the reasons and methodology behind it. TMBC had systems of good practice such as: changes to care home contracts and reminders of their employer obligations; Flu voucher scheme for TMBC staff considered to be high risk with an increased uptake last year, in collaboration with Mark Whitehead, TMBC; TGH staff had a very high uptake of flu vaccinations. A discussion followed regarding the voucher scheme and staff uptake rate. AM asked for ideas for future promotion of this scheme and DP suggested roving clinics which were used in hospital, for use in care homes. Different ways of engaging staff were discussed and AM asked for any further ideas to be communicated to her.</p> <p>AM mentioned the local Flu debrief meeting held in May where the actions from last year had been evaluated and forward planning for this year discussed. Future telephone conferences for 2015/16 are arranged.</p>	<p>AM</p> <p>AM/PP</p> <p>All</p>

<p>11. Community CPE Toolkit</p> <p>This item is deferred to the next meeting as Lorraine Lighton, PHE was unable to attend today. Documents provided for information purposes and AM advised that Tameside and Glossop is not an area of concern at this time compared to other GM areas.</p>	<p>LL</p>
<p>12. Tuberculosis in Greater Manchester: Annual Review (2013 data)</p> <p>AM explained that this report provided useful background information, in particular page 27 contained a table in respect of the completed treatment rate. Tameside has a low incidence rate, but this could be improved. TB is a matter which will be brought to the attention of the Health and Wellbeing Board (HWBB) in the future.</p> <p>AM asked DP to bring this item to John Goodenough's attention.</p>	<p>DP</p>
<p>13. Health and Social Care Act Code of Practice</p> <p>AM advised that she had received this letter regarding a consultation that was to take place and had ended in March 2015. AM asked DP for any information following the end of the consultation period. DP explained that no information had yet been received and explained the process involved, informing the meeting that there would be a probable implementation date of 1 April 2016.</p>	
<p>14. Any Other Business</p> <p>Infection Prevention and Control Collaborative meeting held Thursday, 9 July 2015 – unfortunately neither AM, DP or NF had been able to attend this meeting. DP has never attended this meeting to date.</p> <p>AM is to check with NF regarding attendance as it would be beneficial to feedback information from this meeting into the HPG.</p>	<p>AM</p>
<p>15. Date and Time of Next Meeting</p> <p>Monday, 21 September 2015 at 3.00 pm – 5.00 pm in Rainbow Room, Ashton Primary Care Centre, 193 Old Street, Ashton under Lyne, OL6 7SR</p>	