



# Northumberland

## County Council

### HEALTH AND WELLBEING BOARD

14<sup>TH</sup> SEPTEMBER 2023

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## Northumberland and North Tyneside Community Infection Prevention and Control Strategy 2023-2028

Report of: Councillor Veronica Jones, Portfolio Holder for Improving Public Health and Wellbeing

Lead Officer: Gill O'Neill, Executive Director of Public Health, Inequalities, and Stronger Communities

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### Purpose of report

- To present the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy (2023-28) to the Health and Wellbeing Board; and
- To seek the approval of the Board for the strategy goals and actions to achieve those goals.

### Recommendations

Health and Wellbeing Board is recommended:

- To accept the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy; and
- To approve the strategy goals and actions agreed to achieve those goals.

### Link to Corporate Plan

The Northumberland and North Tyneside Community Infection Prevention and Control Strategy is relevant to the first two priorities of the Northumberland County Council Corporate Plan:

- **Achieving value for money:** The strategy focuses on building resilience and capacity within community services, teams and settings to implement effective infection prevention and control (IPC) interventions.
- **Tackling inequalities:** There is strong evidence that people in inclusion health groups and those with lower socioeconomic status are consistently at higher risk of infectious diseases, antimicrobial resistance, and incomplete or delayed vaccination.<sup>1</sup> The priority of the community IPC team is care homes because of the large number of vulnerable residents with disabilities. Disability is a protected characteristic in the Equality Act. Therefore, activities to support care home staff are

helping to reduce inequalities. This argument similarly applies to the potential for expansion to protect general practice patients and domiciliary care service users, many of whom will also be vulnerable and have disabilities.

### **Key issues**

- Infection prevention and control (IPC) is about using practical, evidence-based approaches to prevent patients, residents, service users, visitors, and staff from being harmed by avoidable infections.
- The SARS-CoV-2 (COVID-19) pandemic has reinforced the importance of effective IPC measures in community settings.
- The strategy aims: to minimise preventable incidents and outbreaks of harmful infection in community settings in Northumberland and North Tyneside through effective IPC interventions; and to ensure that Northumberland and North Tyneside are as prepared as possible to implement effective IPC measures in community settings in response to new or developing threats or pandemics.
- This strategy covers Northumberland and North Tyneside because they share an acute hospital trust and IPC team. It focuses on IPC in community settings and provider only, and not hospital settings, specifically: care homes; domiciliary care (homecare) including independent supported living; children's residential homes; educational settings; and general practices.
- There are 99 care homes, 58 domiciliary care providers, 221 independent support living settings, 279 early years settings, 174 schools and colleges, 36 general practices, and five children's residential homes in Northumberland.
- The Northumbria Healthcare NHS Foundation Trust IPC team is currently made up of 10.1 whole time equivalent (WTE) nursing staff broken down into 5.3 WTE staff working in the acute and 4.8 WTE staff working in the community (covering Northumberland and North Tyneside). Activities span training, direct support, audit, and collaborative working.
- Current guidance seeks to ensure that organisations and staff have the knowledge, skills, training, behaviours, values, support, monitoring, culture, and leadership to prevent infections.
- A literature review, surveys, stakeholder focus groups, and a prioritisation exercise were undertaken. These identified opportunities for additional training, increased awareness of guidance, and monitoring of IPC behaviours. The surveys also found high levels of 'infectious presenteeism'. A high value is placed on the role of the IPC team, but the resource is stretched between multiple settings and between prevention and control.
- We need to work as a whole system to improve IPC in community settings, and collectively prioritise deployment of the IPC team. There is need not only for additional resource, but also for approaches that build resilience and capacity within settings which are reflected in the strategy goals and how we will achieve them.
- The strategy implementation group will meet quarterly to monitor implementation and report annually to the Health Protection Assurance Board.

## **Background**

Infection prevention and control (IPC) is about using practical, evidence-based approaches to prevent patients, residents, service users, visitors, and staff from being harmed by avoidable infections.

The SARS-CoV-2 (COVID-19) pandemic reminded all of us of the threats that infectious diseases continue to pose. To date, more than 228,000 people in the United Kingdom have died with COVID-19 identified as a cause on their death certificate.<sup>2</sup> An estimated 1.9 million people living in private households in the UK (2.9% of the population) were experiencing self-reported long COVID (symptoms continuing for more than four weeks after the first confirmed or suspected COVID-19 infection that were not explained by something else) as of 5 March 2023.<sup>3</sup> By March 2022, it was estimated that the UK Government had spent an additional £310 to £410 billion on measures in response to the pandemic.<sup>4</sup>

A strategy has been developed by a cross-system partnership including: the Northumbria Healthcare NHS Foundation Trust (NHCT) Infection Prevention and Control (IPC) team; Northumberland County Council (NCC) and North Tyneside Council Public Health teams; the NCC Adult Social Care Commissioning, Education, Children's Residential Services, and Health and Safety teams; the North East and North Cumbria (NENC) Integrated Care Board (ICB) Northumberland and North Tyneside 'Place' teams; the Northumberland Local Medical Council; the UK Health Security Agency (UKHSA) North East Health Protection team; and the Cumbria Northumberland and Tyne and Wear NHS Foundation Trust.

The strategy covers Northumberland and North Tyneside because they share an acute hospital trust and IPC team. It focuses on IPC in community settings and providers only, and not hospital settings, specifically: care homes; domiciliary care (homecare) including independent supported living; children's residential homes; educational settings; and general practices.

The strategy seeks not only to maximise and prioritise the resources available within limited budgets for a specialist IPC team to deliver activities in communities, but also to ensure that the wider systems and services across Northumberland and North Tyneside have the knowledge, skills, behaviours, and values to prevent and control harmful infections and be as prepared as possible for future threats.

### **Aims of the strategy**

The aims of the strategy are:

- To minimise preventable incidents and outbreaks of harmful infection in community settings in Northumberland and North Tyneside through effective IPC interventions.
- To ensure that Northumberland and North Tyneside are as prepared as possible to implement effective IPC measures in community settings in response to new or developing threats or pandemics.

### **Objectives of the strategy**

The objectives of the strategy are:

- To understand current IPC provision, activities, behaviours, and need within community settings (*Where are we now?*).

- To understand current guidance for community settings and interventions to influence behaviours.
- To agree and prioritise goals to promote IPC measures in community settings, including additional resources and capacity building approaches (*Where do we want to get to?*)
- To agree how we will achieve the goals (*How will we get there?*).
- To define how we will monitor achievement against the goals (*How we will know we have arrived?*).

## Where are we now?

There are a number of key international and national documents underpinning the IPC responsibilities of organisations and staff including:

- World Health Organization Global report on infection prevention and control.<sup>5</sup>
- Health and Social Care Act 2008: Code of practice on the prevention and control of infections outlines ten criteria which care organisations must demonstrate compliance against.<sup>6</sup>
- National Infection Prevention and Control manual for England.<sup>7</sup>
- Infection Prevention Society Competencies Framework.<sup>8</sup>
- National Occupational Standards.<sup>9</sup>
- Infection Prevention Society Competencies Framework.<sup>10</sup>
- NHS England and Public Health England: Supporting excellence in infection prevention and control behaviours IPC implementation toolkit.<sup>11</sup>
- COVID-19 national guidance for health and care professionals.<sup>12</sup>
- Health protection in children and young people settings, including education.<sup>13</sup>
- E-Bug: a health education programme that aims to promote positive behaviour change among children and young people to support IPC efforts.<sup>14</sup>
- IPC guidance for adult social care.<sup>15</sup>
- IPC guidance for adult social care COVID-19 supplement.<sup>16</sup>
- CQC advice on IPC for general practice.<sup>17</sup>

These documents all seek to ensure that organisations and staff have the knowledge, skills, training, behaviours, values, support, monitoring, culture, and leadership to prevent infections.

The scale of the challenge is considerable. There are 98 care homes, 58 domiciliary care providers, 221 independent support living settings, 279 early years settings, 174 schools and colleges, 36 general practices, and five children's residential homes in Northumberland.

The Northumbria Healthcare NHS Foundation Trust IPC team is currently made up of 10.1 whole time equivalent (WTE) nursing staff broken down into 5.3 WTE staff working in hospital settings and 4.8 WTE staff working in the community (covering Northumberland and North Tyneside). Activities span training, direct support, audit, and collaborative working. Since March 2020, the IPC team has supported care homes experiencing around 700 COVID outbreaks. Although there were fewer outbreaks of other infectious diseases during the first year of the pandemic, there were 30 outbreaks of gastroenteritis in care homes in Northumberland and 6 in North Tyneside between April 2021 and March 2022, increasing to 58 in Northumberland and 23 in North Tyneside between March 2022 and January 2023. There have also been cases and outbreaks of seasonal influenza, group A

streptococcal disease, pneumococcal disease, scabies, and other infectious diseases. The IPC team has provided telephone or face-to-face support for most if not all these incidents.

A rapid review was undertaken of the literature on views, attitudes, experiences, or knowledge of IPC in our target settings, barriers, and facilitators to implementing IPC measures, and interventions to improve adherence.

Surveys were undertaken of staff working in each setting to understand the met and unmet needs of staff to enable effective IPC measures to be in place to prevent harmful infections or outbreaks, and the barriers and facilitators to implementation of effective IPC measures in each setting. The questionnaire was informed by the literature review. Stakeholder focus groups and interviews, and a prioritisation exercise were also undertaken.

Key findings from the surveys were:

- Respondents were generally confident in their IPC knowledge, skills and behaviours, but the survey findings suggest opportunities for additional training, increased awareness of guidance, and monitoring of IPC behaviours through audit and other approaches.
- Many care homes use in-house IPC training but we have no information about its quality. Some staff are unaware of training that is available.
- Cost and time are barriers in education and general practice.
- Many respondents across all sectors said they feel compelled to come into work even if they are unwell with an infection.
- Whilst many staff are aware of an IPC champion or lead in their organisation, in others including domiciliary care and general practice, awareness or existence of such a role is less common. (This question was not asked of education because an IPC lead or champion is not currently common practice, although there is a health and safety lead.)

A previous care home survey and stakeholder interviews reported high levels of satisfaction and value about the involvement of the IPC team. However, the prioritisation exercise demonstrated that the resource is stretched between multiple settings and between prevention and control such that, for some settings such as domiciliary care and primary care (general practice), there is so little time available within existing resource that little can be achieved within that time. This reinforces the need not only for additional resource, but also for approaches that build resilience and capacity within the setting as opposed to direct delivery.

### **Where do we want to get to and how will we get there?**

The strategy sets out a vision for all health and care professionals working in the community to have the capability, opportunity, and motivation to implement infection prevention and control measures in their setting to protect those who use their services or live, work, or study in their settings.

This strategy is guided by the following principles:

- We will work as a whole system to implement IPC measures in community settings.
- Recognising that the specialist community IPC nurse team is a finite resource, we will seek to work as partners to maximise impact by prioritising the deployment of the team.

- With the support of partners, the specialist community IPC team will seek to build resilience and capacity within the community by training and supporting key professionals already working in or with settings.

Thirteen goals were agreed by the strategy development group, and how we will achieve and monitor them. These are outlined in the strategy document. They cover:

- Funding and prioritisation;
- Building IPC capacity in community settings; and
- Preventing infectious presenteeism.

### **Implications**

<b>Policy</b>	This strategy seeks to implement national guidance by the Department of Health and Social Care and NHS England as well as local policy. The strategy has been developed collaboratively by Northumbria Healthcare NHS Foundation Trust, Northumberland County Council, North Tyneside Council, North East and North Cumbria Integrated Care Board in Northumberland and in North Tyneside, UK Health Security Agency, and Cumbria Northumberland and Tyne and Wear NHS Foundation Trust. It reflects the ‘whole system approach to health and care’ theme of the Joint Health and Wellbeing Strategy.
<b>Finance and value for money</b>	One of the goals is for additional, long-term, sustainable funding to maintain and increase the scope and magnitude of activities of the IPC team to support more settings in the community. The strategy implementation group will work with partners across the system to continue to make the case for equitable, sustainable investment in IPC expertise. Nevertheless, the strategy focuses on using existing resources to build resilience and capacity within community services, teams and settings to implement effective IPC interventions.
<b>Legal</b>	All care organisations must demonstrate compliance against in the Health and Social Care Act 2008: Code of practice on the prevention and control of infections. <sup>18</sup>
<b>Procurement</b>	If funding were identified for additional specialist IPC resource, there may be implications for procurement.
<b>Human Resources</b>	The focus of the strategy is on mobilising existing assets within our communities and systems: upskilling professionals who visit care homes; and linking with Health and Safety teams, head teacher networks, IPC champion roles, and care home and domiciliary care forums. There are therefore implications in terms of training and workforce.

<b>Property</b>	There are no specific implications for property.
<b>Equalities</b> (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	An EIA has not been undertaken for the purposes of this report. People in inclusion health groups and those with lower socioeconomic status are consistently at higher risk of infectious diseases, antimicrobial resistance and incomplete or delayed vaccination. Implementation of this strategy would help to reduce those inequalities. The priority of the community IPC team is care homes because of the large number of vulnerable residents with disabilities. Disability is a protected characteristic in the Equality Act. Therefore, activities to support care home staff are helping to reduce inequalities. This argument similarly applies to the potential for expansion to protect general practice patients and domiciliary care service users, many of whom will also be vulnerable and have disabilities.
<b>Risk Assessment</b>	A formal risk assessment has not been undertaken for this strategy. However, implementation of the strategy would reduce risks related to harmful infectious diseases affecting Northumberland residents and patients.
<b>Crime &amp; Disorder</b>	None identified.
<b>Customer Consideration</b>	One of the aims of the strategy is to minimise preventable incidents and outbreaks of harmful infection in community settings.
<b>Carbon reduction</b>	None identified.
<b>Health and Wellbeing</b>	This strategy seek to protect the health of the population and support preparedness for pandemics and other infectious threats.
<b>Wards</b>	All

**Background papers:**

- Northumberland and North Tyneside Community Infection Prevention and Control Strategy (2023-2028)
- Appendices 1-4 for the strategy
- References as listed at the end of this report.

## **Report sign off.**

**Authors must ensure that officers and members have agreed the content of the report:**

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## **References**

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- <sup>2</sup> <https://coronavirus.data.gov.uk/details/deaths> [Accessed 20th July 2023; data up to 16<sup>th</sup> June 2023]
- <sup>3</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/30march2023>
- <sup>4</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-9309/>
- <sup>5</sup> <https://apps.who.int/iris/handle/10665/354489>.
- <sup>6</sup> <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance/health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
- <sup>7</sup> <https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>
- <sup>8</sup> <https://www.ips.uk.net/resources/file/IPS-R-QMVNO2HHNX3P9L6>
- <sup>9</sup> <https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-1-standard-infection-control-precautions-sicps/>
- <sup>10</sup> <https://www.ips.uk.net/ips-competencies-framework>
- <sup>11</sup> <https://www.england.nhs.uk/long-read/infection-prevention-and-control-education-framework/>
- <sup>12</sup> <https://www.gov.uk/guidance/covid-19-information-and-advice-for-health-and-care-professionals>
- <sup>13</sup> [Health protection in children and young people settings, including education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-protection-in-children-and-young-people-settings-including-education)
- <sup>14</sup> [Home \(e-bug.eu\)](https://www.e-bug.eu/)
- <sup>15</sup> <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care>
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- <sup>18</sup> <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance/health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>