Title: Public Health Programme Board Strategic Delivery Plan Update

Report of the Director of Public Health

Open Report

For Decision

Wards Affected: All

Key Decision: None

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Sponsor:
Matthew Cole, Director of Public Health

Summary:
This report seeks to give assurance to the Health and Wellbeing Board on the work plan being delivered by Public Health Programmes Board (PHB). The deliverables in the work plan of the PHB come to the Health and Wellbeing Board for discussion and decision:

The PHB has an important sub-committee called the Health Protection Committee that has an oversight responsibility on the national programmes for immunisation and screening. This report focuses on the performance and issues in national immunisation and screening programmes in Barking and Dagenham and London. The national programmes operate as a London system.

Section one of the report focuses on the national screening programmes. Screening tests are used to identify those at higher risk of a health problem. Early intervention can reduce mortality, morbidity and economic cost of lifelong treatment and support from health, education and social services. The tests can help in decision making about care or treatment. The cancer screening programmes (bowel, breast and cervical) are the primary area of concern where none are delivering the national targets.

Further actions to improve performance against national standards in the Antenatal Newborn Screening programmes at both Barking Havering and Redbridge University Hospitals NHS Trust and Barts Health NHS Trust are required in the following programmes:
- Foetal anomaly screening
- Sickle Cell and Thalassaemia screening
- Newborn bloodspot screening
- Newborn and infant physical examination

The other non-cancer screening programmes of abdominal aortic aneurysm and diabetic retinopathy are performing well.

Section two of the report focuses on the London system for the national immunisation programme. Vaccination continues to have a historical place on a par with the provision of clean water and improved sanitation as one of our society’s most fundamental tools in
the continuing battle for better public health. Vaccination remains the safest and most effective way of protecting you against serious diseases. Areas of concern are the uptake of the childhood immunisation programme at 24 months and 5 years as well as uptake of the seasonal flu programme. The delivery of the Neonatal BCG programme has been seriously affected by the global shortage of vaccine. The London Immunisation Board has agreed a range of actions to improve uptake and our Health Protection Committee has agreed and monitors the Barking and Dagenham action plan.

NHSE London provide quarterly reports on the national screening and immunisation programmes to the Director of Public Health and are scrutinised by the Health Protection Committee and the Council’s Assurance Group to provide a level of assurance that the programmes and measures to prevent and manage communicable disease continues to be effective.

**Recommendations**

The Health and Wellbeing Board is asked to:

(i) Note and discuss the contents of the report.

(ii) Request that Health and Social Care Commissioners provide performance updates as part of the Board’s quarterly performance report on the measures being taken to prevent Health Care Associated Infections within both the hospital and community settings.

(iii) Request that NHS England London provide a quarterly performance report on the actions to improve coverage figures for antenatal screening and immunisation.

(iv) Request that the NHS agrees clear arrangements to manage babies moving into their area without full newborn screening.

**Reason(s)**

Under the Health and Social Care Act 2012 the statutory Health and Wellbeing Board has a duty to protect the health of the population. This includes assuring that steps are taken to protect the health of their population. The Director of Public Health (DPH) has a duty to ‘provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority’s area, with a view to promoting the preparation of appropriate local immunisation and screening arrangements’. In order to undertake this duty, and to provide appropriate advice as to the adequacy of local health protection arrangements, the DPH needs to be assured and satisfied that there are adequate health protection immunisation and screening plans in place to protect the local population.

NHS Public Health Functions Agreement (Section 7A or s.7A) of the NHS Act 2006, as amended by the Health and Social Care Act 2012, outlines the specific responsibilities of NHS England for the commissioning of certain public health services as part of the wider system design to drive improvements in population health. In terms of plans for the national immunisation and screening programmes. NHS England (NHSE) is accountable for delivery. Public Health England is responsible for providing public health advice on the specification of the national programme, and also a quality assurance function with regard to screening.
1.0 Background

The Public Health Programmes Board (PHB) was created as part of the governance structure to provide assurance and oversee a number of statutory responsibilities and specific areas of governance that are inherent in our Public Health programme. The outputs of work programme go directly to the Health and Wellbeing Board for discussion and decision: The programme to date has delivered the following to the Board:

- Quarterly health and wellbeing system performance reports
- June 2016 – Statement on the allocation of the Public Health Grant 2015/16
- April 2016 - Public Health Procurement Plan for contracts over £500k for 2016/17
- January 2016 – Procurement Strategy for 5-19 Healthy Child Programme
- September 2015 – Procurement Strategy for the Integrated Sexual Health Services
- July 2015 – Annual Health Protection Profile
- July 2015 – Health and Wellbeing Year End Performance Report
- May 2015 - Refresh of the joint Health and Wellbeing Strategy 2015 to 2018 and Delivery Plan
- March 2015 - Procurement Plan and Commissioning Intentions 2015/16

Over the last two years the Health Protection Committee has been working with NHS England London and Public Health England to produce assurance reporting on the national immunisation and screening programmes in view of their importance to improving the health of the borough. The recently established quarterly reporting now gives us a clear picture of the performance and issues inherent in these national programmes. The Board will not have seen the following detailed overview before.
SECTION ONE – National Screening Programmes

2.0 Introduction

Screening tests are used to identify those at higher risk of a health problem. Early intervention can reduce mortality, morbidity and economic cost of lifelong treatment and support from health, education and social services. The tests can help in decision making about care or treatment.

This report provides the Health and Wellbeing Board with an update on the work of the NHSE London. This includes an update on 2016/17 commissioning intentions, actions, plans and progress on a number of contract retenders.

3.0 Cancer Programmes

Cancer screening programmes coverage and uptake in Barking and Dagenham is RAG rated RED. Barking and Dagenham is much lower than the England average of the cancer screening programmes and London is the only region with screening coverage below the NHS Cancer Screening Programmes minimum standard. The following outline performance and mitigations being undertaken by NHSE.

3.1 Breast Screening Uptake and Coverage

Table 1: Breast screening for 2014/15 is as follows:

<table>
<thead>
<tr>
<th>Area name</th>
<th>Breast screening coverage within last 3 years (53-70 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>64.3%</td>
</tr>
<tr>
<td>London</td>
<td>68.3%</td>
</tr>
<tr>
<td>England</td>
<td>75.4%</td>
</tr>
</tbody>
</table>

Source: HSCIC

Barking and Dagenham is performing worse than both national and regional averages.
On 24 February 2016 the Health and Social Care Information Centre published statistics on the NHS breast screening programme in England, 2014-15. This statistical bulletin summarises the information about the NHS Breast Screening Programme England at national and regional level. The data include those invited for breast screening, coverage, uptake of invitations, outcomes of screening and cancers. **The key points for London:**

- As at 31st March 2015, 475,253 women aged 53-70 were screened in London, giving rise to a breast screening coverage of 68.3% of women eligible for breast screening who were screened adequately within the previous three years. This is much lower than the England average of 75.4%, and London is the only region with screening coverage below the NHS Cancer Screening Programmes minimum standard of 70.0%.
- Over the past decade, the proportion of women aged 50-70 who took up the invitations to screen increased from 61.3% to 62.6% in London, which is in contrast to the slight reduction in screening uptake in England (from 74.4% to 71.3%).
• However, between 2013/14 and 2014/15 there was a small reduction in the proportion screened in both London (0.6 percentage points) and England (0.4 percentage points), continuing the downward trend from 2012.
• The rate of cancer detected among women who were screened in London was the same as in England (both 8.3 per 1,000).

There are inequalities between London boroughs in the percentage of women eligible for breast screening who were screened adequately within the previous three years. As at 31 March 2015, figures ranged from 56.3% in Camden to 78.7% in Havering. Barking and Dagenham is 64.3%.

3.2 Breast screening Hub Mobilisation

The Director of Public Health has received details of the 6 Clinical Providers of London’s breast screening service, noting the only change currently is the move of provider responsibility from Barking Havering and Redbridge University Hospitals NHS Trust to InHealth and that the Central and East London contract, currently provided by Barts Health NHS Trust was not awarded and will be retendered. The Royal Free London NHS Foundation Trust (Royal Free) was awarded the contract to provide an administrative hub function across the 6 clinical services.

For various reasons (one of which is set out below; Breast Screening Select) NHSE have had a slow mobilisation process. NHSE have decided in the interests of continuity and safety to go live with the 3 North East London services i.e. the North London, Central and East London and InHealth services. NHSE are currently working with Screening Quality Assurance, PHE and the Royal Free to resolve some IT issues to ensure connectivity and access to data by the new hub service.

3.3 Breast Screening Select

One of the delays to mobilisation has arisen because Public Health England have decided to take the opportunity of changes to the NHSE primary care support services contract (PCSS), which has now been awarded to Capita to move away from the existing call and recall function on the Exeter System and introduce a new system, Breast Screening Select. The new system is due to be introduced in June across England. Providers were invited to a workshop in March to discuss changes and to undertake some preparation work. The new system requires services to call by practice rather than individual GP. NHSE have been informed there should be no down time during the system change, but we will need to monitor this carefully given our poor performance on breast screening coverage and uptake already.

3.4 Bowel Cancer Screening Uptake and Coverage

Table 2: Bowel screening for 60-69 year olds, the 2014/15 data:

<table>
<thead>
<tr>
<th>Area name</th>
<th>Bowel screening uptake within last 12 months (60-69 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>39.7%</td>
</tr>
<tr>
<td>London</td>
<td>47.8%</td>
</tr>
<tr>
<td>England</td>
<td>57.1%</td>
</tr>
</tbody>
</table>

Source: HSCIC
We are, like all London boroughs except for Richmond-upon-Thames, performing significantly worse than the national average. Only Hackney, Newham and Tower Hamlets have lower rates than Barking and Dagenham in London.

Uptake and Coverage in London overall increased by 1.2 and 1.6 % respectively. This was partly the result of the following actions:

- A multi-stakeholder Bowel Screening Uptake Improvement Task and Finish Group led by NHSE has been meeting regularly to develop initiatives to address uptake.
- NHSE is working with the London Hub to implement the use of GP endorsed letters invitation letters. This will increase uptake by 1% using the ASCEND banner, which has been demonstrated to increase uptake by around 1%. Difficulty in gaining approval from the National Team has led to a delay in delivery of this initiative. NHSE is now planning to launch this in April 2016 following completion of the National ASCEND 2 trial, which will evaluate the impact of using a GP endorsement banner on kit letters.
- A London wide pilot of screening using faeco-immunochemical testing is underway. This pilot will evaluate the impact on uptake using this FIT test instead of the FOB Test. One in twenty participants will be sent a FIT test by the London Hub over the course of six months. It is likely that the results along with those from other areas where this has already been trialled will lead to a national decision to implement this test instead of the FOB test.

3.5 Cervical Cytology Screening

The cervical screening programme is predominantly delivered by General Practice. Table 3: Cervical screening for the 25-49 age group the figures for 2014/15:

<table>
<thead>
<tr>
<th>Area name</th>
<th>Cervical screening uptake within last 3.5 years (25-49 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>68.2%</td>
</tr>
<tr>
<td>London</td>
<td>65.6%</td>
</tr>
<tr>
<td>England</td>
<td>71.2%</td>
</tr>
</tbody>
</table>

Source: HSCIC

Barking and Dagenham has a rate that is lower than the national average, but higher than the regional average. In the twelve months to August 2015, cervical screening coverage declined across England (0.6%) and London (2%). The reasons for this are not yet clear. The decline is greater in younger women.

There are several initiatives that will improve coverage in London:

- The GP contact (PMS) review currently underway across London, has included cervical screening coverage in the core specification.
- Development and cascade of the cervical screening primary care best practice guide will improve uptake and coverage in practices that implement the key recommendations related to cervical screening.
- Imperial are currently undertaking a randomised controlled trial of texting within the cervical screening in programme in Hillingdon.
- Queens University is designing an HPV self-sampling trial for London.
3.6 Sample Handling Policy

NHSE began collecting information on sample handling errors in June 2015 to monitor progress on the implementation of the Sample Handling Guidance, issued in March 2015. To support continuous improvement, laboratory staff have been asked to monitor inadequate samples and the late receipt of samples.

The aim of collecting data on sample handling errors is helping us to identify individual sample takers, GP practices and clinics who are contributing to the breach of the NHS Cervical Screening Programme (CSP) standard that 98% of women should receive their test results within 12 days. The information gathered will help to inform plans to improve performance in the 14-day TAT (Turn-around Times). As we start to get a bank of data we are able to identify issues with providers and will be working with CCGs to support practices as part of their role in co-commissioning primary care.

To date labs have a rejection rate of between 0.1-6.9%, or overall 3% which is the equivalent to requiring 20,000 smears to be re-taken across London. Given the current challenges with the uptake of cervical cytology this is an area where NHSE can drive improvements. A work plan has been agreed between the labs, NHSE and practices to support this work.

3.7 62 Day Cancer Screening Performance

Achieving the overall 62 day cancer waiting target is a key priority for NHSE London. By supporting work to reduce and then eliminate any breaches of people identified through screening programmes being admitting to the relevant treatment pathway within 62 days of the referral being made. A separate report on BHRUT referral to treatment times is included in the Board’s agenda pack.

In the last four quarters (Q4 2014/15 –Q3 2015/16):

- **Breast screening performance against target has improved.** This is as a result of NHSE working with breast screening units to develop Cancer Waiting Times (CWT) guidance and patient trackers lists. With the support of the London Cancer Alliance, NHSE and units now routinely monitor all breaches and audit the pathway of all screen-detected breast cancers on a quarterly basis.

- **Bowel screening performance remains variable.** The first 28 days of the 62 day pathway are within the screening programme. There are very few breaches across London during this period. The bottleneck appears to occur post-colonoscopy and after referral to treatment services. NHSE is working with the delivery team to identify the reasons and consider joint actions to support improvement.

- **Cervical screening performance is good but incomplete.** Approximately 70% of women with screen-detected cervical cancers are not put on the urgent 62 day pathway. NHSE convened a Task and Finish Group which undertook a baseline assessment of current cervical cancer CWT pathways across London. Using the responses from providers, the Group has developed guidance and an FAQ which be circulated to all Trusts’ in March.
Screening services and screen detected cancers are not incorporated in many Trusts’ cancer governance arrangements. The pathway to treatment and general performance and quality have not benefited from the rigorous internal and external monitoring that other urgently referred cancers. NHSE London team are working with providers and systems resilience fora to support the integration of cancer screening quality and performance with broader cancer governance structures within London Trusts’. In addition, the NHSE have instigated a number of practical steps to help Trusts’ including:

- Implementation of an explicit performance improvement framework with the use of contract levers and joint working with CCGs and PHE Screening QA.
- Clinically led pathway redesign and improvement e.g. 62 day waits guidance.
- Development of polices, guidelines and protocols.
- Improvements in reporting and join up of system e.g. with sample handler error reporting.
- Supporting Trusts in terms of integrate governance structures.

NHSE aim for 2016/7 is to minimise if not eliminate 62 day screening cancer breaches.

4.0 Antenatal and Newborn Screening

Maternity services for the residents of Barking and Dagenham are provided by Barts Health NHS Trust (Barking Hospital) and Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). The programmes at both NHS Trusts are critical interventions to improve care during pregnancy, childbirth and the postnatal period as well as feeding is likely to improve the immediate and longer-term health and well-being of the individual infant and have a significant impact on neonatal and infant mortality at a population level.

Screening tests are used to find women and babies at higher risk of a health problem. Early intervention can reduce mortality, morbidity and economic cost of life long treatment and support from health, education and social services. The tests can help in decision making about care or treatment during pregnancy or after the baby is born. Some screening tests are offered within a matter of hours after the baby born.

There are six Antenatal and Newborn screening programmes, screening for a total of 30 conditions:

- Foetal Anomaly Screening Programme
- Infectious Diseases in Pregnancy Screening Programme
- Newborn and Infant Physical Examination Screening Programme
- Newborn Bloodspot Screening Programme
- Newborn Hearing Screening Programme
- Sickle Cell and Thalassaemia Screening Programme
4.1 Antenatal and Newborn screening programmes RAG rated **RED**:

Foetal anomaly screening (FASP, includes Down’s Syndrome, Edwards’ Syndrome and Patau’s Syndrome). The two components to this programme were outlined in the Dec 2015 update. The FASP key performance indicator (KPI) measures the completeness of the information provided in the request form, which is needed for the risk calculation. The acceptable target for this is 97.0% and achievable is 100%. BHURT at 92.3% is one of the 6 maternity providers in London region that did not meet the acceptable standard, with three of these not having met the target at all in the past two years.

**Timely referral of hepatitis B positive women for specialist assessment**

Women found to be Hep B positive should be referred to a liver disease specialist within 6 weeks, for full assessment, treatment if indicated, and to plan for the birth of the baby. This is a KPI, with the acceptable standard for this 70% of women seen within 6 weeks and the achievable standard 90%. Achieving this standard is a challenge for many units. Due to small numbers, quarterly KPI data is not published for this indicator below regional level.

Table 4: KPI ID2 - Antenatal infectious disease screening – timely referral of hepatitis B positive women for specialist assessment.

<table>
<thead>
<tr>
<th>KPI ID2</th>
<th>Q1 2014/15</th>
<th>Q2 2014/15</th>
<th>Q3 2014/15</th>
<th>Q4 2014/15</th>
<th>Q1 2015/16</th>
<th>Q2 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>69.2%</td>
<td>65.8%</td>
<td>69.2%</td>
<td>67.9%</td>
<td>73.2%</td>
<td>73.3%</td>
</tr>
<tr>
<td>North</td>
<td>66.5%</td>
<td>68.8%</td>
<td>71.4%</td>
<td>72.4%</td>
<td>74.8%</td>
<td>70.2%</td>
</tr>
<tr>
<td>South</td>
<td>79.1%</td>
<td>71.6%</td>
<td>75.4%</td>
<td>77.3%</td>
<td>71.7%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Midlands &amp; East</td>
<td>77.2%</td>
<td>73.5%</td>
<td>76.5%</td>
<td>82.0%</td>
<td>77.8%</td>
<td>81.9%</td>
</tr>
<tr>
<td>London</td>
<td>63.2%</td>
<td>58.6%</td>
<td>60.5%</td>
<td>56.1%</td>
<td>70.2%</td>
<td>67.8%</td>
</tr>
</tbody>
</table>


NHSE are working with CCG commissioners to ensure that maternity services are able to access timely referral to appropriate specialist assessment for women in those areas where this is a problem. London has a higher proportion of women who screen Hep B positive, so the poorer performance in London is a particular problem. This will continue to be a focus in 2016/17, with those units which are worst performing being targeted.

**Timeliness of Sickle Cell and Thalassaemia (SCT) testing**

The importance of the SCT testing being done as early in pregnancy as possible was outlined in the Dec 2015 update. The acceptable target for this is 50% and achievable is 75%. BHRUT is currently at 34.5% and Barts Health NHS Trust is 8.1%. This requires urgent attention looking at bookings by 10 weeks, in line with the SCT target and NICE guidance.

**Newborn Infant Physical Examination (NIPE)**

In preparation for reporting KPIs for the NIPE programme, providers are required to install IT systems with functionality to meet national specifications and provide failsafe for the NIPE programme by the end of March 2016. Once installed, KPI data should be submitted. Providers in London Region overall have been slower than the other regions in establishing data reporting, with below 30% reporting by
Q2 2015/16. However, all providers have action plans in place to commence reporting by April 2016.

Newborn bloodspot testing
NHSE London has focused strongly in 2015/16 on reducing the proportion of babies having an avoidable repeat bloodspot sample taken. Information on the reasons behind the avoidable repeats has been fed back to each provider, and a trajectory agreed with each so that all can meet the acceptable standard of 2.0% by the end of 2015/16. The work towards this started in mid-2015, and the impact can be clearly seen on the overall performance of London compared to other regions from Q4 2014/15 onwards.

This has mitigated the impact of the more stringent new standards introduced in April 2015, and London has a smaller percentage of babies requiring an avoidable repeat test than any other region. However, in Q2 15/16 there were 898 babies who did require an avoidable blood sample, causing distress to the baby and family and cost to maternity services. This will continue to be a focus for 2016/17, and trajectories will aim for the achievable standard of 0.5%. Both Barts and BHRUT have work to do to achieve the standard and the high number of repeats suggests a training need for midwives.

4.2 Antenatal and Newborn Screening programmes RAG rated GREEN:

- Newborn hearing screening coverage
- Antenatal sickle cell and thalassaemia screening - completion of FOQ
- Antenatal sickle cell and thalassaemia screening – coverage
- Antenatal infectious disease screening - HIV coverage

5.0 Other programmes

In contrast to Cancer and some of the Antenatal and Newborn Screening programmes the following programmes are RAG rated as GREEN:
Diabetic Retinopathy Screening
For Diabetic Retinopathy the most recent information is for 2013/14 and is as follows:

<table>
<thead>
<tr>
<th>Area name</th>
<th>Diabetic retinal screening uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>85.2%</td>
</tr>
<tr>
<td>London</td>
<td>82.5%</td>
</tr>
<tr>
<td>England</td>
<td>82.6%</td>
</tr>
</tbody>
</table>

Source: QOF

We are performing significantly better than the national figure for diabetic eye screening, and have the tenth highest rate of all London boroughs.

Alternatively, there is 2014/15 data by provider with data as follows:

<table>
<thead>
<tr>
<th>Area name</th>
<th>Diabetic retinal screening uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>City &amp; Hackney, Redbridge and Barking &amp; Dagenham Diabetic Eye Screening Programme</td>
<td>85.8%</td>
</tr>
<tr>
<td>London</td>
<td>81.9%</td>
</tr>
<tr>
<td>England</td>
<td>82.9%</td>
</tr>
</tbody>
</table>

As part of the re-procurement of London programme NHSE oversaw the reconfiguration of 17 programmes into 5 across London. All the 5 programmes are in the process of establishing Data Extraction from GP systems to identify patients with diabetes. Programme Boards begin in Q1 2016-17. Hospital Eye Service referral locations remain as prior to re-procurement.

Abdominal Aortic Aneurysm Screening Programme
For Abdominal Aortic Aneurysms, the most recent data is for 2014/15 and is as follows:

<table>
<thead>
<tr>
<th>Area name</th>
<th>AAA uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>78.0%</td>
</tr>
<tr>
<td>London</td>
<td>74.4%</td>
</tr>
<tr>
<td>England</td>
<td>79.5%</td>
</tr>
</tbody>
</table>

Source: NHS screening programmes in England via Screening Management and Referral Tracking (SMaRT)

We are performing slightly worse than the national average, but higher than the London average. The national standard for uptake is as follows: >=75% is deemed acceptable, while >=85% is deemed achievable.
SECTION TWO – National Immunisation Programmes

6.0 Introduction

Vaccination continues to have a historical place on a par with the provision of clean water and improved sanitation as one of our society’s most fundamental tools in the continuing battle for better public health. The borough has, for many years, had lower than average vaccination coverage levels, often markedly so. NHSE London vision is to empower Londoners to eliminate vaccine-preventable diseases from London by:

7.0 Quarterly performance report (December 2015)

The London Immunisation Boards latest quarterly report (December 2015) details the performance of the London system and Barking and Dagenham’s within this context. We are currently RED RAG rated on:

- **Diphtheria, tetanus, pertussis, pneumococcal, haemophilus influenza type b (DTaP/IPV/Hib).** The borough is below the national target of 95% but achieving above the London average for at 12 months with 93% uptake in Q2 15/16 compared to 90.2% for London and is similar to the England average of 93.5%.
- **24 month vaccinations.** The uptake is below the national target of 95%, with 86.6% uptake for the pneumococcal (PCV) booster and measles, mumps and rubella (MMR1), and 86.4% for the haemophilus influenza type B and meningitis C (Hib/MenC) booster.
• **5 year vaccinations.** Uptake is below the national target of 95% at 84.1% for the DTaP/IPV booster, and 83.6% for the MMR2.

• **Seasonal flu programme** is currently performing below national targets.

• **Shingles vaccination programme** is currently performing below the London average for shingles uptake.

• **Hepatitis B vaccination** rates are below the London averages. Two children in each cohort had not completed vaccinations in Q3.

We are currently **GREEN** rated on:

• **Pertussis** vaccinations in pregnant women are performing above the London average but remain below the England average for uptake.

• **Human papilloma virus (HPV)** vaccination is achieving above the London average for uptake. England uptake rates for 2014/15 are not currently available.

**8.0 Meningococcal B (Men B) vaccination programme**

Data from the first six months of the Men B vaccination programme have been published. London exceeded its aim of vaccination of >50% with 89.45 for one dose of Men B in six month old babies and 78.5% for the second dose. Barking and Dagenham has performed well with % with one dose 90.8% and % vaccinated with two doses 79.9%. The drop for the 2nd dose suggesting that not all 6 month old babies are having their vaccines in accordance to the routine schedule. Work on the consolidation of the Men B vaccination programme continues.

**9.0 Neonatal BCG vaccination programme**

The universal neonatal programme provided by NELFT across Barking and Dagenham, Havering and Redbridge is **RED** rated with currently a backlog of 2,820 babies. The reason for the backlog is the vaccine stock shortage for BCG and NELFT having to prioritise those babies in line with guidance. There is a global shortage of vaccine due to manufacturing problems with the Pharma provider. There are no other arrangements to procure the vaccine nationally. This is an issue affecting the whole of London and NHSE are working with providers to understand what BCG vaccine stocks we have across London and they are requesting this data from each provider:

(a) the number of vials of BCG vaccines they currently hold in stock and are expecting for imminent delivery.

(b) the number of planned appointments due to be delivered next week.

NHSE will await PHE advice on any possible reprioritisation and lines to inform patient/parent communications. The situation is being monitored through the Health Protection Committee.

The local programme has been effected and there is a risk that current stocks run out by the end of the month. As a mitigation the Medicines and Healthcare Products Regulatory Agency (MHRA) have extended the listed expiry date of the vaccine from 29 February 2016 to 31 August 2016 so that BCG vaccinations programmes can continue. This does not affect the efficacy of this vaccine.
10. **Procurement of School Aged Vaccinations**

NHSE are now concluding procurement for school-aged vaccinations, including School Yrs. 1, 2 and 3 universal offer of child flu vaccinations. The new providers will be known by 10th April 2016.

11. **Rubella Infection in pregnancy and congenital Rubella**

Cases of Congenital Rubella Syndrome (CRS), Congenital Rubella Infection (CRI) and Rubella Infections in Pregnancy have been very rare in the UK, since the addition of the Measles, Mumps and Rubella (MMR) vaccine to the childhood immunisation schedule in 1988 with rapid achievement of high coverage. A single dose of Rubella-containing vaccine confers around 95 -100% protection against Rubella. Between January 2005 and December 2015, there were 23 Rubella infections in pregnancy in England and, were known, 62% of infections were acquired abroad. Of these 23 infections there were 7 cases of CRI/CRS, 4 pregnancies were terminated before term, 2 intra-uterine deaths and 10 non-infected infants.

Investigation of the 3 recent cases led by the Local Health Protection teams has highlighted common missed opportunities:

- MMR vaccine status of children and women of child bearing age entering the UK was not checked and vaccination was not offered routinely at GP registration or school checks.
- Incorrect management of a rash illness in pregnancy including a lack of understanding of the appropriate diagnostic tests and their interpretation.
- Incorrect interpretation of ante natal Rubella susceptibility screening results.
- Lack of documentation of rash illness in pregnancy and lack of communication and information sharing between primary care and maternity links.

**Implications and recommendations for the Council:** Since 2013 the Council has been responsible for commissioning public health services for school aged children (5-19) and assumed responsibility for commissioning health visiting from 1st October 2015. As part of the universal offer health visitors have a responsibility to check maternal MMR status at the new baby review (by 14 days old), 6-8 week and 9-12 month baby assessments and to refer the mother for MMR vaccination as appropriate. The Council has made sure that the contracts for school nursing and health visiting services include MMR status and seek assurance that contractual responsibilities are being fulfilled with our current provider North East London NHS Foundation Trust.

In addition, the Council is continuing to work with partners to ensure plans are in place to maximise the uptake of MMR vaccine and where necessary challenge performance and escalate concerns to the Health Protection Committee.

12. **Heightened Seasonal Influenza and Scarlet Fever Activity in England March 2016**

Levels of Scarlet Fever in England have been higher between week 37, 2015 and week 9, 2016 than for the same period in the previous two seasons. 1153 Scarlett Fever notifications were reported in week 11. This is the third consecutive season
in which increased incidences of Scarlet Fever have been observed in England. This observed Scarlet Fever activity coincides with peak seasonal Influenza activity in England, which has occurred later than usual this year. In week 11, there were 77 new acute respiratory outbreaks, including 49 reported in schools and 15 from care homes.

The Council through the Director of Children’s Services will be sending a briefing reminding schools and childcare settings to inform our Health Protection Team about clusters of Scarlet Fever cases or Influenza among pupils and staff as per existing arrangements.


Measles activity in England has been at historically low levels since the MMR catch up campaign in 2013. However, an increase in Measles was observed in South East England, one was associated with travel from Somalia (5 confirmed) and the second following travel from Spain (25 confirmed) between October 2015 and January 2016. Since the beginning of February 2016, cases of Measles have been confirmed across London and the East of England (Cambridge, Hertfordshire and Essex), predominately in unimmunised adolescents and young adults (aged 14-40 years) without a history of recent travel. Many of these cases have been admitted to acute medical wards without isolation including one in intensive care.

Implications for the Council: Staff in nursery, school and college settings should be aware of the recent increase in Measles cases and the importance of reporting cases to their local Health Protection Team. They are also asked with their colleagues to raise awareness of the importance of the MMR vaccination. With the marked increase in Scarlet Fever activity across England, since the beginning of 2016 Scarlet Fever is characterised by a rash, which is usually accompanied by a sore throat and maybe confused with Measles. Therefore, it is essential that staff in the Council, nurseries, schools and college settings are aware of the importance of prompt notification of all suspected Scarlet Fever or Measles cases to their local Health Protection Team in order to undertake an appropriate risk assessment. A briefing was given to the Director of Children’s Services to be cascaded.

14. Consultation

Performance discussed at the Health Protection Committee.

15. Mandatory Implications

15.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment has a strong health protection analysis including detailed immunisation, screening and communicable disease sections within it. There is general agreement that cross-sector working in the borough with involvement from the NHS, employment, housing, police and other bodies, in addition to the Council’s children’s services and adult and community services is good.
15.2 Health and Wellbeing Strategy

This report is part of the performance framework of the joint Health and Wellbeing Strategy and delivery plan for 2015-2018.

15.3 Integration

Currently, health protection at the local level is delivered by a partnership of the NHSE, CCG, PHE and local authorities. The national immunisation programmes operate as a London system. NHSE is responsible for commissioning the programmes and accountable for their delivery. PHE is responsible for providing public health advice on the specification of the national programme, and also a quality assurance function with regard to screening. The local Director of Public Health has the mandated assurance role.

The Public Health Outcomes Framework includes a health protection domain. Within this domain there is a placeholder indicator, “Comprehensive, agreed inter-agency plans for responding to public health incidents”. The Department of Health is taking forward work to ensure that it can effectively measure progress against this indicator.

15.4 Financial Implications

Implications completed by: Olufunke Adediran, Group Accountant, Finance

There are no financial implications arising from the recommendations in this report.

15.5 Legal Implications

Implications completed by: Chris Pickering, Principal solicitor, Employment & Litigation

As this report is for noting and recommends regular reporting but does not make proposals for the spending of public money, there are no legal implications to this report.

15.6 Risk Management

Health protection needs constant appraisal and will always be in need of strengthening. There is great value in joint working and good communication, to maintain and/or heighten awareness, identify issues and provide for a more robust and effective response to problems, both current and emerging.

Directors of Public Health will advise on whether the programme in their area is meeting the needs of the population, and whether there is equitable access. They will provide challenge and advice to the NHSE on its performance, for example through the joint strategic needs assessment and discussions at the health and wellbeing board on issues such as raising uptake of screening, and how outcomes might be improved by addressing local factors. NHSE are accountable for responding appropriately to that challenge, and for driving improvement.