HEALTH AND WELLBEING BOARD

17th JUNE 2014

Title:	Annual Health Protection Profiles 2013 - North East and North Central London

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 summarises infectious disease notifications, outbreaks and health protection incidents that were managed by the North East and North Central London Health Protection Team in 2013. There is also a summary of important infections including Sexually Transmitted Infections and Healthcare Associated Infections in North East and North Central London, and their implications for Barking and Dagenham.

The report provides the Board with a level of assurance that the programmes and measures to prevent and manage communicable disease continue to be effective.

Recommendation(s)

The Health and Wellbeing Board is asked to note :

(i) The continued importance of Health Protection issues within the Borough, especially in relation to Sexually Transmitted Infections and HIV, Healthcare Associated Infections and vaccine preventable diseases (VPDs) such as Measles, Mumps and Pertussis.

(ii) The Director of Public Health advice that NHS England be asked to provide further information to the Board on the arrangements being put in place to improve performance in achieving the optimum uptake of immunisation programmes by the eligible population of Barking and Dagenham.

(iii) The provision of appropriate HIV testing services needs to be considered. National advice is that, when the diagnosed HIV prevalence is greater than 2 per 1,000, routine HIV testing for all general medical admissions and for all new registrants in primary care should be undertaken. Borough prevalence is at this level and therefore routine testing should be implemented.

(iv) The need to increase effort to prevent Health Care Associated Infections through key initiatives such as the appropriate use of antimicrobials, appropriate insertion and care of invasive devices and lines, and training in infection prevention and control for all care providers be included in the refresh of the Joint Health and Wellbeing Strategy.

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 from hazards, ranging from relatively minor outbreaks of infectious disease and contaminations, to full-scale emergencies, and to prevent as far as possible those threats arising in the first place.

Barking and Dagenham's 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 health protection 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 in the Borough.

1. Background and Introduction

1.1 Public Health England (PHE) is the expert national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.

1.2 PHE ensures there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies, including the future impact of climate change. PHE provides specialist health protection, epidemiology and microbiology services across England. For Barking and Dagenham these arrangements are managed by the North East and North Central Health Protection Team based in Victoria.

1.3 Improvement in the public's health has to be led from within communities, rather than directed centrally. This is why every upper tier and unitary local authority now has a legal duty to improve the public's health. Local health and wellbeing boards bring together key local partners (including NHS clinical commissioning groups who have a duty to address health inequalities) to agree local priorities.

1.4 PHE will support local authorities, and through them clinical commissioning groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it makes sense to do so. PHE in turn is the public health adviser to NHS England.

1.5 PHE works in partnership with the Chief Medical Officer for England and with colleagues in Scotland, Wales and Northern Ireland to protect and improve the public's health, as well as internationally through a wide-ranging global health programme.

1.6 NHS England has the responsibility for commissioning immunisation programmes for Barking and Dagenham residents.

1.7 Health Protection Profiles are prepared annually by the North East & North Central London Health Protection Team to provide a summary of the health protection issues affecting each borough in the sector.

2. Legislative Framework

2.1 Under Section 2A of the NHS 2006 Act (as inserted by Section 11 of the Health and Social Care Act 2012), the Secretary of State for Health has a duty to "take such steps as the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health". In practice, Public Health England will carry out much of this health protection duty on behalf of the Secretary of State.

2.2 Under a new Section 252A of the NHS Act 2006, the NHS Commissioning Board (NHS England) will be responsible for (a) ensuring that clinical commissioning groups and providers of NHS services are prepared for emergencies, (b) monitoring their compliance with their duties in relation to emergency preparedness and (c) facilitating coordinated responses to such emergencies by clinical commissioning groups and providers.

2.3 The Health and Social Care Act 2012 also amends Section 253 of the NHS Act 2006 (as amended by Section 47 of the 2012 Act), so as to extend the Secretary of State's powers of direction in the event of an emergency to cover an NHS body other than a local health board (this will include the NHS Commissioning Board and clinical commissioning groups); the National Institute for Health and Care Excellence; the Health and Social Care Information Centre; any body or person, and any provider of NHS or public health services under the Act.

2.4 The Council has statutory duties for controlling risks to public health arising from communicable diseases and other public health threats and must appoint a Proper Officer to undertake key functions. PHE provides the expertise to support local authorities in these functions and Consultants in Communicable Disease Control are generally appointed as the Proper Officer.

2.5 The Proper Officer appointed under the Public Health (Control of Disease) Act 1984 should be medically qualified. The main responsibility of the Proper Officer is to require information or action in relation to people, premises or objects which may be infected, contaminated or could otherwise affect health.

3 Local Health Protection Arrangements

3.1 The Director of Public Health (DPH) is responsible for exercising the new public health functions on behalf of the Council. The DPH has the responsibility for "the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health".

3.2 The delivery of Health Protection needs strong working relationships and the legislative framework that underpins this objective ensures that organisations do

what is required. At the local level NHS Barking and Dagenham Clinical Commissioning Group and NHS England have a duty to cooperate with the Council in respect of health and wellbeing.

3.3 Unitary and upper tier local authorities have a new statutory duty to carry out the Secretary of State's health protection role under regulations to be made under Section 6C of the NHS Act 2006 (as inserted by Section 18 of the Health and Social Care Act 2012) to take steps to protect the health of their populations from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to prevent as far as possible those threats arising in the first place.

3.4 Within this context, the Council has established a Health Protection Committee which supports the DPH in their role of leading the response, planning and preparedness to Health Protection challenges. The Committee reports through to the Health and Wellbeing Board.

3.5 The purpose of the Committee is to put this into practice through facilitating, reviewing and instigating actions to protect the health of the local population.

4. Health Protection Profile

This report highlights the following health protection issues for the London Borough of Barking and Dagenham (LBBD). The management, prevention and control of communicable disease has been effectively delivered last financial year by the partners. The key issues to note around the notifications of infectious diseases are:

4.1 The infectious diseases and / or agents that constituted the highest rates of notifications from LBBD in 2013 include:

- Campylobacter, which is a type of bacterium that causes food poisoning and is the commonest cause of gastrointestinal infections in the UK. There was a significant increase in these infections reported from LBBD in 2013 in comparison with previous years. Local acute trusts have moved to a lab-based surveillance system from one dependant on clinicians' verbal reporting, and the increase in reported campylobacter infections is considered to be due to this new system of reporting which was initiated in 2013.

- Mumps, which is a viral illness and is a vaccine preventable disease (VPD). Mumps is now more common, particularly in young adults who were not fully vaccinated against mumps in childhood and who have not been exposed to naturally occurring illness.

- Salmonella, which is another common cause of gastrointestinal infections, largely causing food poisoning. Salmonella infections are also related to travel and can be acquired from close contact with pets as well.

- There has been no confirmed of Measles reported from LBBD in 2013. Measles is a viral illness that can lead to serious complications, and this is also a vaccine preventable disease (VPD). The confirmed cases of Measles have been seen unvaccinated children or adults.

- There is a national outbreak of Pertussis (whooping cough), and this has also been reflected in an increase in cases reported from LBBD. We took part in the national campaign and programme to increase uptake amongst pregnant women. The Pertussis campaign hasn't been fully evaluated yet. The end-result being an non-event (that is, mums don't get Pertussis, and so they don't pass it on to their newborns) hence this will be difficult to evaluate, but a favourable outcome already is a reduction in the number of Pertussis deaths in neonates compared to 2012.

- Group A streptococci cause a range of infections from sore throat and scarlet fever to life threatening septicaemia. The current national rise in scarlet fever cases is also reflected locally, and some of these infections have been invasive.

- There were 11 outbreaks reported from LBBD in 2013. These related mainly to gastroenteritis outbreaks in care homes and schools. Compared to other boroughs in North East London (largest number reported = 22), this does not place LBBD as an outlier.

The Health Protection Team in Public Health England provides outbreak management advice and guidance to care homes and schools, working closely with the Environmental Health team from LBBD, the NHS, and the Directorate of Public Health. If an outbreak is protracted or there are concerns about food safety related to a food outlet or restaurant, or there are concerns regarding hygiene practices in a care home, environmental health officers are able to use legal powers under public health legislation to serve improvement notices, or even enforce the closure of premises that pose a significant public health risk.

4.2 Tuberculosis

There were 76 Tuberculosis (TB) cases reported from LBBD in 2013, out of 905 TB notifications from North East London, and 3020 TB notifications overall in London. The rate of TB in LBBD was 40.5/100,000 population in 2009, and following a low in 2012 of 35.2/100000 population, it was at 39.9/100,000 population in 2013.

The Director of Public Health introduced a universal BCG vaccination policy in 2009. At the time when this policy was introduced, the known TB rates in LBBD were just below 40/100,000. There was a TB incident in a local primary school in late 2008, where an unusually large number of children were found to be exposed to TB when screened. The Director of Public Health, with advice from the former Health Protection Agency (now part of Public Health England) introduced universal BCG vaccination in LBBD. Since April 2009, all babies born in LBBD are given the BCG vaccination at birth. This is in line with the policy in the neighbouring boroughs of Newham, Redbridge and Waltham Forest, and an example of an informed public health decision making based on epidemiological data and population needs.

45% of the patients diagnosed with TB in North East London in 2013 had pulmonary involvement. A small number of TB cases in LBBD were infectious and there were public health implications in three instances, where contact tracing exercises were undertaken in order to offer screening tests to those who were exposed. When TB notification exercises are undertaken, these are planned and

implemented collaboratively with the Directors responsible for Public Health, Housing, and of Environmental Protection at LBBD, the TB specialist team at Barking, Havering and Redbridge University Hospitals NHS Trust, and the Health Protection Team in Public Health England. As there are identified resources for dealing with outbreaks and incidents, there can be a prompt and efficient response. Media statements are prepared with comments from the Director of Public Health and the communication teams from PHE and LBBD which work collaboratively to field media enquiries. Public Health England have a 24/7 service that is able to respond to calls from those who are being offered screening, as well as worried members of the public.

4.3 Sexually Transmitted Infections (STIs) and HIV

Our picture of sexual ill health has seen a steady worsening. The key issues are:

- Like all boroughs in North East London, LBBD has seen a rise in the number of people living with HIV over the last five years. The number of people living with HIV and known to NHS and Social Care services has increased from 508 in 2008 to 706 in 2012. This represents a 39% increase. The two main groups with the highest levels of HIV infection are Black African heterosexual women and men who have sex with men (MSM) and we have invested in both local and pan London programmes that include education, support and rapid HIV testing. In 2012, among GUM clinic patients from Barking and Dagenham who were eligible to be tested for HIV, 73% were tested.

- LBBD is ranked 42 (out of 326 local authorities, first in the rank has highest rates) in England for rates of acute STIs in 2012. A total of 1996 acute STIs were diagnosed in residents of LBBD, (1077 in males and 918 in females), a rate of 1067.2 per 100,000 residents (males 1185.2 and females 954.7). 56% of diagnoses of acute STIs were in young people aged 15-24 years.

- The rate of chlamydia diagnoses per 100,000 young people aged 15-24 years in LBBD was 2331.3. LBBD has commissioned a Chlamydia Screening Programme that is working towards achieving a chlamydia diagnosis rate of at least 2,300 per 100,000 in the 15 to 24 year old age group and this is an indicator in the Public Health Outcome Framework. All young people aged 15 to 24 years should be screened for chlamydia at least annually or with every change of partner.

4.4 The Health and Social Care Act 2012 directs local authorities to commission appropriate access to comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention). To support universal and consistent provision of contraception there have been long standing legislative requirements to ensure access to, and free supply of, contraception.

The present Integrated Sexual Health Service contract and the Chlamydia Screening contract expired at the end of March 2014. The Health and Wellbeing Board extended these contracts at its February 2014 meeting for a further period of 18 months before commencing a procurement process which allows us to consider the following in respect of the services we wish to commission:

- Prevention efforts, such as greater STI screening coverage and HIV testing, and easier access to sexual health services, should be sustained and continue to focus on groups at highest risk, particularly Black African women, MSM and young people.

- Health promotion and education, which remain the cornerstone of STI and HIV prevention through improving public awareness of STIs and HIV and encouraging safer sexual behaviour such as consistent condom use and reductions in both the numbers and concurrency of sexual partnerships.

- Given the high rates of poor sexual health due to STIs, including HIV, in North East and North Central London it is clear that sexual health should remain a public health priority

- The Public Health Outcomes Framework includes an indicator to assess progress in achieving earlier HIV diagnoses. The provision of appropriate HIV testing services, to deliver against this indicator needs to be considered. As LBBD has a diagnosed HIV prevalence greater than 2 per 1,000, implementation of routine HIV testing for all general medical admissions and for all new registrants in primary care is recommended

- The changes to the NHS sexual health commissioning arrangements have led to fragmentation of STI and HIV services, which will inevitably dilute emphasis on prevention. Ensuring the provision of comprehensive sexual health services is a challenge which the new Sexual Health Commissioning arrangements will be required to address.

- Reducing the burden of HIV and STIs requires a sustained public health response based around early detection, successful treatment and partner notification, alongside promotion of safer sexual and health-care seeking behaviour.

- Increased access to STI and HIV testing and treatment, chlamydia testing, contraception and abortion services and HIV prevention and sexual health promotion work in schools would be the key components of a comprehensive and young people friendly service.

4.5 **Health Care Associated Infections**

The prevention of healthcare associated infections (HCAI) due to MRSA and Clostridium difficile (Cdiff) is a national priority and these infections are also included in the Public Health Outcomes Framework. NHS Barking and Dagenham Clinical Commissioning Group has the third highest rates of Cdiff infection in people aged over 2 years amongst North East London clinical commissioning groups at 17.5/100,000 population. Although this is below the England average of 27.3/100,000 population, it is among the higher rates in North East London. This indicates that there is substantial work to be done around antimicrobial use and prevention of Cdiff infection in the community.

The Barking and Dagenham rate for MRSA bacteraemias in the community is 2.1/100,000 population. This is higher than the national average of 1.7/100,000 and provides an important indicator of infections in the community. Work is

needed to improve training in the care of IV lines and catheters in the community to ensure that they are inserted safely and managed properly, so that MRSA bacteraemia can be prevented.

The Director of Public Health recommends that HCAI prevention through key initiatives – e.g. appropriate use of antimicrobials, appropriate insertion and care of invasive devices and lines, and all providers of care being trained in infection prevention and control is included in the refresh of the Joint Health and wellbeing Strategy.

4.6 **Immunisation coverage**

The 2013/14 Quarter 4 data for immunisation coverage is not due to be published by Public Health England until June 2014. In 2013/14 Quarter 3, and throughout the year prior to Quarter 3, LBBD had performed below the national average for uptake of two doses of MMR, and for DTaP/IPV at five years old. Two doses of MMR coverage is also below the London average, with 80.9% coverage, although DTaP/IPV is above the London average at 82.4% coverage. Both of these figures are the lowest quarterly uptake levels seen in the last two years.

The target for immunisation coverage at 5 years of age is 90%. Immunisation coverage in Barking and Dagenham is therefore lower than the national target, and lower than the regional average as well. Apart from not meeting targets, low immunisation coverage is a risk to the unimmunised children who are at risk of infection from the vaccine preventable diseases against which they are not protected.

For seasonal influenza immunisations in those aged 65 and over, LBBD performed better than the London average between September 2013 and January 2014 with 71.2% coverage compared to 70.0%, although this was 2.0% below the national average. The target for coverage was 75% so this was not achieved.

Provisional figures for HPV uptake from September 2013 to December 2013 show that LBBD has higher coverage than the regional average for both the first and second doses. Coverage for the first dose is just below the level for England as a whole, and second dose coverage is higher than the England average, at 79.2% compared to 69.8%.

Increasing immunisation uptake for both children and older people is a priority for the Council, local GPs and NHS partners. The Director of Public Health advises that NHS England provides further information to the Board on the arrangements being put in place to improve performance in achieving the optimum uptake of immunisation programmes by the eligible population of Barking and Dagenham.

5. Consultation

Performance discussed at the Health Protection Committee.

6. Mandatory Implications

6.1 **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.

6.2 **Health and Wellbeing Strategy**

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, public health, and adult social care with the children and young people's plan. The strategy is based on eight strategic themes that cover the breadth of the frameworks in which health protection is picked up as a key issue. These are Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures for immunisation, screening and communicable disease control are mapped across the life course against the four priority areas

6.3 **Integration**

Currently, health protection at the local level is delivered by a partnership of the NHS, the Public Health England and local authorities. Public Health England leads and delivers the specialist health protection functions to the public and in support of the NHS, local authorities and others through local health protection units a network of microbiological laboratories and its national specialist centres.

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.

6.4 **Financial Implications**

There are no direct financial implications for Barking and Dagenham as a result of the 2013 Health Protection Profile. It is recommended the report is used to inform the Joint Strategic Needs Assessment (JSNA). Any actions from the JSNA that require resources from the Local Authority are most likely to be funded from the Public Health Grant, however there are competing demands on this cash limited funding.

In 2013/14 to support the management of outbreaks and communicable disease control, the Director of Public Health allocated a budget of £50,000 for responding to large outbreaks or an incident that could have wider public health impact. Part of this budget was utilised effectively in the management of a TB incident where Interferon Gamma Release Assay (also known as IGRA – this is a simple blood test) tests could be offered to screen identified contacts, thereby making screening efficient and easier to implement.

This budget has also been utilised to secure accommodation where recommendation has been made to the Director of Public Health that this is essential for the protection of the public and the management of the infection.

Implications completed by: Roger Hampson Group Manager, Finance

6.5 **Legal Implications**

There are no legal implications in relation to this report.

Implications completed by: Chris Pickering, Principal Solicitor

6.6 **Risk Management**

Health protection needs constant appraisal and will always be in need of strengthening. Complacency is the greatest danger – the notion that we have the issue 'sorted out' is always going to be dangerous. There is great value in joint exercises, which have worked well in the past, to maintain and/or heighten awareness, identify issues and provide for a more robust and effective response to problems. One of the main functions of Public Health England is to collate information; provide linkage between organisations; increase research capacity, co-ordination and utility; and provide education and training (principally for frontline staff but always with an eye to the needs of the public).