

HEALTH AND WELLBEING BOARD

7 July 2015

Title:	Report of North East and North Central London Annual Health Protection Profiles 2014		
Report of the Director of Public Health			
Open Report		For Decision	
Wards Affected: All		Key Decision: No	
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Sponsor: Matthew Cole, Director of Public Health			
Summary: <p>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 2014. 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.</p> <p>The report provides the Board with a level of assurance that the programmes and measures to prevent and manage communicable disease continues to be effective.</p>			
Recommendation(s)			
The Health and Wellbeing Board is asked to:			
(i) Note and discuss the contents of the report.			
(ii) Request that NHS England provide quarterly performance reports on the arrangements it has put in place for 2015/16 to increase uptake of immunisation programmes by the eligible population of Barking and Dagenham.			
(iii) Request that Council Officers, together with NHS England and Barking Havering and Redbridge University Hospitals NHS Trust consider the introduction of appropriate HIV rapid testing services in line with national advice.			
(iv) Request that North East London NHS Foundation Trust and local GPs work to ensure 100% uptake of the neonatal Hepatitis B course of 3 primary vaccinations and 1 booster at 12 months.			
(v) Request that Health and Social Care Commissioners provide quarterly performance reports on the measures being taken to prevent Health Care Associated Infections			

within both the hospital and community settings.

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.

The report is published annually by North Central London Health Protection Team and serves to ensure that the Board is sighted on the Health Protection assurance function of the Director of Public Health.

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 and 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, PHE 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 co-operate 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 assure that health protection at the local level is delivered by a partnership of the NHS, PHE and local authorities. PHE 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.
- 3.6 Barking and Dagenham's profile, a section of the full annual report of North East and North Central London Health Protection Team, is attached at appendix 1. This summarises key health protection incidents and outbreaks for the borough, and the main infectious diseases reported from Barking and Dagenham in 2014. It also includes immunisation coverage, and key infections like Sexually Transmitted Infections, HIV and Tuberculosis (TB).

4. Health Protection Profile

The report attached highlights the following health protection issues for the London Borough of Barking and Dagenham. The management, prevention and control of communicable disease have been effectively delivered in the last financial year by the partners.

5. Health Protection in Barking and Dagenham: Key Challenges

Our two most notable achievements over the last two years - substantially improving immunisation coverage in younger children and adults in Barking and Dagenham, and the reduction in the incidence of healthcare associated infections - prove that major health protection challenges, even problems that have proven difficult historically to solve, can be successfully tackled in the borough, but more remains to be done.

5.1 Vaccination coverage in Barking and Dagenham can be improved further

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. Barking and Dagenham has, for many years, had lower than average vaccination coverage levels, often markedly so.

The charts in appendix 1 show that, whilst childhood vaccination coverage in Barking and Dagenham has improved across the full range of the different vaccination programmes in recent years, we only meet two of the six national 'gold standard', 95% or 90%, immunisation targets have been reached and performance is close (within 2% to 3%) on one of the remaining four targets. This represents an encouraging 'turnaround' improvement. However, we are still finding it extremely challenging to deliver high levels of vaccination coverage across the immunisation programme more broadly, for newborns needing BCG (to protect against TB) and

Hepatitis B, for school-aged children at five years old needing the two doses of MMR and for DTaP/IPV, and for those adults in at-risk groups who need seasonal flu vaccination.

For seasonal influenza immunisations in those aged 65 and over, we performed slightly lower than the London average and the uptake went down from 73.22% in 2011/12 to 70.53% in 2013/14 and 69 and 5% in 2014/15 (provisional figures for 2014/15 September to January). There was a slight improvement in the clinical risk groups from 55% in 2011/12 to 57% in 2013/14 and 56.7 in 2014/15 which was higher than the national average of 50.3. For pregnant women we reached 43.2% in 2014/15 slightly lower than the national average of 44.1%. The target for coverage was 75% so this was not achieved and priorities should be to increase the uptake in clinical risk groups. There was an improvement in the vaccine that protects against pneumococcal disease with around 65% of over 65s vaccinated. There has been a slight decrease in uptake for HPV from 85% in 2012/13 to 79% in 2013/14 just below the level for England as a whole.

Increasing immunisation uptake for both children and older people is a priority for the Council, NHS England, local GPs and NHS Trusts. The Director of Public Health advises that NHS England provides quarterly performance reports 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.

5.2 A particularly important challenge for Barking and Dagenham: tackling the increasing incidence of Tuberculosis (TB)

Following major declines in the incidence of TB during most of the 20th century, the incidence of TB in England increased steadily from the late 1980s to 2005, and has remained at relatively high levels ever since. TB is concentrated in large urban centres, with rates in London, Leicester, Birmingham, Luton, Manchester and Coventry more than three times the national average.

There is a strong association between TB and social deprivation, with 70% of cases occurring among residents of areas in the two most deprived quintiles in the country (most deprived 40%) and 9% of all TB cases having at least one social risk factor (a history of alcohol or drug misuse, homelessness or imprisonment).

Latent TB is where someone is carrying the bacteria that causes TB but are not infectious or symptomatic with active disease. The majority of cases are due to reactivation of latent infection acquired some years before transmission of TB continues to occur, leading to spread of infection and outbreaks.

There were 67 TB cases reported from Barking and Dagenham in 2014 (provisional data from London TB Register), out of 734 TB notifications from North East London, and 2679 TB notifications overall in London. The most recent final figures are based on 2013. The rate of TB in the borough was 34.96 per 100,000 population in 2012 and latest data for 2013 shows an increase to 38.6/100,000 population. Based on 2013, unlike most boroughs in London, the TB rate in Barking and Dagenham increased from 2012 to 2013, continuing an upward trend since 2002, and above the London rate for the first time.

A small number of TB cases in Barking and Dagenham 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. PHE 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.

Barking and Dagenham are working on a new initiative with a focus on primary care based latent TB testing, case finding, early diagnosis and treatment of latent TB for those in high risk groups.

5.3 Our picture of sexual ill health has seen a steady worsening.

Barking and Dagenham has moderately high rates of the common sexually transmitted infections, especially compared with our neighbours in Havering and Redbridge, although rates in inner London and therefore London as a whole are generally much higher.

Data on sexually transmitted infections that present to the NHS services and those identified as a result of council or NHS commissioned tests are collected by Public Health England and published annually. The data collected helps us understand the epidemiology and need for services for diagnosis and treatment.

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 to meet our needs:

- 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.
- 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 Barking and Dagenham 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.
- 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.

5.4 Our goal is no avoidable healthcare associated infections

Despite significant reductions in incidence, healthcare associated infections (HCAI) continue to be one of the biggest challenges the health and residential care services face. This is because, whilst we are performing much better, the targets we are setting ourselves are becoming ever-more challenging year-on-year, and rightly so. NHS Barking and Dagenham Clinical Commissioning Group has the fifth highest rates of Cdiff infection in people aged over 2 years amongst North East London clinical commissioning groups at 22.57/100,000 population. Although this is below the England average of 26.59/100,000 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 1.57/100,000 population. This is higher than the national average of 1.31/100,000 and provides an important indicator of infections in the community. Work is needed to continue to improve training in the care of intravenous therapy lines (infusion of liquid substances directly into a vein). 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.

6. Consultation

Performance discussed at the Health Protection Committee.

7. 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

This report has informed the refresh of the joint Health and Wellbeing Strategy and delivery plan for 2015-2018.

6.3 Integration

Currently, health protection at the local level is delivered by a partnership of the NHS, PHE and local authorities. PHE 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.

7.4 Financial Implications

Implications completed by: Roger Hampson Group Manager, Finance

There are no direct financial implications for Barking and Dagenham as a result of the 2014 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 2014/15 to support the management of outbreaks and communicable disease control, the DPH 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 DPH that this is essential for the protection of the public and the management of the infection.

7.5 Legal Implications

Implications completed by Dawn Pelle Adult Care Lawyer, Legal and Democratic Services

I have perused the Annual Report and there are no legal implications for the following reasons:

The paper has set out quite clearly the actions being taken to deal with infectious disease notifications and health protection in the borough. You have also set out in the “Legislative Framework” section of the report the statutory basis for the work to be undertaken and the associated regulations all of which I have checked. I note the definition of Proper Officer under the statute quoted.

The required statistical information has been provided and in the case of HIV you have identified that 2 per 1,000 of the population has been diagnosed with the

disease and therefore routine testing should be implemented.

7.6 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.

8. Appendices

Appendix 1: Annual Health Protection Profile for Barking and Dagenham 2014