Report No: 97/2019
PUBLIC REPORT

RUTLAND HEALTH AND WELLBEING BOARD

25 June 2019

LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH PROTECTION ASSURANCE REPORT

Presented by:	Dr Kath Packham	LLR Public Health
Report Author(s) and contact details:	Dr Mike McHugh, Consultant in Public Health Leicestershire and Rutland County Councils Email: Mike.McHugh@leics.gov.uk Tel: 0116 3054236	

RECOMMENDATIONS
That the Rutland Health and Wellbeing Board; 1. Receives the Health Protection Board Report January 2018- December 2018. 2. Notes the specific health protection issues that have arisen locally, and steps taken to deal with these. 3. Notes the focus for particular areas of work in the coming year

1. PURPOSE OF THE REPORT, INCLUDING LINKS TO HEALTH AND WELLBEING PRIORITIES

1.1 The purpose of this report is to provide a summary of the assurance functions of the Leicestershire, Leicester and Rutland (LLR) Health Protection Assurance Board. It also updates the Health and Wellbeing Board on Health Protection performance, key incidents and risks and other significant matters considered in the past year that have emerged from January 2018 to December 2018.

1.2 Health protection assurance is a statutory duty of the local authority, via the Director of Public Health (DPH). It is therefore a key element of the Joint Health and Wellbeing Strategy and of Rutland County Councils core business. It is an essential element in local health and social care strategies and initiatives including Better Care Together/Sustainability Transformation Plan, and to urgent care work streams.

2. BACKGROUND AND MAIN CONSIDERATIONS

Policy Framework and Previous Decisions

2.1 On 1st April 2013 implementation of the new NHS and Social Care Act (2012) resulted in most of former NHS Public Health responsibilities being transferred to upper tier and unitary local authorities (LAs) including the statutory responsibilities of the Director of Public Health.

2.2 Each local authority is now required, via its Director of Public Health to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken. The scope of health protection in this context includes these key domains:

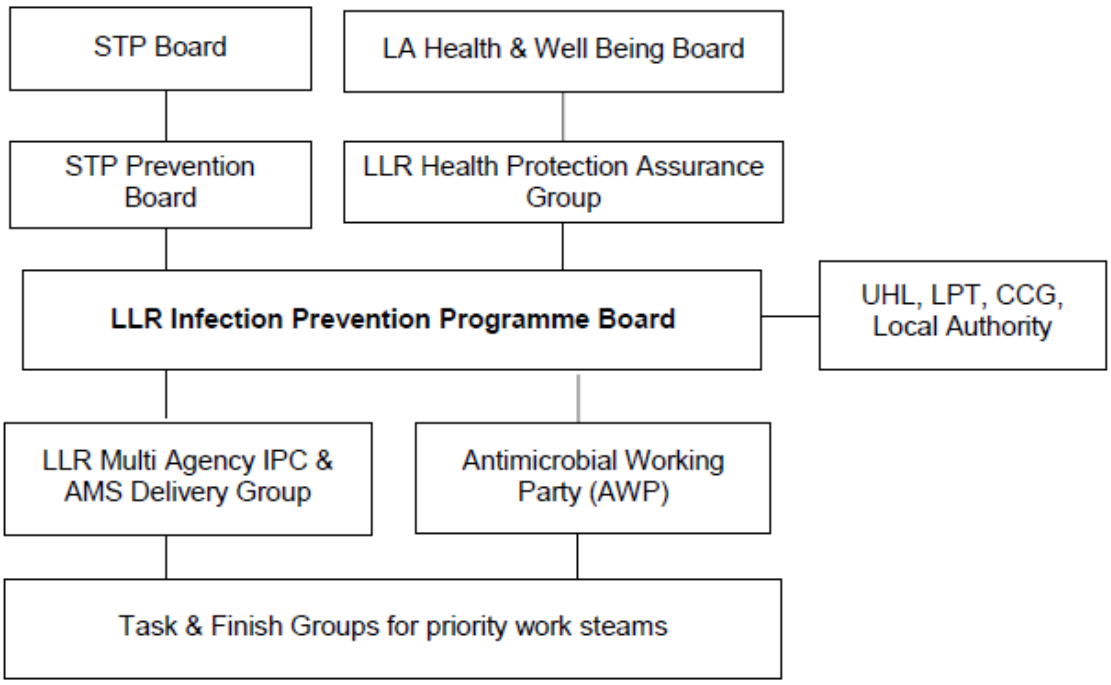
- Prevention and control of infectious diseases
- National immunisation and screening programmes
- Health care associated infections
- Emergency planning and response (including severe weather and environmental hazards)

2.3 The Local Authority does not commission the majority of services which contribute to protecting the health of the population, but the Director of Public Health should be absolutely assured that arrangements are robust and that they are implemented in a way which meets the needs of the population for which they are responsible.

2.4 This is a local leadership function which requires the DPH and wider public health team to identify issues and advise appropriately; and to work in close liaison and cooperation with other contributing organisations. Responding to the Director of Public Health's information and advice is the responsibility of these other contributing organisations, who will also be accountable should unheeded advice result in any adverse impact.

2.5 The Leicestershire, Leicester and Rutland Health Protection Assurance Board is a sub-group of the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland (LLR) and enables local authorities to discharge their health protection assurance responsibilities.

2.6 Quarterly dashboard reports and/or updates are received and reviewed at the quarterly Assurance Board. They cover the key domains identified above. This data is reviewed by the group and if needed, stakeholders are asked to produce more detailed assurance for the group on an exception basis. The Health Protection Assurance Committee is linked into a number of other Health Protection groups across the local system:



Key domains of health protection assurance

3. PREVENTION AND CONTROL OF INFECTIOUS DISEASES

Organisational Roles/Responsibilities

3.1 Public Health England (PHE) leads on the epidemiological investigation and the specialist health protection response to public health outbreaks/incidents and has responsibility to declare a health protection incident, major or otherwise.

3.2 NHS England is responsible for ensuring that their contracted providers are mobilised to deliver an appropriate clinical response to outbreaks/incidents. This responsibility devolves down to local Clinical Commissioning Groups to use contractual arrangements with provider organisations to make relevant resources available (includes screening/diagnostic and treatment services).

3.3 The Local Authority through the Director of Public Health has overall responsibility for the strategic oversight of an incident/outbreaks and to gain assurance that the local health protection system is robust enough to respond appropriately.

Sexual Health

Table 1 in **Appendix 1** summarises the latest diagnostic and treatment rates for the main sexually transmitted infections in Leicestershire.

3.4 Leicestershire and Rutland Public Health commission the integrated sexual health services which detect, prevent and treat sexually transmitted infections in our local population. The service has comprehensive arrangements including online testing for Sexually Transmitted Infections and a variety of testing options for HIV.

3.5 The main Sexual Health contract covering Leicestershire, Leicester and Rutland was re-tendered in 2018 and the new contract commenced 01/01/19. There is a now a greater emphasis on self-managed care whilst preserving the quality of testing, results notification and partner notification. The main site of delivery of services has moved to the Haymarket Shopping Centre Leicester.

3.6 Chlamydia Screening:
Whereas the chlamydia detection rate is lower than the benchmark and England average, the prevalence rate in Rutland is lower than national average. Our aim is to screen those at highest risk. The newly procured Sexual Health Service model of delivery is providing increased access to on-line self-sampling tests for Rutland residents and this will potentially increase screening rates.

Key Issues for 2019 (Sexual Health)

An action plan has been developed with key actions for 2019/20 relating to:

- Improving promotion of offer of STI tests using wider range of social media options.
- A review of STI screening in wider services such as prisons, termination of pregnancy services and maternity pathways to improve offer and uptake.
- Improving partner notification systems in integrated sexual health service to increase uptake of partner testing and retesting.

Tuberculosis (TB)

3.7 Prevalence of TB remains relatively low in Rutland. See **Appendix 2**

Key Issues for 2019 (TB)

- Continue to explore options and opportunities to provide TB screening and active case finding among migrants and other under-served populations.
- Review commissioning arrangements for paediatric TB patients
- Explore the potential for use of mobile x-ray units (MXUs) for use in prison.

- Clearly agree and outline local sustainable funding arrangements for TB incidents and outbreaks.

Other Outbreaks

Multi-Drug Resistant Organisms (MDROs)

3.8 During the summer of 2018 there was an outbreak of a Carbapenemase Resistant Organism (CRO), at the University Hospitals of Leicester (UHL). Further outbreaks have occurred sporadically over recent months. CRO are increasingly prevalent pathogens in hospitalized patients and can cause a variety of infections such as urinary tract infections, wound infections and respiratory tract infections.

3.9 The importance of CRO derives from the fact that they can spread rapidly in the hospital setting, and that they are commonly multidrug resistant (MDR). There are still few therapeutic options available to treat these MDR pathogens. Health and care partners across LLR are working collaboratively to (1) screen for CRO in high risk patients and (2) effectively manage those patients who are shown to be positive whether in hospital or community settings. Public Health England have developed a set of toolkits to support this work:

https://www.gov.uk/government/publications/carbapenemase-producing-enterobacteriaceae-non-acute-and-community-toolkit

Key Issues for 2019 (CRO)

- Fully embed practical advice to prevent or reduce the spread of Carbapenemase Resistant Organisms (CRO) in community and non-acute healthcare settings.

4. IMMUNISATION AND SCREENING

Organisational Roles/Responsibilities

4.1 NHS England commission most national screening and immunisation programmes through their Local Area Teams.

4.2 PHE is responsible for setting screening and immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff, employed by PHE are embedded in the NHS Local Area Teams to provide accountability for the commissioning of the programmes and provide system leadership. PHE provides quarterly surveillance reports for each of the national immunisation and screening programmes.

4.3 Local Authorities through the Director of Public Health require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population.

Immunisation

4.4 Coverage of childhood immunisations continues to be higher than the England average in Rutland. However, coverage for 2nd dose MMR at age 5 is consistently below the levels recommended to build 'herd immunity' (95%). Good coverage helps ensure that the local population is protected and does not become susceptible to outbreaks of vaccine preventable diseases. Further work is needed in Rutland to improve uptake of childhood vaccination particularly where there are pockets of lower levels of vaccination in order to avoid potential outbreaks in the future. See **Appendix 3** for childhood immunisation cover.

Seasonal Flu

4.5 Flu uptake rates remain sub-optimal and there is an ongoing need to strengthen flu vaccine uptake. See **Appendix 4.**

Key Issues for 2019 (Immunisation)

Further work is required to increase uptake of childhood immunisations, particularly:

- MMR in Rutland. NHS England commission immunisation programmes through their Local Area Teams in which specialist public health staff are employed by PHE to provide accountability for the commissioning of the programmes and to provide system leadership. NHS England local area immunisation teams need to further strengthen links to local communities through local authority and voluntary sector partners and with primary care to maximise immunisation uptake.
- Introduction of HPV vaccine for boys in year 8
- Ongoing need to increase flu vaccine uptake particularly in people with susceptibility due to underlying health conditions.

Screening

4.6 Both cancer and non-cancer screening coverage continues to be higher than the national average in Rutland.

4.7 Cervical screening coverage remains below the national target of 80% and this reflects recent national trends. Breast screening coverage in 2017/18 is stable and meets the national target of 80%. Bowel screening coverage increased in 2017/18 in all areas and also remains above the national target of 60%. Performance in the abdominal aortic aneurysm (AAA) screening programmes continues to be excellent, and coverage is stable and meets acceptable national standards.

Key Issues for 2019 (Screening)

- Continue to strengthen collaborative multi-agency action plans to target areas of poorer uptake and coverage for each of the screening programmes.
- Need to strengthen relationships between local authority, NHS England and CCGs
- Move to primary HPV testing for cervical screening
- Introduction of FIT testing to bowel screening programme

5. HEALTH CARE ASSOCIATED INFECTIONS

5.1 Many healthcare associated infections are preventable. When they do occur, they can have a significant impact on patients and on the wider NHS and care systems.

Organisational Roles/Responsibilities

5.2 The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care to provide a framework in which to measure and monitor how well the NHS is performing. NHS England hold local CCGs to account for performance against indicators under this domain, which includes incidence of preventable healthcare associated methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and incidence of *Clostridium difficile.*

5.3 PHE through its consultants in communicable disease control will lead the epidemiological investigation and the specialist health protection response to health care associated infection outbreaks and has responsibility to declare a health protection incident.

5.4 The Local Authority through the Director of Public Health has overall responsibility for the strategic oversight of a health care associated infections impacting on their population's health. See **Appendix 5.**

MRSA

5.5 NHS Improvement has continued to set healthcare providers the challenge of demonstrating a 'zero' tolerance of MRSA blood stream infections (BSI) however in March 2018 NHS Improvement announced a change in how MRSA BSI cases were to be reviewed. From April 2018 University Hospitals of Leicester (UHL) and the three local Clinical Commissioning were exempt from completing a formal post infection review as this was now only for organisations with the highest rates of infection.

MSSA

5.6 Mandatory reporting of all Methicillin Sensitive *Staphylococcus Aureus* (MSSA) has been a requirement for provider organisations since January 2011. However, to date national trajectories to reduce these cases have not been set. Locally, the Clinical Commissioning Groups continue to hold providers to account for the number of reported MSSA cases.

C.difficile infection

5.7 From April 2017 NHS providers were required to input additional information to the PHE data capture system relating to information prior to admission to hospital. This additional information is intended to allow the categorisation of non-hospital onset cases based upon the timing of prior admissions to the reporting Trust. Locally, the CCGs continue to hold providers to account where, following a review of individual cases, a lapse in care was identified that may have contributed to the person acquiring a Clostridium *difficile* infection. During 2017/2018 both UHL and the three local commissioning groups achieved their nationally set trajectories.

E.coli bacteraemia

5.8 E. coli bacteraemia rates, chiefly community acquired, were static or increasing during the year and are a focus for ongoing infection prevention and control work. Efforts are underway to engage the whole local health and social care economy continue to assess the overall approach to reducing E. coli blood stream infections.

Multi-drug Resistant Organisms (MDROs)

5.9 See above section.

<u>Key issues for 2019 (Health Care Associated Infections)</u>

- Need to strengthen role of Sustainability Transformation Plan in terms of governance and oversight of Health Care Associated Infections
- Work across health and social care to reduce Gram negative bacteraemia
- Strengthen outbreak monitoring to ensure timely patient transfers, system flow and resilience.
- Aim for and achieve the zero target for pre 48-hour MRSA blood stream infections – there are currently no trajectories set relating to pre 48hrs MRSA BSI cases.
- Reduce the number of Clostridium *difficile* pre 72hour community cases – There are currently no national CDI objectives for community services providers

6. ANTI-MICROBIAL RESISTANCE (AMR)

6.1 Antimicrobial resistance happens when microorganisms (such as bacteria, fungi, viruses, and parasites) change when they are exposed to antimicrobial drugs (such as antibiotics, antifungals, antivirals, antimalarials, and anthelmintics). Microorganisms that develop antimicrobial resistance are sometimes referred to as “superbugs”. As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others.

6.2 Antimicrobial resistance occurs naturally over time, usually through genetic changes. However, the misuse and overuse of antimicrobials is accelerating this process. System-wide action to address anti-microbial resistance. Oversight of efforts to tackle AMR sits with the LLR Infection Prevention and Control (IPC) Programme Board and also with the LLR IPC Multiagency Delivery Group (MADG).

Key Issues for 2019 (Anti-microbial Resistance)

- Further progress is required to develop and implement an LLR Antimicrobial Resistance (AMR) strategy
- Increasing focus on tackling CRO
- Reducing overall prescribing of antibiotics in primary care.
- Specifically reducing prescribing of cephalosporin, quinolone and co-amoxiclav
- Reviewing arrangements for oversight of infection prevention and control outside hospital settings.

7. EMERGENCY PLANNING AND RESPONSE (including severe weather and environmental hazards eg. Air quality)

7.1 Emergency planning has been a Local Authority function since before the Health and Social Care Act (2012), however with Public Health in the Authority there are additional opportunities to consider around the health protection aspects of this function.

7.2 The local authority continues to engage with the Local Resilience Forum in undertaking their annual exercise programme, responding to incidents and undertaking learning as required.

Key issues for 2019 (Emergency Planning)

- Build on the LHRP Survey capabilities survey to address gaps in the system, particularly related to capacity, resources and governance
- Work to ensure partners are clear on the response structure to major incidents, the causes of delays in action and on the coordination of groups.

- Further discussions are needed at Local Health Resilience Partnership (LHRP) to confirm major incident cover especially over longer-term major incidents.
- Continue to review contingency plans as appropriate according to national and local guidance and ensure further testing response arrangements.
- Ensure that there is an on-going approach to learning from experience and that issues identified from real events are acted upon.
- Clarify psychological support requirements in the event of mass casualty events

8. AIR QUALITY

8.1 There is currently both national and local policy and guidance demanding a call to action on air quality and its negative health impacts. Poor air quality is the largest environmental risk to the public's health, leading to significant levels of morbidity and premature mortality. Annually in the UK, particulate matter (PM) air pollution causes 29,000 deaths and 340,000 life years lost. Meanwhile Nitrogen dioxide (NO2) air pollution shortens lives by an average of around 5 months and causes nearly 23,500 deaths in the UK per year. The Royal College of Physicians (amongst others) of possible links with a range of other adverse health effects including diabetes, cognitive decline and dementia, and effects on the unborn child.

8.2 Air pollution was identified as an 'emerging national risk to health' in Rutland's DPH 2017 Annual report[i]. Data, and related analysis, was used to illustrate the scale of the issue across the County.

8.3 Public Health England, in its 2014 publication '*Estimating Local Mortality Burdens Associated with Particulate Air pollution*', assesses that annually roughly 17 deaths in Rutland can be attributed to PM2.5 pollution and from Nitrous Oxides. This equates to approximately 5% of all-cause mortality. Poor air quality particularly affects the most vulnerable in society: children and older people and those with heart and lung conditions. Poor air quality are also often the less affluent areas.

8.4 By its nature, air quality cannot be controlled by geographical boundaries or by a single individual alone. Instead collective, systematic efforts are required to reduce air pollution and its harmful effects on health. focus on four key areas:

- Aligning and collaborating on local air quality initiatives
- Prioritising structural efforts to reduce emissions of air pollutants
- Universal and focused efforts to reduce exposure to poor quality for all and specifically those most at need
- Strengthening cross organisational working

8.5 Interventions that improve local air quality for everyone, not just at pollution hotspots, will have the greatest impact on improving people's health. For this reason, partnership working is essential to achieve these stepped improvements

in how we understand air pollution, reduce our contribution to it and mitigate against its risks to health.

8.6 Many of the solutions to poor air quality also have enormous co-benefits by increasing levels of physical activity – for example by encouraging active travel. Future housing developments should encourage physical activity by design – making active travel the easiest, quickest and most enjoyable option.

8.7 Rutland County Council produced its 2018 Air Quality Annual Status Report (ASR) in October 2108, in fulfilment of Part IV of the Environment Act 1995, Local Air Quality Management. The report suggested that Rutland's air quality is generally good in relative terms and the report found there is currently no evidence to suggest that the Air Quality objectives have or are likely to be breached. The highest levels in the county are closely correlated with major roads and road junctions, such as the A1. The NO_2 diffusion tube monitoring program will continue with the aim of identifying locations where there may be any increases in NO_2 that could result in exceedances of the Air Quality Objectives.

8.8 The Rutland 2017 ASR referred to the Environment Strategy as being potentially Rutland County Council's commitment to protect and enhance air quality, through actions and policies that could be pursued through Local Plans. Whilst the Environment Strategy has yet to be adopted, there has been consultation on Local Plan specific sites for the review to 2036. With the outcome of this pending, this will be used towards the completion of this strategy.

8.9 In Rutland there will continue to be a commitment to ensure potential impacts on air quality are considered, assessed and if necessary mitigated against when responses for Planning Applications and Pre-application advice is sent to Development Control. The NO_2 diffusion tube monitoring program will continue with the aim of identifying locations where there may be any increases in NO_2 that could result in exceedances of the Air Quality Objectives.

8.10 Rutland County Council is also working towards the following measures in pursuit of improving local air quality: The Proactive Development Control Consultation, and the Travel 4 Rutland car and lift sharing scheme.

<u>Key issues 2019 (Air Quality)</u>

- Continue commitment to ensure potential impacts on air quality are considered, assessed and if necessary mitigated against when responses for Planning Applications and Pre-application advice is sent to Development Control.

- Prioritise structural i.e. spatial planning, infrastructure development efforts to reduce emissions of air pollutants**.** Further promotion of active travel, physical exercise and their co-benefits, where possible making active travel the easiest, quickest and most enjoyable option. Support Planning and Highways Authorities to implement a hierarchy of sustainable travel which prioritises

walking and cycling above other forms of transport. This includes prioritising investment in walking and cycling infrastructure, especially where this would encourage and facilitate active travel to schools and workplaces in areas of high urban density.

- Continue to work closely with industry and agricultural sectors to support improvements in techniques to minimise emissions of pollutants and share consistent and clear health messages with key workforce groups.

- Align and collaborate on local air quality initiatives. Rutland is an active member of the LLR Air Quality Forum. A cross Leicestershire air quality partnership has now been formed and the steering group has been meeting since January 2019. The emerging partnership action plan for air quality in Leicestershire is being developed and will focus on better data and intelligence, active travel promotion in identified hot spots, and a communications campaign to educate the wider public on both the acute and longer-term effects of poor air quality so that they can better protect themselves and their families. At present the Air Quality and Health partnership action plan is Leicestershire focused but join up with Leicester and Rutland colleagues may happen in due course.

9. FINANCIAL IMPLICATIONS

9.1 Most Health Protection actions and interventions are the financial responsibility of partners outside of Rutland County Council.

10. CONCLUSION AND SUMMARY OF THE REASONS FOR THE RECOMMENDATIONS

10.1 Overall the Leicestershire Director of Public Health is assured that the correct processes and systems are in place to protect the health of the population.

10.2 Areas to continue to focus further progress on include:

- Ensuring local health and care systems have the capacity to respond to major incidents (national issue)-including emergency planning and response (e.g. severe weather and environmental hazards)
- Maintaining and improving progress on key health protection indicators particularly relating to:
- Communicable disease
- Environmental hazards especially air quality
- Screening
- Immunisation
- Hospital Acquired Infections

11. BACKGROUND PAPERS

11.1 Public Health England (2013) Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. PHE, London. Available online at http://ow.ly/FXuj309HpNE

REPORT OF THE DIRECTOR OF PUBLIC HEALTH, LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH, PROTECTION ASSURANCE REPORT,2017
http://politics.leics.gov.uk/documents/s127313/Health%20Protection%20Annual%20Report.pdf

Rutland County Council produced its 2018 Air Quality Annual Status Report (ASR)

12. APPENDICES

Appendix 1: Rutland sexual health indicators, 2018
Appendix 2: TB epidemiology Rutland 2018
Appendix 3: Childhood Immunisations Rutland 2018
Appendix 4: Seasonal Flu uptake (Immform Monthly data January 2019)
Appendix 5: Screening programmes uptake Rutland, 2018
Appendix 6: Healthcare association infections incidence 2017-18
Appendix 7: Leicestershire,Leicester and Rutland Health Protection Risk Matrix

Circulation under the Local Issues Alert Procedure

The report affects all areas of Leicestershire and the wider LLR.

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

[i] Annual Report of the Director of Public Health 2017. Available at: http://www.lsr-online.org/uploads/dph-annual-report-2017.pdf