Havering
LONDON BOROUGH

Havering Health Protection Forum

2017/18 Report

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1. Introduction

The Director of Public Health (DPH), on behalf of the local authority, must ensure that there are preventative strategies in place locally to tackle key threats to health. The DPH is mandated to provide leadership for health protection and has a responsibility to be absolutely assured that arrangements to protect the health of the community are robust and implemented appropriately; escalating concerns as necessary.[1]

The Havering Health Protection Forum (HPF) supports the Council DPH in discharging this duty; by contributing to surveillance and challenge of local health protection arrangements. This annual report summarises the work of the HPF during 2017 and its priorities for 2018.

2. Health Protection Forum Members

- London Borough of Havering (Public Health, Public Protection)
- Public Health England (PHE) North East and North Centre Health Protection Team
- NHS England (NHSE)
- Havering Clinical Commissioning Group (CCG)
- Havering Borough Resilience Forum (BRF)
- North East London Foundation Trust (NELFT)
- Barking, Havering and Redbridge University Hospitals Trust (BHRUT)

3. Foreword

Health protection and prevention programmes rely on effective working arrangements across a range of organisations. Overall, as this report illustrates, partners continue to work well together. Some parts of the health protection system have been strengthened during 2017/18 such as, for example, the establishment of Antenatal and Newborn Screening Boards and the adoption of an Air Quality Action Plan. There are areas where improvements could be made, such as uptake of flu vaccinations; this and other improvement areas are summarised on page 4. During 2018, the HPF will continue with its core remit as set out in the introduction, but will further enhance this approach by inviting additional stakeholders to join discussions on topics where it is considered there to be benefit in wider engagement (see page 3 and Forward Plan in appendix 3).

Similar to the previous two HPF reports, this report includes a "spotlight on" section; covering a health protection issue in more detail. This year I have chosen antimicrobial resistance, which is being described as a huge global problem; bacteria are fighting back by adapting to antibiotics, drugs are becoming ineffective in treating infections and the number of effective treatment options we have is reducing.

I take this opportunity to thank HPF members for their commitment to health protection during 2017/18 and for their support in preparing the work programme for 2018/19.

Mark Ansell, Acting Director of Public Health

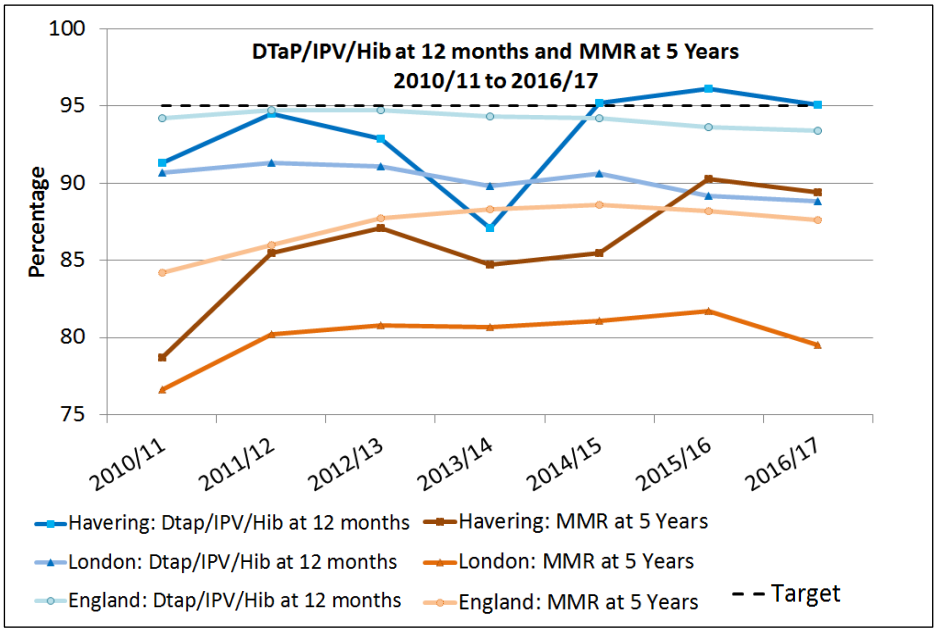
[1] Local Government Association, Department of Health, Public Health England (2013) *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*

4. Key topics of focus for 2018/19

The following describes the key topics that the HPF plans to focus on during 2018/19. The topics have been chosen either because the HPF has identified a priority issue that requires improvement/closer scrutiny, or that the HPF considers that there is value in partner organisations coming together to look at existing arrangements and considering whether there is anything further that could be done to make improvements locally. Ongoing monitoring will continue across all areas of health protection, and where issues arise, these will be added as key topics.

	Topic	Why Chosen	What will be done
1	Influenza vaccination	Uptake of flu vaccinations continue to decline in Havering	A multi-agency group will convene in September to receive and comment on NHSE/CCG flu vaccination plan (in the context of winter planning).
2	MMR Vaccination	Outbreaks of measles continue across Europe. Surveillance has highlighted risks posed by healthcare workers passing on infection to vulnerable groups.	Raise awareness of measles – importance of MMR vaccination – including among frontline workers in healthcare settings. Reinforce messages to medical practitioners re notifying suspected infections (as well as laboratory confirmed)
3	Antimicrobial resistance	Antimicrobial resistance is a public health concern. Whilst the majority of actions are the responsibility of prescribers, many organisations can support the drive to tackle the problem, by bringing the issue to public attention.	Multi-agency group to meet in October to consider and comment on local implementation of Antimicrobial Resistance Planning Group action plan.
4	Tuberculosis	In anticipation of a potential rise of the number of at risk groups, current arrangements should be examined and opportunities for improvement / partnership working identified.	A multi-agency group to consider where arrangements could be strengthened
5	Air Quality	Poor air quality has a direct impact on the health and wellbeing of residents, workers, commuters and visitors. An Air Quality Action Plan has been approved by Cabinet to make progress towards reducing key pollutants, Nitrogen Dioxide (NO_2) and Particulate Matter (PM_{10} and $PM_{2.5}$)	Air Quality Improvement Group will oversee implementation of the Action Plan and report progress to HPF.
6	Meningitis vaccination	There has been a national rise in Meningococcal strain W	Raise awareness of meningitis vaccine (ACWY) among those about to start university
7	Pandemic flu plan	The HBRF risk assessment process has identified pandemic flu as highest risk.	Refresh pandemic flu plan

5. Immunisations: Routine Childhood Immunisations



How the System Works

- NHSE overall responsible for childhood imms programme – some delegation to Havering CCG
- PHE provides advice, surveillance and guidance
- DPH supports and advocates for improved access and uptake
- GPs deliver pre-school imms
- NHSE commissions Vaccination UK to deliver school-aged imms in Havering , inc flu nasal spray, HPV (girls 12-13) and MenACWY (age 14)
- Childhood imms recorded on GP systems and on Child Health Information System (commissioned by NHSE and provided by NELFT[5])

Background

- Routine childhood immunisation provides early protection against infections that are most dangerous for the very young. Further vaccinations are offered at other points throughout life to protect against infections before eligible individuals reach an age when they become at increased risk from certain vaccine-preventable diseases.
- Twenty vaccinations are given routinely from birth to 14 years old[2]. Two examples given above: DTaP/IPV/Hib[3] at 12 months to help illustrate how well the childhood vaccination programme is delivered; and the second MMR which is the vaccination where there is lowest uptake nationally.
- The NHS target for immunisation is 95%[4]. This is the level to achieve "herd immunity"; protecting those who can not be immunised because there is sufficient immunity in the population to minimise level of infection.
- Local uptake of childhood vaccinations is generally higher than London, and similar to or better than England[2], but may not meet the 95% target. MMR still low following unfounded stories about safety 20 years ago.

Current concerns

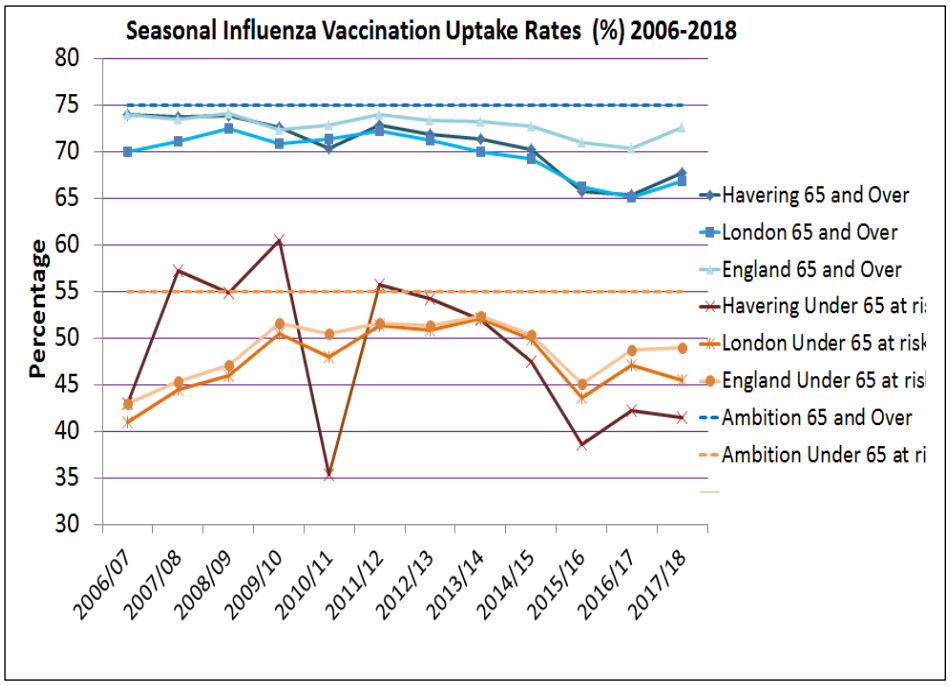
- MMR2 uptake is below 90%. A proportion of adults do not have immunity against measles. Incomplete immunity contributes to outbreaks of measles. People who are immunosuppressed are particularly vulnerable – thus important to minimise exposure in healthcare settings.
- Cases of meningitis and septicaemia caused by the strain of Men W bacteria have been rising since 2009
- There is a national drive to increase MenACWY[5] vaccination which protects against four different strains of meningococcal bacteria that cause meningitis (including W strain) and septicaemia.

Actions being taken

- NHSE has an action plan to improve uptake of MMR. Adults with no record of MMR vaccination should be offered vaccination –this is especially important for those in contact with people immunosuppressed.
- While MenACWY vaccine will continue to be provided to children in schools years 9 or 10 with a catch-up campaign for years 10-12, university entrants up to age 25 will also be offered vaccination. HPF to raise awareness of meningitis vaccine among those about to start university

[2] 2017 https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule
[3] Diptheria, Tetanus, Polio /Inactivated Polio Virus/ Haemophilus Influenzae type B
[4] Different goals are set for influenza vaccination uptake
[5] There has been a rapid rise in cases of a highly aggressive meningococcal strain, group W

6. Immunisations: Seasonal Flu



How the System Works

- NHSE commissions GPs, pharmacists (and locally Vaccination UK) to deliver flu vaccinations
- Children, pregnant women, people 65 and over, under 65s clinically at risk , and carers, are eligible for free vaccinations
- Frontline health and social care staff eligible for free flu vaccination at GP or pharmacy by showing their ID badge
- Other people can buy a flu vaccination from most pharmacies

Background

- Children, people with underlying health conditions, pregnant women and people age 65 and over are most at risk of serious complications if they catch flu.
- Flu vaccination contributes to winter preparedness: health and social care services are impacted by staff sickness from flu.
- Each year, the strains of influenza in circulation change. This means that vaccination is needed annually; vaccines are developed each year in response to the strains expected to be in circulation the following winter
- NHSE aims for 75% uptake among people aged 65 and over, has an ambition of 55% uptake among under 65 year olds with underlying health conditions (although ultimate aim is 75%)and 40% minimum for children.
- During 2017/18, Havering achieved 67.7% uptake for 65 and over (2.4% improvement on the previous year); 41.5% uptake in under 65s at risk (0.7% decline); and 54.4% in children in school years 1-6 (up 1.7%).
- Pregnant women should be offered flu vaccination even after the ideal vaccination period (Sept to Dec).

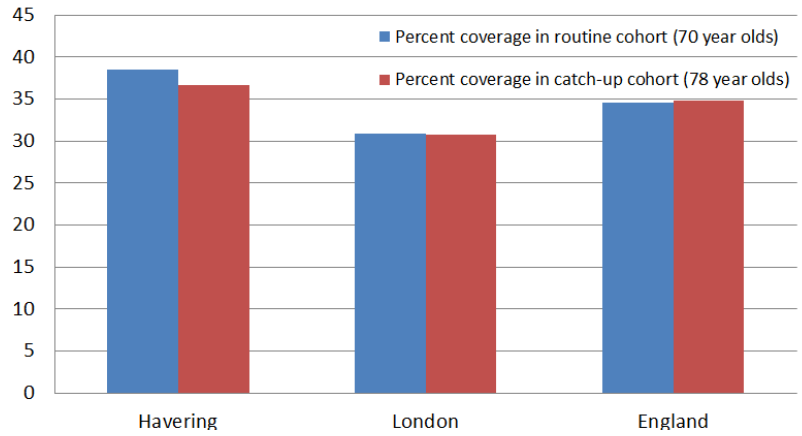
Current concerns

- There has been an overall and steady decline in vaccination uptake over the years.
- In Havering, lack of access to flu vaccination for housebound patients has been highlighted as a concern.
- Data transfer between pharmacies and GP practices for flu jabs received at pharmacies continues to be problematic due to differing IT systems.

Actions being taken

- NHSE and CCG are developing a joint improvement plan; actions will include arrangements for commissioning from pharmacies and improving data transfer processes, arrangements for vaccinating housebound patients, and working with low-performing GP practices.
- Improvement plan will be presented and discussed with HPF and key partners in September 2018, in the context of winter preparedness.

7. Immunisations: Adult



How the System Works

- NHSE commissions GPs to deliver routine adult imms
- People aged 65 years are eligible for a free pneumococcal vaccination (PPV), given once only
- Adults aged 70 or 78 years are entitled to a Shingles vaccination
- Pregnant women are offered a free pertussis vaccination from 16 weeks gestation to prevent whooping cough in newborns

Background

- Four vaccinations are given routinely in adulthood; Pertussis (whooping cough) to pregnant women, flu vaccinations (as previous page), PPV[6] (for pneumonia) and shingles. Adults with uncertain or incomplete immunisation status should be assessed and offered vaccination where appropriate.
- Pertussis (Whooping cough) in the very young is a significant cause of illness and death. A temporary programme for the vaccination of pregnant women was introduced in October 2012 to protect infants against pertussis from birth until they are vaccinated at two months of age. Local uptake of dTaP/IPV among pregnant women exceeds 70%, which is similar to England, higher than London (around 60%).
- PPV: In order to protect older adults, who are more vulnerable to pneumonia infection adults aged 65 are offered a one-off PPV vaccination. By the end of 2016-2017 65.3% of all people in Havering aged 65 and over had received the PPV vaccination, compared to 64.3% in London and 69.8% in England.
- A shingles vaccination has been developed which is designed to reduce the severity and length of a shingles episode, should it occur. People aged over 70 are most at risk from shingles and so a vaccination is offered at 70, with a catch-up cohort at 78 years old.

Current concerns

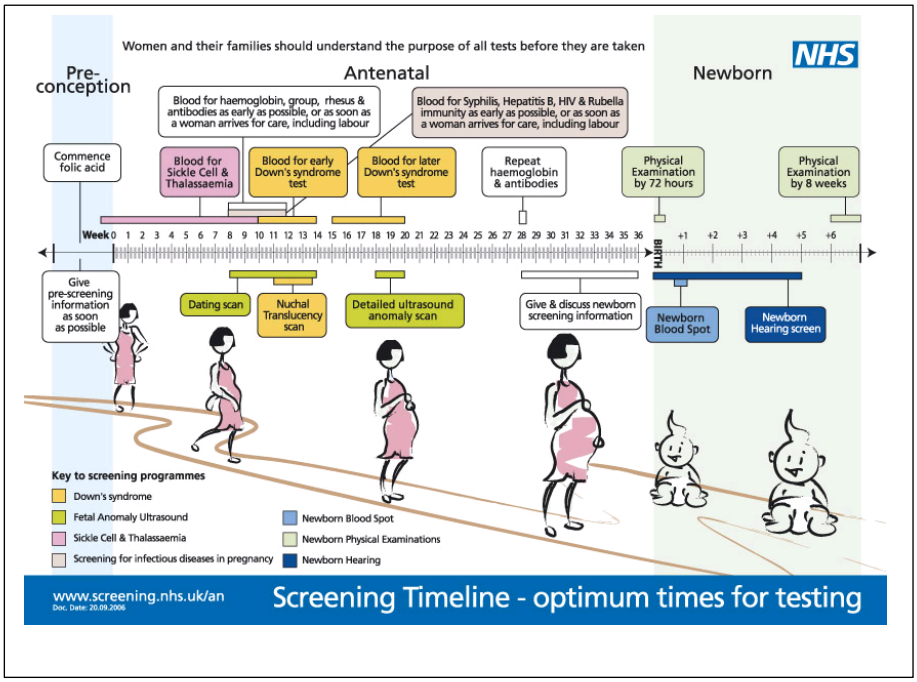
- Whilst there are no specific concerns regarding Pertussis and PVV, commissioners and providers continually seek to improve uptake.
- Whilst the percentage uptake of shingles is higher in Havering than London and England, the HPF acknowledge the demographics of Havering means that there are large numbers of older people in the borough who are not vaccinated, and so will seek further improvement in uptake locally.

Actions being taken

- Raising awareness of shingles vaccine through local promotion

[6] Pneumococcal polysaccharide vaccine

8. Screening: Antenatal & Newborn Screening Programmes (Non-Cancer)



How the System Works

- The UK National Screening Committee (UKNSC) oversees screening policy and sets standards for the programme
- NHSE commissions antenatal and newborn screening programmes
- The majority of screening tests are delivered by maternity services, although GPs provide 6 week check
- Child Health Information System Hubs provide a failsafe check to identify untested babies and inform health visitors (primarily mothers/babies who have newly moved into the area)

Background

- The Antenatal & Newborn Screening Programme (ANNBSP) aims to find health problems that may affect mother or baby, such as infectious diseases, physical abnormalities, chances of inherited disorders or chromosomal abnormalities
- Screening tests consist of ultrasound and blood tests, newborn physical examination and hearing screening
- The earlier a mother can confirm pregnancy, the earlier they can be booked into the maternity system and start the screening process
- The ANNBSP is complex; involving a range of health professionals/technicians. The programme is monitored for uptake and quality, and benchmarked against programmes delivered in London and nationally. The local ANNBSP primarily meets or exceeds performance thresholds. The latest published quarterly data show that a small number of KPIs are just below acceptable levels
    - ST2 timeliness of test for sickle cell thalassaemia – although ST3 (which is completion of test achieves 100%)
    - NB2 avoidable repeat testing for newborn blood tests is 2.1% (target is 2.0% or less)
    - NP1 infant physical examination
- Sub-regional Antenatal and Newborn Screening Boards have been established, attended by providers, CCG maternity commissioners and public health leads

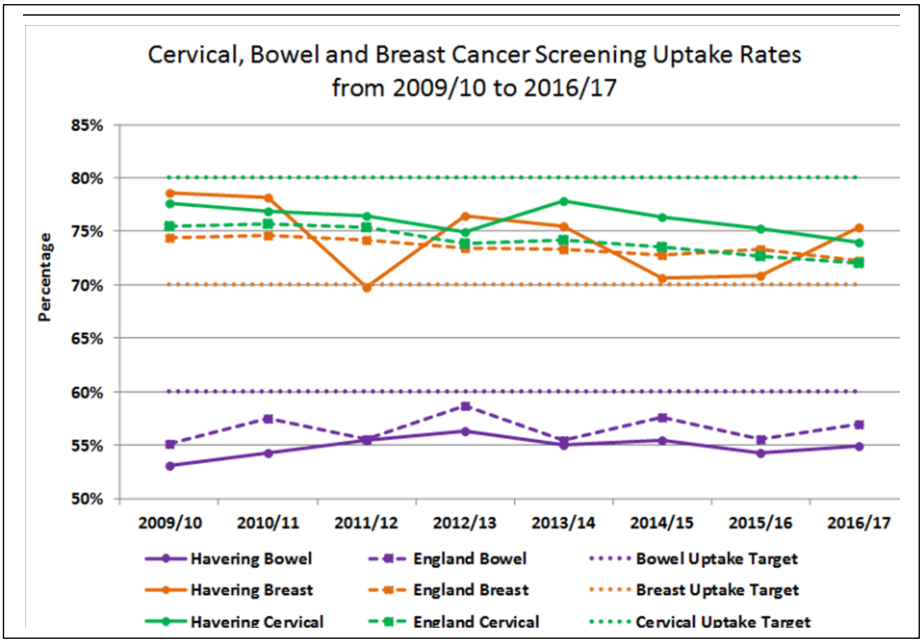
Current concerns

- There are no major concerns, and constant improvement initiatives are being introduced and undertaken, including adopting learning and rolling out improvement approaches which have been piloted / tested within the wider programme.

Actions being taken

- Continuous improvement cycles, as monitored by commissioners (NHSE) and presented to the Sub-regional ANNB Screening Boards, including a focus on the three KPIs described above

9. Screening: Cancer Screening Programmes



How the System Works

- UK National Screening Committee oversees screening policy
- NHS England commissions cancer screening programmes
- PHE provides expert advice, surveillance, and guidance
- Contracts are held with NHS Trusts /private providers / GPs / laboratories (inc multi-disciplinary teams)
- Bowel screening age 55: a one off bowel scope screening test, 60-74 a home testing kit every 2 years, over 75 can request a home testing kit every 2 years
- Breast screening; every 3 years women 50-70 (over 70 can self-refer). NHS is currently undertaking an extended trial to invite women younger and older – 47 to 73 years.
- Cervical screening for women aged 25-49 every 3 years and those aged 50-64 every 5 years

Background

- Population screening programmes identify apparently healthy people who may be at increased risk or a disease or condition, enabling earlier treatment and better informed decisions.
- There are three national screening programmes for cancer (breast, bowel and cervical)[7]; breast screening is not included in the above chart as the programme as is meeting the 70% uptake standard.
- Prostate cancer screening is not included in the cancer screening programme, as there is currently no reliable screening test

Current concerns/highlights

- Bowel: Local coverage (50.7%) is better than London (49.6%), lower than England (58.8%). Low uptake of bowel screening is thought to be because of the unacceptability of the test. Following resignation of screening practitioners 2015 and in order to maintain a safe service, the bowel screening programme was paused early 2016. The programme was restarted with a plan to offer 133% of referrals (with locum cover) and NHSE report that activity is now returned to routine levels.
- Breast: Local coverage (77.8%) is better than London (69.4%) and England (75.4%). In May 2018 Parliament was informed that there had been a serious failure in the breast screening programme. See appendix 2
- Cervical: Local coverage (74.0%) is better than London (72.0%) and England (72.0%). However, uptake of screening is on a downward trend in Havering as is also the case for all other London boroughs.

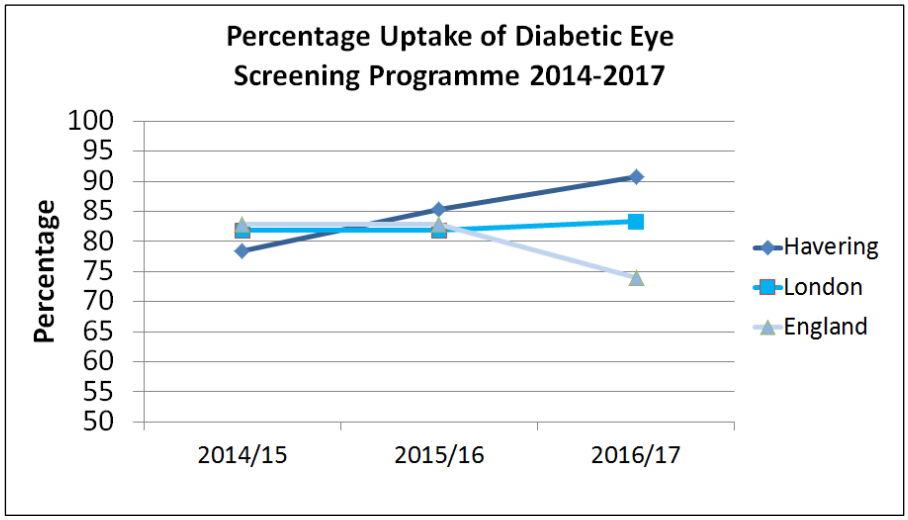
Actions being taken

- Bowel: In 2018/19, faecal occult blood testing (FoBT) will be replaced by faecal immunochemical testing (FiT), which has been shown to be more acceptable and likely to increase uptake. BHRUT staff have been recruited and bowel scope screening introduced and colonoscopy restarted as above.[8]
- Breast: See appendix 2 for summary of numbers of women affected and actions taken
- Cervical: PHE have published suggestions for improving access and uptake[9]. HPF will request NHSE to provide information about implementation

[7] https://www.gov.uk/topic/population-screening-programmes

[8] Note that in June 2018 a fire a Queens hospital led to transferring colonscopy service to King George Hospital. Bowel scope paused – to be reintroduced soon with a catch up arrangements.

10. Adult Non-Cancer Screening Programmes



How the System Works

- NHS England (London) re-procured Diabetic Eye Screening provision in Nov 15;
  - the number of Diabetic Eye Referral Centres in London were reduced from 17 to 5, each new service being aligned to the STP geographical footprint.
  - DESP provision differs in Havering from the rest of the NEL patch as it is provided in high street optometry practices.
  - Each local service coordinates screening for the population in its area and organises invitation letters, screening and surveillance clinics, results letters and referrals to the appropriate vascular network and reporting back the results to GPs.
- There are 41 AAA screening services covering the whole of England. In Havering AAA screening is provided Barts & the London Health Trust. NHSE reprocured the AAA programme, resulting in two contracts in London – North and South, commencing 1April 2018.

Background

- There are two non-cancer screening programmes: diabetic eye screening (DES) and abdominal aortic aneurysm (AAA). Both programmes are achieving good uptake locally.
- People living with diabetes are at risk of vision loss due to diabetic retinopathy. Annual DES is offered to all people with type 1 or type 2 diabetes aged 12 and over. Local uptake is higher than London and England.
- Women with pre-existing diabetes who become pregnant require DES screening due to the risks associated with diabetes to both mother and baby.
- AAA is offered to men aged 65. Screening helps to reduce the rate of premature death from ruptured AAA by up to 50 per cent One in 70 men have an AAA; deaths from ruptured AAA, around 3,000 per year, account for 1.7% of all deaths in men aged 65 and over. Uptake of AA screening in 2016-17 was 85.7% (n 20 declined); this is the highest uptake of all London boroughs, and higher than England (81.0%).[10]

Current concerns

- Whilst uptake of AAA screening in Havering is good, there are likely to be inequalities.

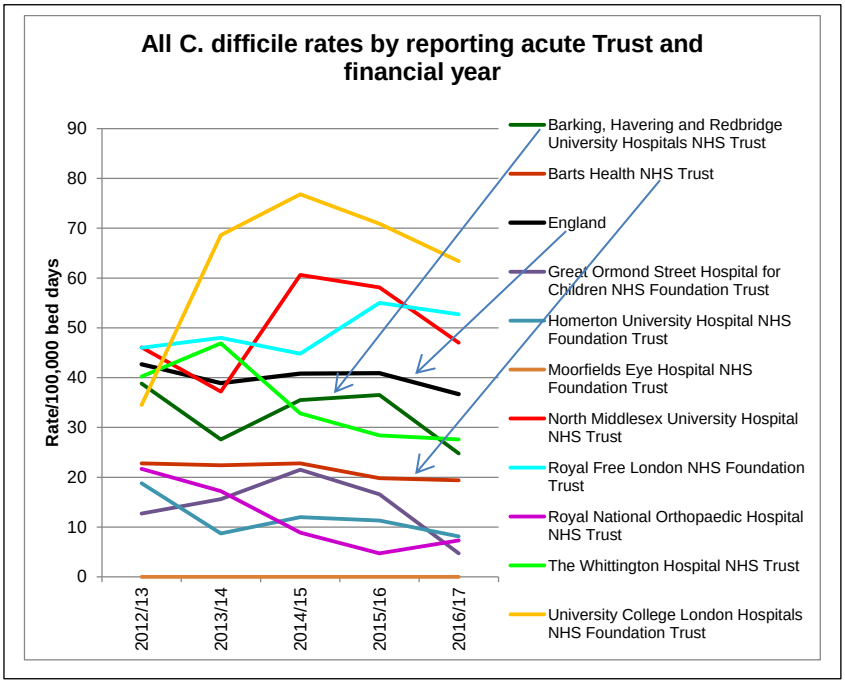
Actions being taken

- NHSE working with individual GP practices where uptake of AAA screening is low
- DES programmes are working with local maternity networks to implement an enhanced management pathway for women with pre-existing diabetes
- Commissioners and Providers are preparing to start reporting against new DES pathway standards, which came into effect on 1 April 2017 and which aims to improve standards of delivery.

[9] https://www.gov.uk/government/publications/cervical-screening-coverage-and-data/cervical-screening-ideas-for-improving-access-and-uptake

[10] https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-2016-to-2017-data

11. Infectious Diseases: Health Care Associated Infections



How the System Works

- The Department of Health sets tolerance target for Acute Trusts for MRSA and *C.difficile*[18] (for MRSA this is set at zero)
- PHE monitors numbers of infections that occur in healthcare settings through routine surveillance, and advises on prevention and control in places such as hospitals, care homes and schools.
- BHRUT and NELFT have infection prevention policies and procedures in place, and report HCAIs to their respective Boards

Background

- Healthcare-associated infections (HCAIs) pose a serious risk to patients, staff and visitors, and incur significant costs for the NHS. So infection prevention and control is a key priority for the NHS.
- HCAIs develop either as a result of interventions such as medical or surgical treatment, or from being in contact with the infection in either an acute or a community healthcare setting.
- The term HCAI covers a wide range of infections. The most well-known include Methicillin-resistant *Staphylococcus aureus* (MRSA) which lives harmlessly on the skin of around 1 in 30 people but can cause serious infection if it gets deeper into the body as it is resistant to widely used antibiotics. *Clostridium difficile* (*C. difficile*) is a bacteria that can infect the bowel and cause diarrhoea.
- Data from the local acute Trust (BHRUT) show that for the year to March 2018, BHRUT has had 3 cases of MRSA and 14 cases of *C.difficile.*
- North East London Foundation Trust (NELFT; community healthcare provider) Board Papers reported 7 MRSA and 4 *C. difficile* cases in 2016/17 across its services, none of which were attributable to NELFT.
- Whilst surveillance focuses on infections such as MRSA and *C.diff* , infections such as influenza, norovirus and measles can also be passed on in a healthcare setting.

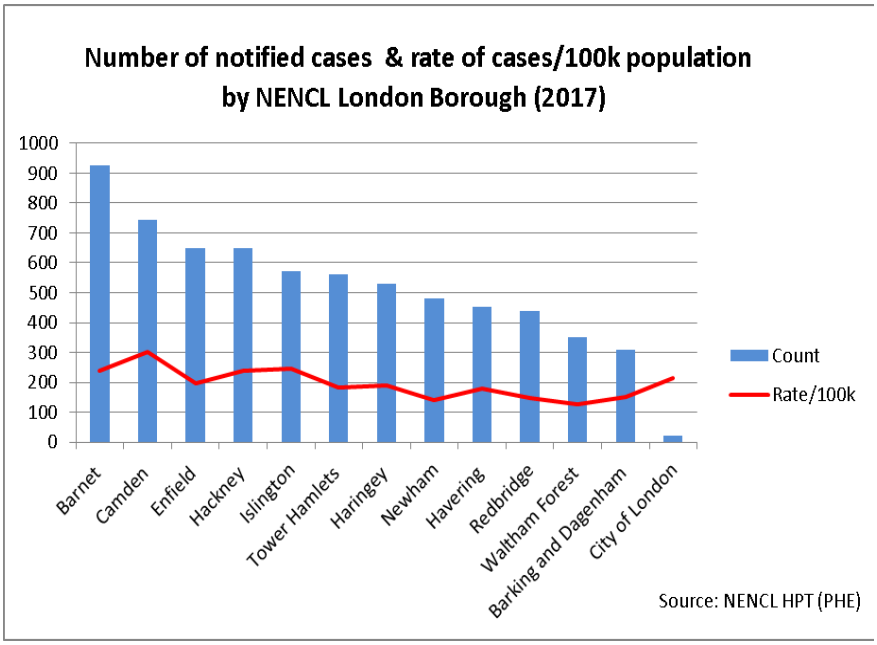
Current concerns

- The HPF has asked healthcare commissioners and providers for information on health protection policies, and to explain what actions are being taken to reduce the risk to patients of measles and flu (see pages above and below).

Actions being taken

- Havering Director of Public Health, on behalf of three boroughs of Barking and Dagenham and Redbridge have asked commissioners and providers to explain what actions are being taken to reduce the risk to patients of measles and flu. Reports awaited (as at 29 June 18).

12. Infectious Diseases: Notifiable Infections and Outbreaks/Incidents



How the System Works

- Registered medical practitioners have a duty to notify suspected cases of certain infectious diseases
- North East & North Central Health London Protection Team (NENCLHPT) provides a 24/7 service; conducting public health risk assessment for individual notifications of infectious diseases and non-infectious environmental hazards; lead outbreak investigation, management and control and provide advice.
- LBH Public Protection Services (trading standards, environmental health and licensing) works with the NENCLHPT and NHS in investigating and responding to outbreaks
- The NENCHPT produce weekly and monthly infectious diseases reports that form part of the surveillance function of the Director of Public

Background

- Notification of infectious diseases (NOIDs) refers to the statutory duties for reporting notifiable diseases[11].
- PHE aims to detect possible outbreaks of disease and epidemics as rapidly as possible, which means registered practitioners should report suspected cases (as well as laboratory confirmed).

Key Facts

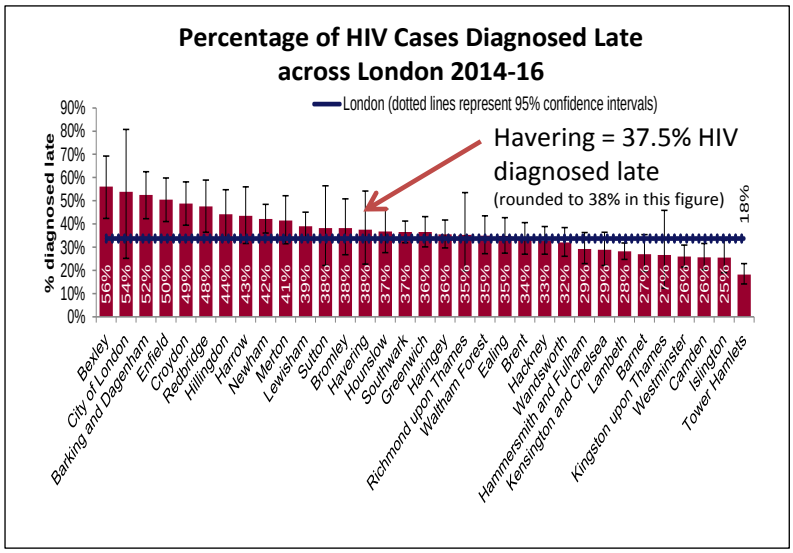
- **NOIDs – Measles:** A measles outbreak was identified in Europe. PHE alerted local public health teams and the NHS. Actions taken included communications sent to schools, advising parents to check their child's immunisation status and contact GP for MMR where necessary. Towards the end of 2017 there was an increase in notifications of measles in London. In addition a risk was identified, whereby non-immune healthcare staff could become infected with measles and pass infection on to patients. This led to additional communication across healthcare to raise awareness of the possibility of local cases and to promote MMR to patients and staff.
- **NOIDs – other:** Campylobacteriosis was the most commonly reported infection nationally; it is associated with eating raw or undercooked poultry or from contamination of other foods by these items. It is commonly accepted that suspected incidents of food poisoning are under-reported.
- **Outbreaks/Incidents:** NENCLHPT managed 32 outbreaks and incidents across Havering in 2017. 17 were in care homes (largely respiratory infections, norovirus and gastroenteritis). 5 incidents were in schools. One of these included management of the local response, following identification of low levels of legionella through routine water testing. NENCLHPT consulted with national Food and Water experts for advice and worked alongside environmental health and communications team to provide advice for parents and teachers.

Actions being taken

- Raise awareness of measles and the importance of MMR vaccination, especially among young adults who may not have been vaccinated (also see previous re healthcare associate infections, and childhood immunisations).
- Reinforce messages to medical practitioners re notifying suspected cases of infectious diseases.

[11] Notifiable diseases https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases

13. Infectious Diseases: Blood Borne Viruses



How the System Works

- LBH is responsible for commissioning sexual health services (inc HIV testing). LBH opted-in to a national HIV self-sampling service procured by PHE,
- NHSE is responsible for HIV treatment
- NHSE commissions HIV testing as part of antenatal screening. If HIV is detected, then antivirals reduce the viral load to protect the health of the mother and reduce risk of mother-to-child transmission. HIV
- PHE implemented national surveillance standards for hepatitis B in 2007 which provided the framework for more consistent reporting of cases.
- LBH commissions local drug and alcohol service, which arranges testing for BBVs, and advises clients on prevention

Background

- Blood-borne viruses (BBVs) are viruses carried in blood; transmission is by exposure to infected blood and body fluids contaminated by blood, most often through sexual contact, blood-to-blood contact and perinatal. BBVs most closely monitored are HIV, Hepatitis B (HBV) and Hepatitis C (HCV).
- **HIV:** rates of HIV in Havering are low (2.04 per 1,000 compared to England 2.31 per 1,000). Those most at risk of HIV are men who have sex with men, and black African men and women, particularly if born in a country with high HIV prevalence. Where HIV is diagnosed late, this means a higher risk of passing on infection and poorer health outcomes. There has been a steady improvement in reducing late diagnoses in Havering: over 50% in 2009-10, reducing to 37.5% in 2014-16. The new HIV self-sampling service is expected to contribute to a continuing reduction in late diagnoses[12] NHSE is conducting a trial for PrEP[13] and whether this reduces transmission in some high-risk groups.
- **HBV:** immunisation is recommended for individuals at high risk of exposure to the virus e.g. people who inject drugs, healthcare workers, babies born to high risk mothers, and household contacts of people who are acutely and chronically infected with HBV.
- **HCV:** those most at risk of HCV are injecting drug users. There is no vaccine for HCV but it can be treated. Rates of infection have been declining nationally.

Current concerns

- There are no major concerns, although later data are awaited for BBV which will show whether improvements have been sustained (especially HIV and HCV).

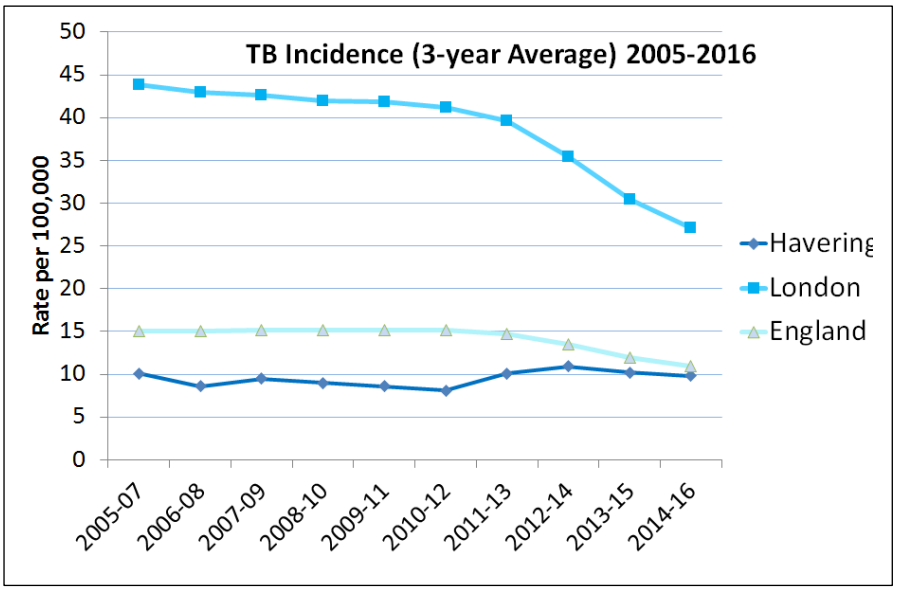
Actions being taken

- Continue to monitor all blood borne viruses, and HPF to hold a workshop discussion in January 2019 with a focus on blood borne viruses: consider epidemiology of BBVs listed above, and what further actions required.

[12] Tests for anyone who thinks they are infected available from Sexual Health clinics or community testing sites (www.aidsmap.com/hiv-test-finder); GP surgeries; or by requesting a self-sampling kit online www.freetesting.hiv)

[13] Pre exposure prophylaxis is: where people take HIV medication daily to lower their chances of becoming infected.

14. Infectious Diseases: Tuberculosis (TB)



- NHSE commissions the BCG vaccination programme; all contracted maternity units are expected to offer BCG universally to all babies born in London hospitals up to the age of 28 days; or up to 12 months if priority group A or B.
- Suspected and confirmed diseases must be notified within 3 working days
- There are 7 Tuberculosis Control Boards (TBCB) across the UK which have been functioning since September 2015; Havering is part of London TBCB.
- CCGs are responsible for commissioning TB services. In Havering this is provided by BHRUT.
- A Find-and-Treat service is commissioned pan-London; Local Service staff who work with homeless, prisoners or substance misusers should follow the NICE guidance for managing active or latent TB in these hard to reach groups

Background

- TB is a bacterial airborne infection that is associated with deprivation
- TB often affects the lungs (pulmonary TB) but can also affect other parts of the body. Infection can be active or latent (latent TB can be reactivated in later years).
- The rate of TB has been decreasing since 2011 in the UK, albeit a very small reduction between 2015 and 2016; London has followed a similar pattern. The incidence of TB in Havering remains low at 9.8 per 100,000 and does not constitute a high incidence area (over 40/100,000). Rates in 2014-16 have remained similar to 2005-07. Five boroughs in London are above the threshold rate of 40 per 100,000 cases; Newham, Brent, Hounslow, Ealing and Redbridge.
- Nationally, 11.1% of TB cases had at least one social risk factor (2016). TB cases with at least one social risk factor are more likely to have drug resistant TB. Social risk factors include history/current homelessness, imprisonment, drug/alcohol misuse, immunocompromised, some ethnic minority groups.
- The BCG vaccine is a targeted programme, given shortly after birth to babies who are high risk. It is 70-80% effective against the most severe form of disease (TB meningitis).

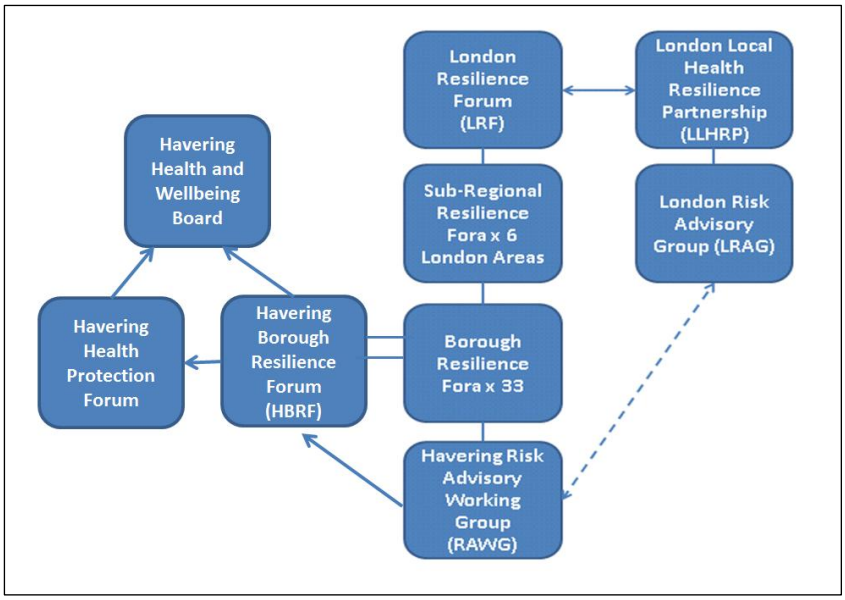
Current concerns

- Some groups are at greater risk if their social circumstances, culture, lifestyle or language make it more difficult to access diagnostic and treatment services or administer treatment; under served populations (USPs) include prisoners; homeless persons; people who are substance misusers; and those with no recourse to public funds.

Actions being taken

- Whilst incidence of TB in Havering is low, there is potential for infections to increase if numbers of under-served populations increase. A workshop session is taking place July 2018 to consider where the local system could be strengthened, particularly taking into account the challenges for USPs.

15. Public Protection: Health Emergency Planning



How the System Works

- The multi-agency Havering Borough Resilience Forum (HBRF) facilitates planning the local response in the event of a major incident, including a response to public health emergencies.
- Membership of the HBRF is set out in legislation.
- The HBRF Risk Advisory Working Group assesses risks and produces a local risk register, and contributes to the community risk register for the London Local Resilience Forum.

Background

- A wide range of events can cause health emergencies, including natural hazards, accidents, outbreaks of disease and terrorist attacks. Emergencies can be minor events that threaten the health and lives of local communities or major events that affect the whole population.

Current concerns

- Following the Grenfell fire tragedy in June 2017, Havering Council provided mutual aid assistance to the Royal Borough of Kensington and Chelsea in the form of emergency planners, registrars, social workers, LALOs and general volunteers to assist with the response and recovery phases of the incident.
- Concern was raised by NHSE at the HBRF about the status of Business Continuity Plans by GPs following extensive flooding at a GP surgery in the borough in 2016.
- The Mortuary Management Group have identified capacity issues with the Queens Mortuary, and raised concerns about the regular use of the emergency storage units in the winter months when record levels of bodies have been recorded in the mortuary.
- The HBRF Risk Advisory Working Group has identified pandemic influenza to be the greatest risk on the local risk register.

Actions being taken

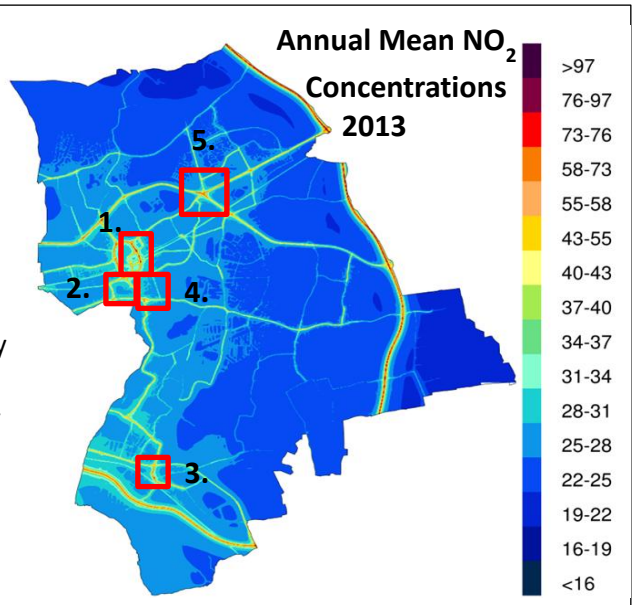
- A new revised Humanitarian Assistance Plan is currently in draft; under the Minimum Standards for London, there is now a requirement to separate humanitarian assistance and shelter plans into separate documents, which forms part of the 17/18 work plan.
- A full Section 19 report under the Flood and Water Management Act has been produced and published. Numerous flood engagement activities and mitigation measures have been carried out, including detailed work with the Maylands Health Surgery who suffered considerable damage. The Multi-agency Flood Plan was tested at Exercise Atlantis by the Corporate Leadership Team and multi-agency partners.
- The Queens Hospital Designated Disaster Mortuary (DDM) plan has been updated and endorsed by the HBRF and Coroner.
- The Pandemic Influenza Plan will be refreshed during 2018.

16. Public Protection: Air Quality

Data Trends

Hotspots:

1. Romford Town Centre
2. A124 Rush Green Road and Rom Valley Way
3. Rainham – Broadway
4. Roneo Corner.
5. Gallows Corner.



How the System Works

- The UK has signed up to a set of National Air Quality Objectives and European Directive legal limits for air pollutants; Havering has a statutory duty to provide appropriate monitoring of air quality.
- There are two main forms of monitoring – Continuous Monitoring Stations (CMS) and Diffusion Tubes; Havering has 2 continuous monitoring stations (CMS) currently in use, 10 Air Quality Mesh pods (also continuous) and 52 Diffusion Tube sites across the borough.
- Havering declared an Air Quality Management Area (AQMA) under the powers conferred upon it by Sections 82(1) and 83(1) of the Environment Act 1995, in September 2006 for both Nitrogen Dioxide (NO_2) and Particulate Matter (PM_{10}) [1].

Background

- Air Quality is a major environmental risk to public health, contributing to cardiovascular disease, lung cancer and respiratory diseases.
- Although air quality in Havering is relatively clean in comparison with inner London boroughs the health harm is nonetheless significant; the fraction of mortality attributable to particular air pollution is 5.0%, lower than London (6.4%), higher than England (5.3%).[14]
- The groups that are at highest risk of ill health caused by poor air quality are older people and children.
- Nearly two thirds (65.7%) of all NOx pollution comes from road vehicles, including diesel and petrol cars, HGVs, vans, minivans, buses, taxis and motorcycles. The remaining third comes from domestic gas supplies, domestic and commercial fuels, non-road mobile machinery, industry and other forms of transport (rail, aviation, river).

Current concerns

- In some areas of Havering NO_2 levels are exceeding the UK National Air Quality Objectives and European Directive Limit and Target Values for the protection of Human Health of 40 micrograms per cubic metre.
- Havering is now meeting the current legal objectives for Particulate Matter (PM_{10} and $PM_{2.5}$). However research has shown that this pollutant is damaging to health at any level and as such remains a pollutant of concern.

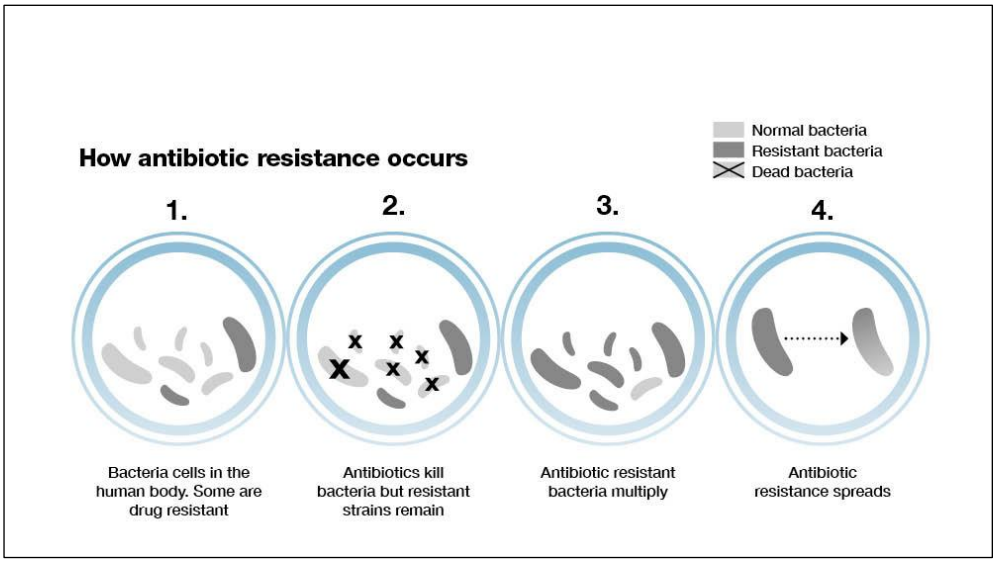
Actions being taken

- An Air Quality Action Plan (AQAP) for Havering has been approved by Cabinet. The AQAP sets out the projects, policies and initiatives to be taken over the next 5 years in order to improve air quality, by reducing Nitrogen Dioxide and Particulate Matter concentrations from the key emission sources i.e. road transport, new development and gas boilers.
- The plan aims to increase awareness, knowledge and understanding of air quality and help everyone who lives, commutes or works in Havering to reduce their own exposure as well as to improve air quality. The Plan covers air quality monitoring and modelling, public health and awareness raising to encourage smarter travel, reducing emissions from buildings and developments, reducing emissions from transport.
- The Air Quality Improvement Group will report progress of implementation of the AQAP to the HPF

[14] PHOF, data for 2016

Appendix 1: Spotlight on Antimicrobial Resistance

The previous two HPF reports have included a "Spotlight on" feature, which takes one issue and highlights why this is a concern. Previous spotlight topics covered the systems and processes introduced for health protection, following implementation of the Health and Social Care Act 2012, and influenza.



Why is antimicrobial resistance an issue?

- Antibiotic resistance has been described as one of the biggest threats of modern times
- Over-reliance on antibiotics, and not taking antibiotics properly, is leading to bacteria becoming resistant
- Without effective antibiotics many routine treatments will become increasingly dangerous; even basic operations such as setting broken bones, through to cancer treatments and animal health all rely on antibiotics working
- A failure to address the problem of antibiotic resistance could result in an estimated 10 million deaths every year globally by 2050, and a cost of £66 trillion in lost productivity to the global economy[15]

Some key facts

- Antibiotics cannot kill viruses – so will not work on viral infections such as colds or flu, and yet:
    - One third of the public believe that antibiotics will treat coughs and colds and
    - 1 in 5 people expect antibiotics when they visit their doctor
- Many mild bacterial infections get better on their own, without using antibiotics, and yet
    - GPs commonly express concerns that they feel pressurised by patients asking for antibiotics, such as when people ask on behalf of a child[16]

[15] https://www.gov.uk/government/publications/health-matters-antimicrobial-resistance/health-matters-antimicrobial-resistance

[16] https://www.gov.uk/government/publications/health-matters-antimicrobial-resistance/health-matters-antimicrobial-resistance

What is being done?

- The UK Government published a five year Antimicrobial Resistance Strategy in 2013 to tackle the issues that are leading to antibiotics becoming less effective
- In October 2017 a national campaign was launched by PHE. *Keep Antibiotics Working* warns people that taking antibiotics when they are not needed puts them and their families at risk.
- The North East London Antimicrobial Resistance Strategy Group (NELAMRSG) was set up in 2015. Led by BHR CCGs, the NELAMRSG aims to provide clinical leadership and improve collaboration. The group is now aligned to the NEL STP. The group has a comprehensive action plan which includes:
    - Regular feedback to individual prescribers in all care settings about antimicrobial prescribing; patient safety incidents related to antimicrobial use.
    - Education and training to health and social care practitioners about antimicrobial stewardship
- In October 2018, the HPF will be holding an extended meeting, and will invite commissioners, Healthwatch, and other key stakeholders to attend, to receive the NELAMRSG report and contribute to discussions on what further actions could be taken forward locally.

What else could be done locally?

- A Havering multi-agency group is meeting for a workshop session in October 2018 to consider and comment on local implementation of the strategy. Examples of local action are:
    - The leading voices for health, including those represented on the Health and Wellbeing Board, could support Antibiotic Awareness week in November, including through signing up to become an Antibiotic Guardian
    - Raise awareness among the local population about self-management of minor illnesses such as coughs, colds, sore throats, ear infections
    - Raise awareness among the local population about taking antibiotics as prescribed – so not missing doses, not sharing with others, and finishing the course even when they feel better
    - Continue the work that is being done currently on prevention; such as preventing urinary tract infections in older people

Appendix 2: Women affected by the Serious Failure in Breast Screening Programme

On 2 May 2018, the Secretary of State for Health and Social Care (SoS) reported to Parliament a serious failure in the national breast screening programme in England. He announced an independent review into the circumstances of the failure, co-chaired by Lynda Thomas, Chief Executive of MacMillan Cancer Support and Professor Martin Gore, Consultant Medical Oncologist and Professor of Cancer Medicine at the Royal Marsden. The report is due by November 2018

Following is an extract from Public Health England press release on 2 May 2018

> *"The routine NHS breast screening programme invites more than 2.5 million women every year for a test, with women between the ages of 50 to 70 receiving a screen every 3 years up to their 71st birthday. Around 2 million women take up the offer.*
>
> *"The problem was identified in January 2018 whilst reviewing the progress of the age extension trial (AgeX). It then became apparent that a similar impact has resulted from long term problems with the routine programme as well. In addition, some local services have not invited everyone for a final screen in the 3 years before their 71st birthday.*
>
> *"PHE has carried out a thorough investigation including a detailed analysis of data going back to 2009 and has been advised by experts and clinicians. The fault has now been identified and fixed and women who did not receive their final routine invitation and are registered with a GP are being contacted and offered the opportunity to have a catch up screen. All of these women will be contacted by the end of May 2018. Women can seek advice by calling the helpline on 0800 169 2692. We anticipate that all rescreens will be completed by the end of October 2018 and extra capacity is being identified so that routine screening will not be affected."*[17]

On 4 June, the SoS published a written ministerial statement to update Parliament.[18] The key points being:

- By 18 May, Public Health England contacted 195,565 women registered with a GP in England. In addition, all the affected women known to have moved to Scotland, Wales or Northern Ireland were also written to by 1 June 2018.
- As of 1 June 2018, 26,774 women received an appointment for screening, with hundreds already screened.
- The NHS has put in place an additional 68,000 screening appointments nationally and is on track to ensure that all women affected who want a screen will be seen by the end of October, without impacting on other patients.
- The figures have been revised from the original estimates and are significantly lower - based on analysis by PHE, using data provided by NHS Digital, up to 174,000 women were affected by this issue, of which we know that up to 130,000 are still alive. As a result, the numbers who may have had their lives shortened as a result of missing their screening is now estimated to be less than 75.

Table 1: Number of letters sent to women as part of the Patient Notification Exercise

ONS code	Country/Parliamentary constituency name	Number of letters sent
E92000001	England	195,568
E14000657	Dagenham and Rainham	379
E14000751	Hornchurch and Upminster	423
E14000900	Romford	427

[17] https://www.gov.uk/government/news/women-offered-nhs-breast-screening-after-missed-invitations

[18] https://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2018-06-04/HCWS731/

Appendix 3: Havering Health Protection Forum Forward Plan 2018/19

Meetings are held quarterly, with routine reports on:

- PHE (infections, outbreaks)
- NHSE (immunisations and screening)
- CCG (immunisation, screening, infection control)
- BHRUT (infection control)
- NELFT (infection control)
- LBH (public protection, environmental health)
- Routine Reports and Updates (each meeting)

Topics to be considered in depth are scheduled as follows:

April 2018	July 2018	Oct 2018	Jan 2019
Air Quality Annual Status Report	Tuberculosis	Antimicrobial Resistance BHRUT Infection Control Annual Report	HIV / Sexually Transmitted Infections(Blood borne viruses
	Annual immunisations report (excluding Seasonal flu)	Annual adult screening report	Annual ANNB screening report

An additional meeting scheduled for September 2018 to consider

- Seasonal influenza (2017/18 performance and plans for 18/19)
- Health emergency planning
- Winter preparedness