Havering
LONDON BOROUGH

Havering Health Protection Forum

2018/19 Report

Contents

1. Foreword

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

Overall, health protection arrangements in Havering are working well. There appear to be good working relationships between the variety of different agencies responsible for the commissioning and/or delivery of both direct and indirect functions to protect the health and wellbeing of Havering residents and visitors. However, there are areas where improvements could be made, such as uptake of flu and MMR vaccinations; this and other improvement areas are summarised on page 5.

I take this opportunity to thank HPF members for their commitment to health protection during 2018/19 and for their support in preparing the work programme for 2019/20.

Mark Ansell, Director of Public Health

2. Introduction

The Havering Health Protection Forum (HPF) supports the Council DPH in discharging their duty to protect health and prevent threats to health; by contributing to surveillance and challenge of local health protection arrangements. This annual report reviews the priority areas identified in the 2017/18 report; summarises the work of the HPF during 2018-19; and outlines the priorities for 2019-20. Each section of this report gives an outline of how the health protection system works for that area, key data trends or a diagram demonstrating how the system works, current concerns or highlights, and actions being taken. The final section of this year's report outlines how we intend to pilot a collaborative approach with Barking & Dagenham's health protection forum. This will not only create efficiencies for our statutory partners in terms of attendance at forum meetings, but will also create better health protection processes across the Barking, Havering and Redbridge CCG system.

The 2017/18 report indicated that the Forum would enhance its core remit by inviting additional stakeholders to join the discussions on topics where there would be benefit from wider engagement. Over the past year, the Havering Health Protection Forum meetings have therefore consisted of two main parts:

- quarterly updates and key issues have been discussed by core members of the forum,
- special-interest topic focused meetings have been held, which included invitation to attend the meeting to key representatives from other services with a role to play

These topic-focused meetings have encouraged discussion and debate with wider partners to generate improvements in the local health protection system. In addition, a standalone Winter Planning workshop was held in September 2018 to ensure local agencies were thinking about winter pressures and what could be done through early preparation to ensure a healthy local population. The workshop report is available on request.

3. Health Protection Forum Members

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

[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. Review of 2017/18 Actions

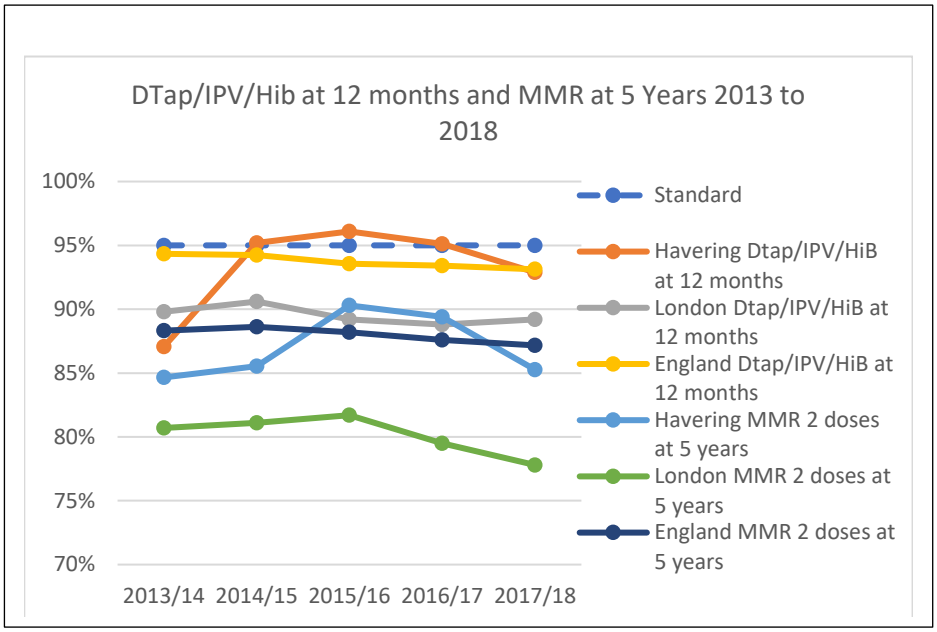
	Topic	Action	Outcome
1	Influenza vaccination	A multi-agency group will convene in September to receive and comment on NHSE/CCG flu vaccination plan (in the context of winter planning).	A Keeping Healthy this Winter workshop was held in early September 2018 with key partners. As a result, a free flu vaccination clinic was set up in the Salvation Army Centre, Romford, for a local GP to deliver flu vaccinations to homeless or rough sleepers. The clinic was replicated in Barking & Dagenham.
2	MMR Vaccination	Raise awareness of measles and the importance of MMR vaccination to frontline workers in healthcare settings.	Awareness and importance of MMR vaccination is communicated widely by NHSE and other media sources, but cases of Measles, Mumps and Rubella continue to rise globally due to low vaccination rates leading to reduced herd immunity. Havering MMR at 5 years old (i.e. receiving the required 2 doses) is currently at 85%.
3	Antimicrobial resistance	Multi-agency group to meet in October to consider and comment on local implementation of Antimicrobial Resistance Planning Group action plan.	A special topic-focused HPF meeting was held on 18th October 2018 to discuss AMR and its local issues. It was agreed that: • From a workplace wellbeing perspective, clear messaging and communication to manage expectations could be cascaded and enhanced through workplace and wider community health champions • LBH will investigate whether the Health Visiting contract includes provision for Health Visitors to communicate AMR messaging
4	Tuberculosis	A multi-agency group to consider where arrangements could be strengthened	A topic workshop focusing on TB was held in July 2018, with the following actions that were taken: • Staff from local drug and alcohol service (WDP) raised awareness of the risk factors for TB and HIV (risk factors include homelessness). • Information on self-referral to TB service was cascaded. • Arrangements were made for PHE to present information on TB to a GP PTI event. • PHE to broker Find and Treat Service to attend central Romford venue.
5	Air Quality	Air Quality Improvement Group will oversee implementation of the Action Plan and report progress to HPF.	AQAP group meet quarterly to review progress on actions in the plan. Several projects are in progress including: • School streets bid to MAQF to restrict cars from designated streets at school drop off and pick up times • Tree planting around the borough and in schools • New policy in Local Plan to ensure developers conduct a health impact assessment on their schemes, which includes assessing how air pollution during and post construction will be mitigated
6	Meningitis vaccination	Raise awareness of meningitis vaccine (ACWY) among those about to start university	The University toolkit developed by PHE was distributed via the schools portal in August 2018, and supported by a local communications campaign
7	Pandemic flu plan	Refresh pandemic flu plan	Havering's Pandemic Flu Plan is in the process of being revised.

5. Key topics of focus for 2019/20

The following describes the key topics that the HPF plans to focus on during 2019/20. 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	Vaccinations: • MMR • Meningitis (MenACWY) • Shingles • Flu	• The number of reported cases of measles and mumps, both of which are preventable with a simple vaccine, have been rising across the UK. In 2018 there were 9 cases of measles and 21 cases of mumps in Havering. • Following the introduction of the MenACWY vaccination, the national numbers of cases of MenW have decreased, but cases of MenC and MenY have continued to increase. To achieve herd immunity, the uptake of MenACWY vaccination needs to further increase. • 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. • Uptake rates of the flu vaccination are lower than the desired standard for all targeted vaccination groups across Havering, London and England. There has been an overall and steady decline in flu vaccination uptake since the start of the programme	• NHSE have developed a London MMR Action Plan to increase uptake • Continue to raise awareness of availability of free MenACWY vaccine to young people up to the age of 25, particularly those starting university (Freshers) • HPF to support shingles vaccination uptake through health champion programme / local comms • A Flu Improvement plan is being developed jointly between NHSE and the CCGs across the NEL STP area focusing on 2 and 3 year olds, at risk under 65s and primary care frontline healthcare workers.
2	Bowel Cancer Screening	Implementation of faecal immunochemical testing (FIT), to replace faecal occult blood testing (FoBT), has started for self-referrals. 100% roll out of FIT is imminent nationally	HPF to support and locally enhance national campaigns through health champion programme / local comms
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 2019/20 to consider and comment on local implementation of Antimicrobial Resistance Planning Group action plan.
4	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.
+	Adverse Weather Planning (Summer and Winter)	Whilst the emergency services are well prepared to respond, year-round planning for adverse weather conditions needs to be embedded in organisational plans.	Summer Planning workshop to be held to consider how year-round planning can be better implemented.

6. 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 , incl. flu nasal spray, HPV (girls 12-13) and MenACWY (age 14)
- Childhood imms recorded on GP systems and on Child Health Information System

Current concerns

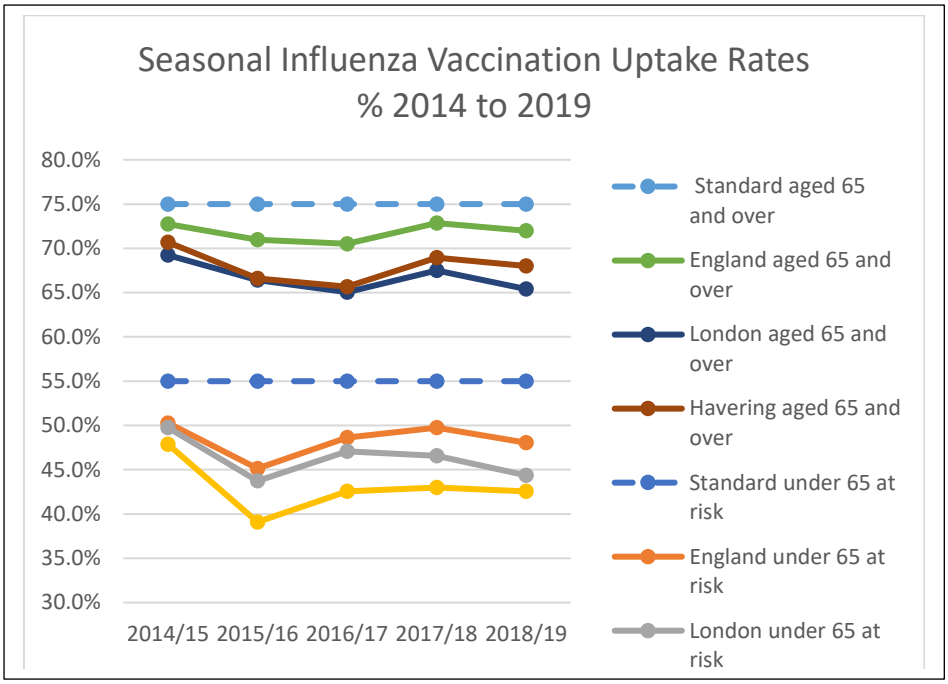
- Childhood immunisations are standard practice for GP surgeries, as per the Routine Immunisation Schedule[2]. Data are reported by NHSE via Cover of Vaccination Evaluated Rapidly (COVER). However, a number of practices in outer NEL have not signed a data sharing agreement so data flows between practices and the CHIS have been affected. This in turn has impacted on accurate COVER reporting.
- DTap/IPV/HiB uptake rates are a good indicator of how effective the routine childhood vaccination programme is. However, there appears to be a downward trend in the uptake rate of this vaccine (<95%) in recent years.
- Over 2018-19, there have been an increasing number of cases of measles and/or mumps, including some significant outbreaks in mainland Europe. Herd immunity for measles, mumps and rubella can be achieved when the uptake of MMR vaccination is at 95% or greater. However, the percentage of children who receive the required two doses of MMR vaccine by 5 years of age, MMR2, is at 85% in Havering, worse than for England.
- Cases of meningitis and septicaemia caused by the strain of Men W bacteria have been rising since 2009, and so delivery of the MenACWY vaccination programme in senior schools is important.

Actions being taken

- The issues regarding data linkage have been escalated within BHR CCSs and NHSE and meetings are taking place between these commissioner and provider organisations to resolve the issues.
- NHSE have developed a pan-London MMR action plan to improve uptake of MMR, which can be adapted to develop appropriate local actions. Through Making Every Contact Count (MECC) principles, adults with no record of MMR vaccination should be offered vaccination – this is especially important for those in contact with people who are immunosuppressed or new entrants with no previous record. Other than standard contraindications, there are no known additional risks to receiving the vaccination twice if status is unknown.
- The NHSE contract with GPs requires practices to identify 10 and 11 year old patients who have not received 2 doses of MMR and call/re-call them.
- As part of the school aged booster programme commissioned by NHSE, the MenACWY vaccine will continue to be provided to children in schools years 9 or 10 with a catch-up campaign for years 10-12. Pupils will also have their MMR status checked at this vaccination appointment and be offered the MMR if status is unknown or not yet received. University entrants up to age 25 will also be offered the MenACWY vaccination.
- The national drive to increase MenACWY vaccination, which protects against four different strains of meningococcal bacteria that cause meningitis (including W strain) and septicaemia, will continue in 2019-20.

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741543/Complete_immunisation_schedule_sept2018.pdf

7. 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

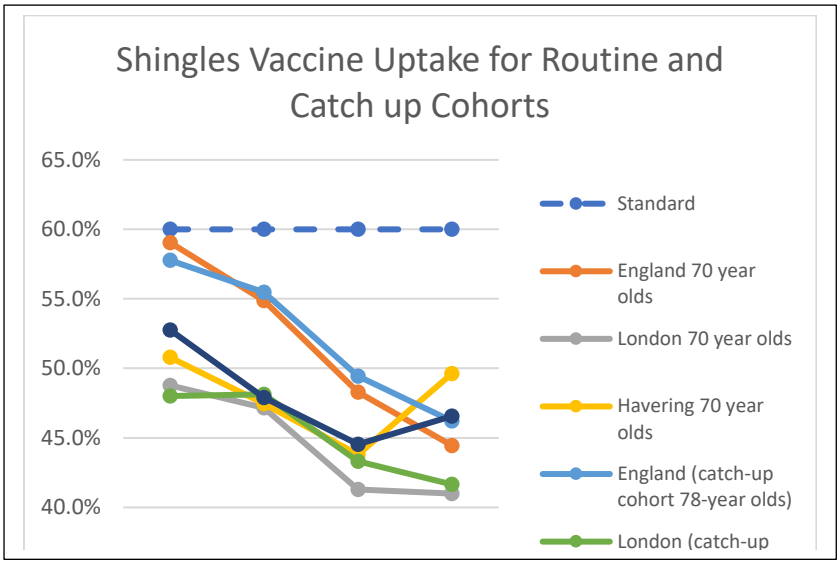
Current concerns

- Uptake rates of the flu vaccination are lower than the desired standard for all targeted vaccination groups across Havering, London and England. There has been an overall and steady decline in flu vaccination uptake since the start of the programme.
- Distrust in vaccination by some anti-vaccination groups are compounding the issue, along with negative media reporting about the effectiveness of the vaccine. Antigenic drift and shift is normal for a flu virus and so there may be other strains of flu circulating at the same time as the predominant strains which have been used to create the vaccine. A person may still get flu from these less common strains, but the vaccine will protect against the predominant circulating strains.
- In the 2018-19 season, there were issues with the delivery of adjuvanted trivalent influenza vaccine (aTIV) stock for the over 65s which impacted on uptake rates for this cohort.
- Data transfer between pharmacies and GP practices for flu jabs received at pharmacies continues to be problematic due to differing IT systems.
- Vaccination UK, the provider for the school vaccinations programme, experienced challenges with data sharing with schools with respect to new GDPR regulations.

Actions being taken

- NHSE is seeking assurance from providers of the aTIV vaccine that there will be sufficient stock available for the 2019/20 season.
- A Flu Improvement plan is being developed jointly between NHSE and the CCGs across the NEL STP area focusing on 2 and 3 year olds, at risk under 65s and primary care frontline healthcare workers.
- A housebound flu Local Improvement Scheme (LIS) is being developed by BHR CCGs for the 2019-20 season; GPs who sign up to this LES will ensure patients unable to attend a flu clinic will be visited in their homes to receive the vaccination.
- NHSE, the commissioners of the school-aged vaccination programme are working with head teachers of eligible schools to ensure mutual understanding of data sharing that does not contravene any GDPR issues.
- VUK will continue to support schools in delivery of appropriate comms messages with the aim of increasing vaccination uptake in all groups.

8. 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

Current concerns

- Four vaccinations are given routinely in adulthood; Pertussis (whooping cough) to pregnant women, flu vaccinations (as per Section 7), PPV[3] (for pneumonia) and shingles. Adults with uncertain or incomplete immunisation status should be assessed and offered vaccination where appropriate. Whilst there are no specific concerns regarding Pertussis and PVV, commissioners and providers continually seek to improve uptake.
- There remains some confusion amongst GP practices regarding who is eligible for a shingles vaccine. Shingles is a painful condition affecting people who have previously caught chicken pox, in most cases decades after the original infection. Shingles cannot be caught; it is a reactivation of the dormant virus in your body, which can be highly debilitating.
- 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 any time in the year they turn 70, with a catch-up cohort at 78 years old. In addition, anyone who was previously eligible (born on or after September 2 1942) but missed out on their shingles vaccination remains eligible until their 80th birthday.
- The shingles vaccine is not available on the NHS to anyone aged 80 and over because it seems to be less effective in this age group.
- 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.

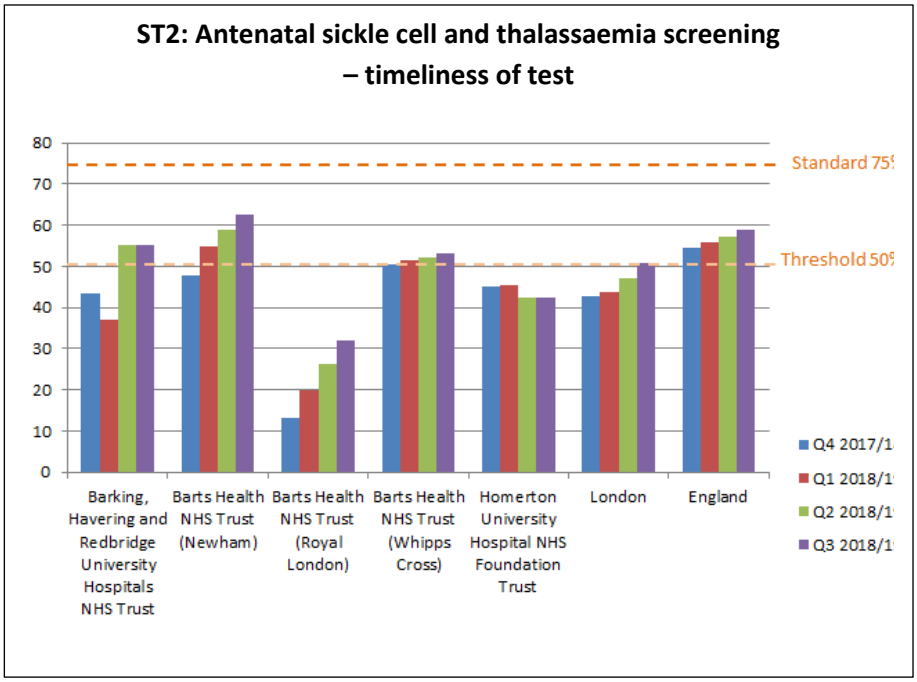
Actions being taken

- NHSE are continuing to raise awareness of shingles vaccine through national and local promotion, supported by a Shingles Good Practice Guide containing advice and guidance on how to improve shingles vaccine uptake which was developed by NHSE[4].
- NHSE are delivering action planning sessions with practices and CCG/Local Authority Public Health teams to create plans to improve and sustain developments.

[3] Pneumococcal polysaccharide vaccine

[4] https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/08/good-practice-guide.pdf

9. 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 (ANNB) 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

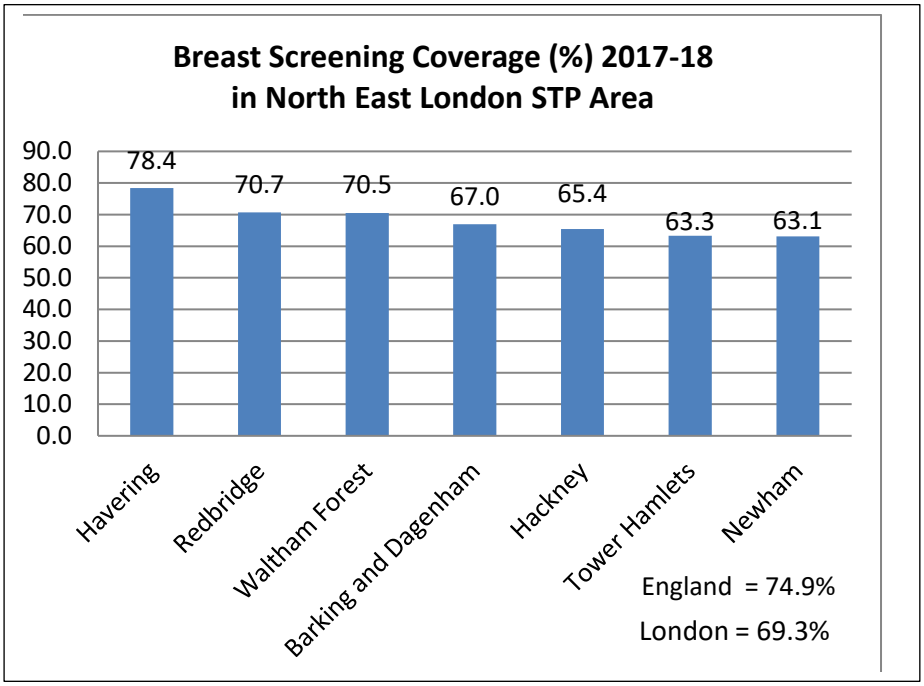
Current concerns

- The latest published quarterly data show that a small number of Key Performance Indicators are below nationally agreed acceptable levels
    - ST2: proportion of women having antenatal sickle cell and thalassaemia screening for whom a screening result is available by 10 weeks + 0 days gestation is just above the threshold level (see graph above).
    - NB2: latest available data for Q3 2018-19 shows avoidable repeat testing for newborn blood tests is 2.2% (target is 2.0% or less)
- Due to issues with staffing within the haematology genetic counselling service there were delays in identifying at-risk couples, offering prenatal diagnostic testing and pregnancy management options – this led to a serious incident. Contributory factors include delayed turnaround times for antenatal sickle cell and thalassaemia screening samples with delay in transportation of samples from Queens Hospital to King George's Laboratory and lack of senior biomedical scientist in Laboratory to authorise results.

Actions being taken

- NHS England are monitoring completion of Public Health England (PHE) screening quality assurance service recommendations and Trust action plan from this incident.
- NHSE are working with BHRUT to increase the number of women who have results available for Sickle cell and Thalassaemia by 10+0 weeks gestation (ST2). NHSE have set trajectories for the Trust for 2019-20 to help met these national standards and the Trust have submitted an improvement plan to achieve the set targets.
- Work is required at national and local level and with community groups to encourage women to self-refer and book for maternity care as soon as possible (ideally before 10 weeks).

10. 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)[5]; 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

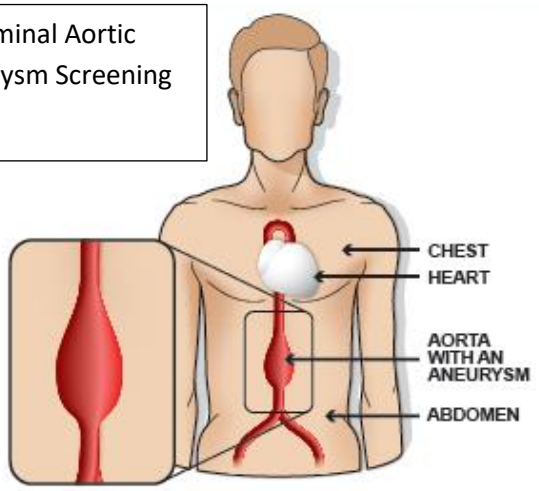
Actions being taken

- Bowel:
  - Implementation of faecal immunochemical testing (FIT), to replace faecal occult blood testing (FoBT), has started for self-referrals. 100% roll out of FIT is imminent, date to be confirmed, but it will be in the next couple of weeks, and this will be national.
  - Barking, Havering & Redbridge University NHS Trust (BHRUT) has been RAG rated as green, meaning that the Trust, based on national criteria, is FIT ready.
  - Bowel Scope has rolled out to 29 of the 44 practices. There is no date for completion
- Breast: No exceptions to report
- Cervical:
  - Health Service Laboratories (HSL) were the successful bidders for the Primary HPV London Hub. All samples will go through the single primary HPV lab for April 2020
  - Queens currently has backlog of 3570 (11/06/2019), 25 days for results (standard is 12 days) to go out. Queens have been given additional funding by NHSE & I to tackle backlog, to either outsource samples or use locums. Current projections to get down to 12 days, is December 2019, but if they outsource or use locums, they could achieve this by the end of August 2019. NHSE & I are currently working closely with Queens to go through their latest plans

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

11. Adult Non-Cancer Screening Programmes

Abdominal Aortic Aneurysm Screening (AAA)



How the System Works

- There are two non-cancer screening programmes: diabetic eye screening (DES) and abdominal aortic aneurysm (AAA).
- 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.
- There are 41 local AAA screening services covering the whole of England. NHS England (London) region has procured a new screening provider, InHealth, for AAA in North London
- Each local service (AAA or DESP) coordinates screening for the population in its area and organises invitation letters, screening and surveillance clinics, results letters and referrals to the appropriate network.

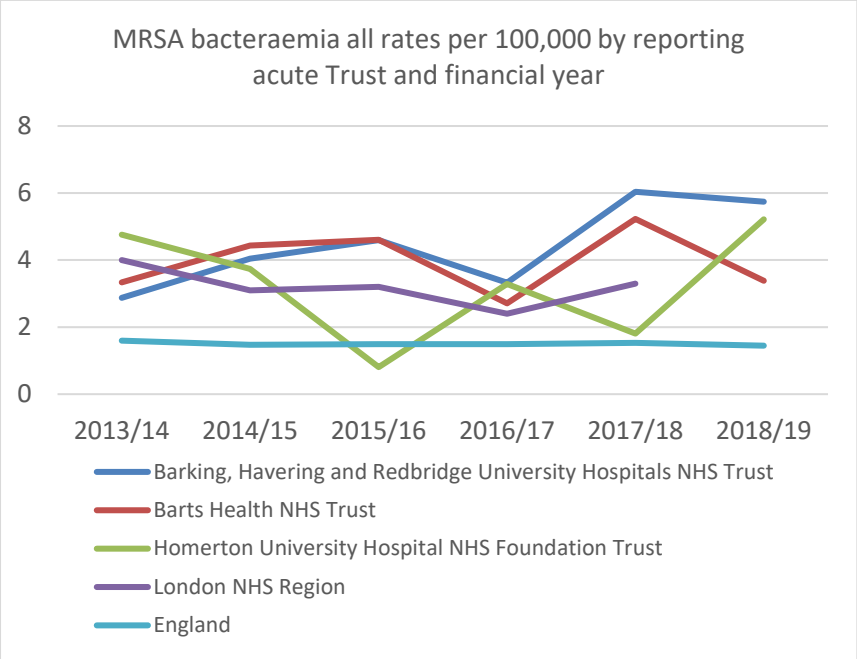
Background

- 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. Havering uptake of DESP is amongst the highest in London at 85.5% by the end of Quarter 4 2017/18, and higher than 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. Havering uptake of AAA screening is the highest in NEL at 86% (5% above national average).

Actions being taken

- Although there are no current concerns regarding overall uptake rates, InHealth are required to undertake a Health Equity Audit (HEA) at the end of the first year of their contract which will inform strategic planning to help address any inequalities in access to the screening programme
- As part of their contract roll out, InHealth have developed a making every contact count (MECC) strategy, that seeks to optimise the service's contact with each man that attends for a screen and sign-post to other relevant/available health services.
- NHSE and InHealth will look to work in partnership with local stakeholders as the service develops, to ensure it is delivering the best outcomes for the population of Havering.
- NEL DESP are currently rolling out a surveillance service for people who have low risk retinopathy, identified through screening. This prevents referral to ophthalmology where they would only continue to be monitored, with no intervention. This is better for the patient, safer in terms of management and administration and provides a significant cost saving to the system.
- DESPs are also currently working with STP diabetes leads to develop a MECC strategy that supports referrals to structured education.
- NHS England are looking to commission a pan-London HEA to support a strategic approach to tacking any identified inequalities that impact participation in diabetic eye screening.

12. 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* (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.
- PHE has carried out mandatory enhanced surveillance of MRSA bacteraemia since October 2005; patient-level data of any MRSA bacteraemias are reported monthly to PHE. Independent sector (IS) healthcare organisations providing regulated activities also undertake surveillance of MRSA bacteraemia.
- Whilst surveillance focuses on infections such as MRSA and *C.difficile* , infections such as influenza, norovirus and measles can also be passed on in a healthcare setting and so are also monitored.

Current concerns

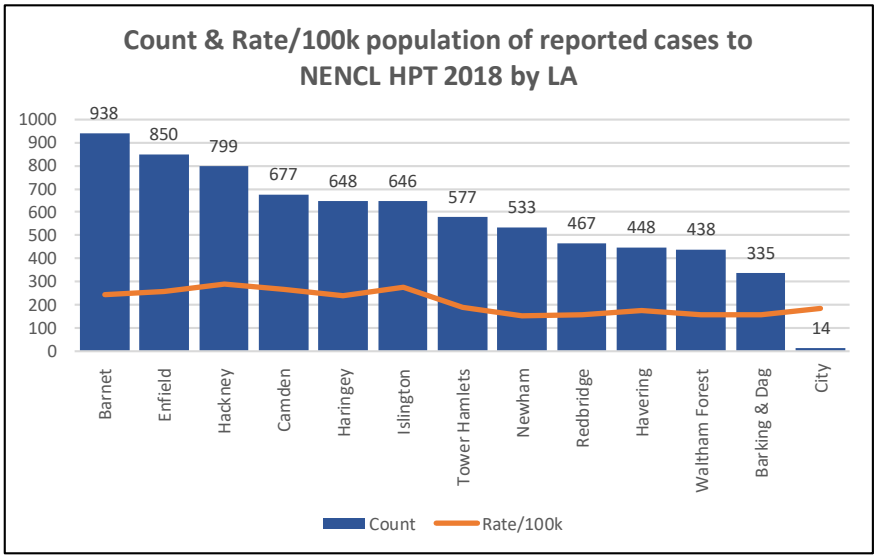
- Data from the local acute Trust (BHRUT) show that for the year April 2018 to March 2019, BHRUT had five cases of MRSA and nine cases of *C.difficile.*
- Annual data is shown in the table above[6].

Actions being taken

- Anti-microbial resistance (AMR) was one of the PHE priorities to implement the PHE-led actions in the UK AMR National Action Plan, and support Department of Health and Social Care to deliver the UK global AMR related commitments including the Global Burden of Disease project.
- A sector-wide (North East London) antimicrobial resistance strategy group (AMRSG) has been established to seek ways to ensure appropriate prescribing to reduce the risk of antibiotic resistant organisms
- Infection, Prevention and Control (IPC) teams at both the acute Trust (BHRUT) and community trust (NELFT) have action plans, policies and procedures in place to reduce and/or prevent the number of infections from MRSA and C.Diff.

[6] Data Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815157/MRSA_annual_tables_2019.xlsx

13. 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[7].
- PHE aims to conduct a timely public health risk assessment and identify possible outbreaks of disease as rapidly as possible. Therefore, registered practitioners should report suspected cases of notifiable diseases and not wait for laboratory confirmation.
- In 2018, 448 cases were notified. Havering has one of the lowest number of notifications in NENCL, ranked 10th lowest out of 13 L.As.

Key Facts

- **NOIDs** - In 2018 the most commonly reported infection in Havering is Campylobacter (170 cases), followed by Scarlet Fever (86 case), pneumococcal infection (30 cases) and salmonella (29 cases),
- Campylobacter and Salmonella are common causes of food poisoning. Although Campylobacter was the most commonly reported NOID in Havering, when compared with regional data for 2017, Havering is classified as having a "better rate" (66/100,000) when compared to nearest neighbour London Boroughs, and a "similar" rate to London region (63/100,000) [8].
- **Legionella –** there were six cases of legionnaires disease in 2018. Half of these cases were related to overseas travel and two linked to a local cluster. National Fingertips Data for 2016 (most recent national data), shows that Havering has the highest rate of 1.58/100,000, when compared with "nearest neighbour" LAs and London region (0.51/100,000). However, given the small numbers overall the rate is classified as "similar" to that of the London Region[8].
- **Outbreaks/Incidents:** NENCLHPT managed 37 outbreaks and incidents across Havering in 2018.
    - 11 were in care homes due to suspected norovirus. 3/11 were due to Scabies outbreaks, which usually requires all residents and staff to receive topical treatment.

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

[8] PHE Fingertips Health Protection Profiles. PHE Fingertips Health Protection Profiles - Havering

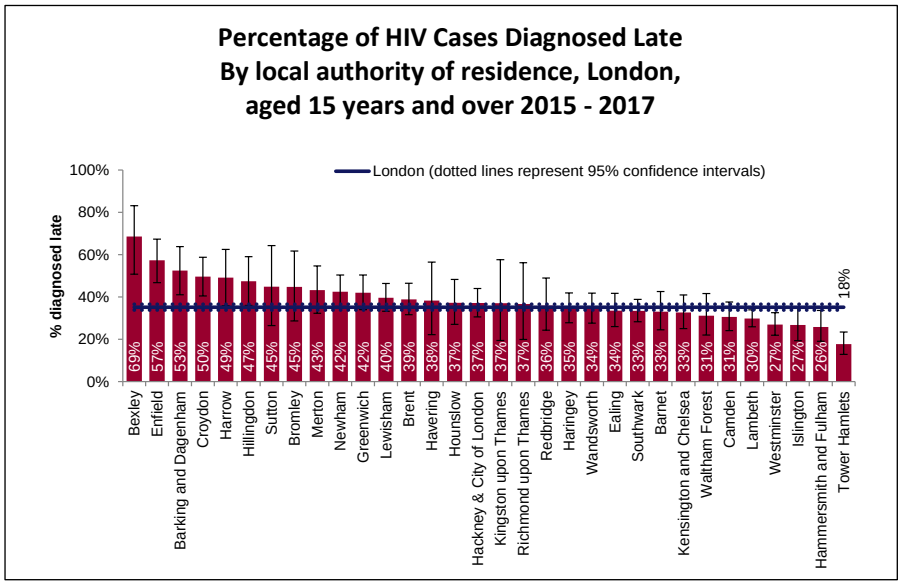
- There were no reported influenza outbreaks in care homes across Havering. However, it is important to note the uptake of influenza immunisations in those in risk groups and 65 yrs and over falls below national targets (55% and 75% respectively).
- 7 incidents were reported in schools and 8 were in nurseries.
- During 2018 there was increased measles activity across NENCL with a total of 291 confirmed/probable cases. Most cases were located in Hackney and Haringey. Overall in 2018 Havering had 3 confirmed cases. These cases were linked to a nursery outbreak at the beginning of 2018. This outbreak was further complicated by co-circulating scarlet fever infection. In addition to providing advice to the nursery, information was shared with staff and parents, promoting the importance of MMR vaccination and the incident prompted a review of local healthcare providers to consider the MMR coverage for healthcare workers. Wider communication across acute and primary care and schools was cascaded throughout 2018 in response to the national/regional and NENCL measles situation.

- There were two postcode clusters of Legionnaires Disease. These clusters are identified from enhanced surveillance as the cases visited/live within close proximity of each other. On such occasions the HPT work with the EHO team/relevant providers to consider if there any obvious or potential ongoing source(s).

Actions being taken

- Review of the Legionella epidemiology for cases who reside in or who are linked to Havering.
- Reinforce messages to medical practitioners re notifying suspected cases of infectious diseases.
- Continued measles activity across London, coupled with fall in uptake of seasonal influenza immunisation for those in risk groups and aged 65+, highlights the need for and continued efforts to maximise opportunities to promote immunisation across relevant population groups including health and social care occupations.

14. Infectious Diseases: Blood Borne Viruses and Sexually transmitted infections (STIs)



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 to Blood Borne Viruses

- 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**
  - The new diagnosis rate for London residents aged 15 years or older was 21.7 per 100,000 and although much higher than the rate of England (8.7 per 100,000), there was a 22% fall from 2016. Since 2016, the fall has accelerated from previous years due to a large drop in the number of new diagnoses in men who have sex with men (MSM). The rate in Havering was 8 per 100, 000 and has one of the lower rates of new HIV diagnoses in London.
  - The diagnosed prevalence rate of HIV in London in 2017 was 5.7 per 1,000 residents aged 15-59 years with all local authorities in London having a diagnosed HIV prevalence rate in excess of 2 per 1, 000 population aged 15-59 years in 2017, which is the threshold for expanded HIV testing. Diagnosed HIV prevalence in Havering remains low at (2.1 per 1,000 compared to England 2.3 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 between 2009 and 2016 with over 50% in 2009-10, reducing to 37.5% in 2014-16. However, between 2015 and 2017, 38.2% (95% confidence interval [CI] 22.2%-56.4%) of HIV diagnoses were made at a late stage of infection so a slight increase from previous years (Please note that the number of late diagnoses (and new HIV diagnoses) are small therefore these figures must be interpreted with caution).
- The new HIV self-sampling service is expected to contribute to a continuing reduction in late diagnoses[9]
- NHSE is conducting a trial for PrEP[10] and the trial continues with the plan to recruit 10,000 people over three years. HIV negative people attending sexual health clinics in England will have their risk of acquiring HIV checked by clinic staff.

[9] 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)

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

[14]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/801174/London_hepatitis_B_report_2016.pdf

- **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. In August 2017, babies born on or after 1st August 2017 were offered the Hepatitis B vaccine as part of the routine childhood immunisations. The aim of this was to ensure that all children will be routinely protected against Hepatitis B and therefore reduce the risk of infection and provide longer term protection against future exposure risks. In the UK, hepatitis B is mainly transmitted via contact with blood or other infected bodily fluids, particularly during sex or through needle sharing in people who inject drugs (PWIDs). London has a higher burden of hepatitis B compared to the rest of the UK with the incidence rate of acute hepatitis B in London at 1.70 per 100,000 population in 2016 compared to the rate in England which was 0.82 per 100,000. The rate of acute Hepatitis B in Havering is lower than both the London and England rate for 2016[14].
- **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.

Background to Sexually Transmitted Infections

- Sexually transmitted infections (STIs) represent an important public health problem in London. Out of all the Public Health England centres it has the highest rate of new STIs in England. More than 117,000 new STIs were diagnosed in London residents in 2017, representing a rate of 1,335 diagnoses per 100,000 population. Rates by upper tier local authority ranged from 501 new STI diagnoses per 100,000 population in Havering to 2,925 new STI diagnoses per 100,000 population in Lambeth.
- Syphilis: In 2017, 3,397 London residents were diagnosed with syphilis, accounting for nearly half (49%) of all cases in England. The rate of syphilis diagnoses in London in 2017 was 38.7 per 1,000 population which is over 200% higher than the rate in England and over 200% higher than any other region. Gay, bisexual and other men who have sex with men (MSM) in London are disproportionately affected by syphilis and this is worsening with MSM accounting for 90% of syphilis cases in 2017. Havering has the lowest rate of Syphilis in London at a rate of 3.9 per 100,000 population. Due to the high rates of Syphilis in London and numbers of cases increasing since 2013, a London action planning was convened and work is being carried out in areas that include: promotion of prevention messages as well as how partner notification can be increased. These meetings are still ongoing and the most recent action was a letter to trust medical directors to raise awareness.

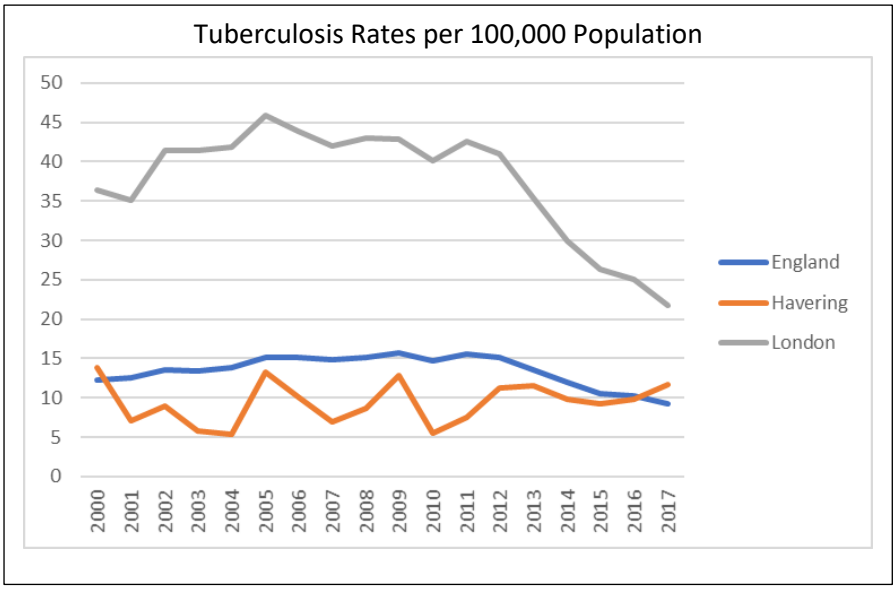
Current concerns

- There are no major concerns regarding BBVs and STIs, however, it would be useful to confirm if expanded HIV testing is being carried out.
- It would also be useful to consider the local Havering population profile to ensure targeted health promotion work around sexual health.

Actions being taken

- Continue to monitor all blood borne viruses
- HPF to convene discussion to focus on blood borne viruses: consider epidemiology of BBVs listed above, and what further actions required.

15. Infectious Diseases: Tuberculosis (TB)



How the System Works

- 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

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 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).
- The rate of TB continues to decrease and in 2017, the rate of TB in London was the lowest number since 2000; a rate of 21.7 per 100,000 of the population.
- The incidence of TB in Havering remains low at 11.7 per 100,000 in 2017 but did see an increase from 2016 when the rate was 9.9 per 100, 000. The rate of TB in Havering does not constitute a high incidence area (over 40/100,000). There are now only 2 boroughs in London with are above the threshold rate of 40 per 100,000 cases; Newham and Brent.
- Increase in 2017 was primarily in the UK born population but these are small numbers so an increase of 3 cases from 2016. White UK born increased from 7 cases in 2016 to 9 cases in 2017. The Havering TB data for 2017 was reviewed and further work could be explored such as understanding the white population in more detail.
- Nationally, 12% of TB cases had at least one social risk factor (2017). 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. In Havering, Homelessness was the most common risk factor.
- Havering had a total of 6 TB incidents in 2018 which was an increase from 2 incidents in 2017. However, the increase in the number of incidents involved non-Havering residents in 5 of the 6 incidents in 2018.
- TB incidents are led by the health protection team, but the risk assessment is carried out jointly by the TB team and HPT to decide if anyone requires screening at the setting.
- Havering also had the lowest total number of incidents in North East and North Central London at 15.

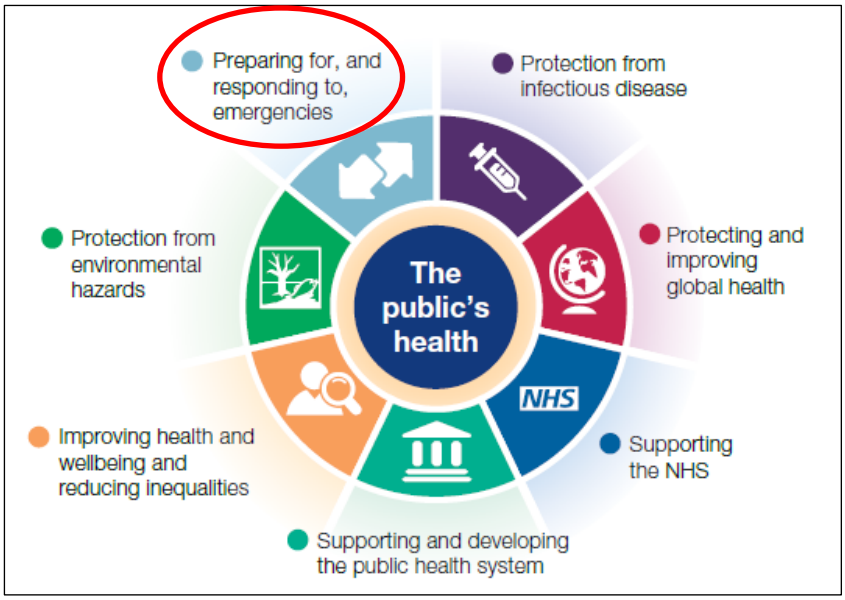
Current concerns

- 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. PHE has produced a document called: 'Tackling Tuberculosis in Under-Served Populations' and describes the Under-Served populations (USPs) as follows:
  - some migrants, including some asylum seekers, refugees, undocumented migrants and those in immigration detention
  - people in contact with the criminal justice system (CJS) (custodial settings like prisons, immigration removal centres, police custody, children and young people's secure estate etc. as well as those in contact with the CJS in the community)
  - people with drug or alcohol misuse including those in contact with drug and/or alcohol treatment services
  - people with mental health needs
  - homeless people
  - as well as other minority or vulnerable groups who share a common feature of being currently under-served by primary and secondary healthcare services because of a lack of access or other issues
- The document highlights that these groups often have overlapping health and social care needs therefore joint working opportunities should be explored between organisations

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. The updated version of the report in tackling TB in the under-served population highlights the importance of meeting the needs of this population.
- A workshop session organised by Havering local authority took place in January 2018 and discussions took place to better understand the local services in place to manage TB patients but also more specifically, where the local system could be strengthened, particularly considering the challenges for USPs.
- Since this meeting, the health protection team was able to place the Find and Treat team in touch with the local homeless shelter manager to arrange a visit from this service that now also offers BBV screening. The find and treat service are a team of TB nurse specialists, social and outreach works and radiographers. Their job is to take TB control into the community by finding cases of active TB early and providing support to patients to complete treatment. They are a specialist outreach team that work alongside others to tackle TB amongst the USPs.
- The health protection team presented at the GP PTI session in March 2019 to discuss TB case and incident management as well as discussing local referral pathways.
- Lessons learnt from TB incidents are being captured and explored locally as appropriate.

16. 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.
- Year-round planning is essential to ensure both the population and the emergency planning system is prepared for adverse or extreme weather events or emergencies.

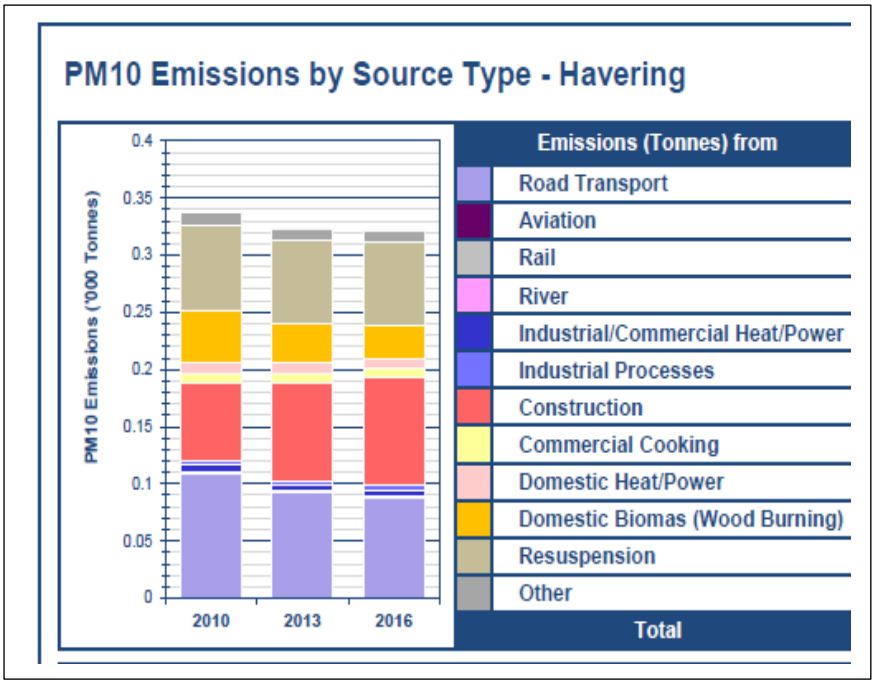
Current concerns

- Ongoing delays in the process for the United Kingdom to leave the European Union are causing a degree of uncertainty and anxiety about what preparations need to be made.
- New categories of risk, including antimicrobial resistance will soon need to be added in to the National, London and Borough risk assessment process.
- Inspections of Traveller sites and assessments of rough sleepers have identified gaps in the system for temporarily or permanently finding suitable accommodation to meet the needs of these groups
- Three major events are being held in the borough in 2019, including the We Are FSTVL at end May; Havering Show in August and Havering Mind half marathon in October

Actions being taken

- There is a standalone group in the borough, who have conducted a risk assessment on potential impact of EU Exit talks, which are ongoing.
- The Health Protection Forum organised a Summer and Heatwave Planning workshop for 2019 to engage key stakeholders in year-round planning.

17: Public Protection: Air Quality



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

- The Air Quality Action Plan (AQAP) for Havering 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.
- Air Quality is a major environmental risk to public health, contributing to cardiovascular disease, lung cancer and respiratory diseases. The groups that are at highest risk of ill health caused by poor air quality are older people and children.
- 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 particulate air pollution is 6.1%, lower than London (6.5%), higher than England (5.1%).[11]
- 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).
- The air quality monitoring for 2018 in Havering showed for the vast majority of the monitoring sites (37 of the 40) a decrease in NO_2 concentrations has been identified, in comparison with the 2017 concentrations. For 18 of these sites the decrease can be considered significant (over 5 $\mu g/m^{-3}$). The NO_2 annual mean concentrations for four monitoring sites, which were exceeding the annual mean objective, were below the objective for the first time since 2016. Though the "hotspots" remain the same the GLA has advised us that the focus areas for poor air quality have changed slightly in that Rush Green Road with Romford Town Centre, as Rush Green Road has improved slightly.

Highlights on Progress of AQAP Implementation

- Within the Council the Public Protection and Public Health Services are collaborating on matters relating to air quality. The Director of Public Health is the Chair of the Board monitoring the implementation of Air Quality Action Plan.
- We have introduced an interactive air quality predictive modelling tool created for us by King's College London. The interactive maps provide further evidence in addition to the Council's air quality monitoring network for planning decisions and support major strategic transport and infrastructure projects for the Council.

[11] PHOF, data for 2017 www.fingertips.phe.org.uk

- The network of air quality monitoring stations (diffusion tubes and continuous monitoring stations) was reviewed in 2018-19 with a view to expand the network by 4-5 diffusions tubes in hot spot areas across the borough, focusing on Elm Park, Front Lane and Rainham Road.
- Electric vehicle technology is advancing rapidly, and consumer demand for greener/less polluting vehicles is gradually rising due to their lower emissions. In 2018-19 a feasibility study was carried out on the appetite for, and ease of implementation of greater numbers of electric vehicles in the borough, including siting accessible rapid charging points. The results of an online survey are currently being collated.
- Council staff in charge of fleet vehicles are investigating alternative fuels for diesel vehicles, such as gas to liquid fuels which result in less vehicle emissions
- Smarter travel, including walking, cycling and anti-idling is continuing to be promoted across all primary schools to raise awareness of the impact of pollution on health and wellbeing, and how alternative forms of transport can contribute to a cleaner, greener and safer borough.
- Section 106 funding of £20,000 has been sourced for this. The location of the monitoring station will be on A1306 in Rainham expanding on the boroughs continuous monitoring programme. Efforts to attain further funding to continue the monitoring once the £20,000 has been spent are being made.
- Hostas and Ferns have been planted in Romford town centre, which is one of Havering's air pollution hotspots / air quality focus areas. More planting is planned in 2019 targeting other hotspots. Planting makes Havering's streets greener, safer and encourage more people to sustainably travel around the borough. It also supports complimentary benefits highlighted in local and regional policies such as improving mental health, combating social inclusion

17. Going Forward: Cross-Borough Health Protection Arrangements for 2019/20

Background

Surveillance, commissioning and delivery of services and systems to protect the health of the population have developed significantly following the Health and Social Care Act 2012. NHSE are responsible for commissioning screening and immunisation programmes; PHE are responsible for responding to health protection incidents; and a number of NHS, statutory and private provider organisations are responsible for the delivery of screening and immunisation programmes, infection control, health emergency planning etc. And yet, the Director of Public Health maintains the responsibility of ensuring the varied components of the health protection system are adequately working to protect the health of the local population.

In order to fulfil the statutory health protection responsibilities of the Director of Public Health within local authorities, individual boroughs have approached health protection in a number of different ways, for example through convening optional Health Protection Forums. In addition, in the 6 years since the transfer of public health teams to local authorities, the health and social care system has changed quite dramatically.

Creation of the tri-borough Barking, Havering and Redbridge CCG has generated opportunities for economies of scale across both the acute and community providers, but also generates complexities in meeting the specific needs of discrete populations and vulnerable groups unique to each borough.

The Development of Cross-borough Health Protection Working

In order to respond to the changing context of public health teams within the STP area, joint Health Protection working will enable the Directors of Public Health for the London Boroughs of Havering and Barking & Dagenham to assure their respective Governance Structures, primarily Health and Wellbeing Boards, that appropriate arrangements are in place to protect the health of local residents.

Whereas each borough remains accountable for the provision of its individual health protection assurance functions, and will maintain its individual Governance arrangements, there are a number of justifications for such partnership working:

- to better align with the wider health and social care delivery system, which cross borough boundaries
    - BHRUT
    - NELFT
    - BHR CCG
    - NHSE commissioned services
    - PHE functions
- achieve efficiencies for all partners involved in the delivery, overview and scrutiny or assurance of the health protection functions of a local authority, especially in terms of the number of meetings attended being reduced for partners in common to both boroughs
- achieve efficiencies in attendance at programme board meetings led by the commissioners of the services (NHSE/PHE); one representative from the two boroughs will be required
- to better collaborate with close neighbours on issues which affect both boroughs, such air quality
- to invite colleagues from the wider public health system to attend relevant meetings to broaden discussions on tackling the wider determinants of health and wellbeing and utilise MECC principles, for example:
    - TfL
    - Social Care
    - Early Years
    - Schools and higher education
    - Economic development and local businesses

- Planning and development control
- Homeless and rough sleeper leads

Scope of the Joint Forum

The Joint Forum will provide surveillance of the components of the health protection system common to both boroughs. This includes services provided by BHRUT and NELFT to both boroughs, whether by borough-specific contract or centrally/nationally commissioned service. The Joint Forum offers challenge to the system when risks are identified. Topics that are within the scope of the forum include:

- Infectious disease prevention and control e.g. pandemic influenza, tuberculosis (TB), Blood Borne Viruses (BBV), Sexually Transmitted Infections (STIs)
- Health Care Associated Infections (HCAI)
- Immunisation programmes
  - Routine
  - Targeted
- National screening programmes
  - Antenatal and newborn
  - Adult cancer screening (breast, bowel, cervical)
  - Adult non-cancer (Abdominal Aoritic Anuerism (AAA); Diabetic Retinopathy (DE)0/
- Air quality
- Extreme weather planning (summer, winter)

The delivery of these health protection functions in this new environment requires effective working relationships which are underpinned by a legislative framework that puts a duty on new bodies such as the Clinical Commissioning Groups (CCGs) and NHS England to cooperate with Local Authorities in respect of health and wellbeing.

Joint Health Protection Forum Objectives

- seek and receive assurance that appropriate measures are in place to protect the health of the population
- ensure there is an appropriate response to local outbreaks of infectious diseases, but not in cases where a major incident is declared
- assess risks to the health of the local population as identified in the Joint Strategic Needs Assessment and Borough Risk Register and escalate as appropriate
- assess the performance of:
  - healthcare providers with regard to levels of health care associated infections
  - cancer and non-cancer screening programmes
  - immunisation programmes

  and to raise any issues of concern with the relevant Commissioners
- challenge the health protection delivery systems when necessary in order to protect the health of the community
- produce appropriate reports/papers as required by each borough:
  - Joint Annual Report to be presented to each borough's Health and Wellbeing Board
  - Monthly assurance reports for Barking & Dagenham
- ensure health protection issues are raised in the appropriate internal and external fora , according to each borough's governance arrangements
- establish task and finish groups if required

The inaugural joint meeting is planned for Wednesday 2nd October, 10:30 – 12:30, venue tbc.