

Havering Health Protection Forum

2022/23 Report



Contents

Foreword.....	3
1. Introduction	4
2. Health Protection Forum Members.....	4
3. Review of 2018/19 Actions	4
4. Key topics of focus for 2023/24	4
5. Immunisations: Routine Childhood Immunisations.....	6
6. Immunisations: Adult.....	7
7. Immunisations: Seasonal Flu and Covid-19	8
8. Screening: Antenatal and Newborn (ANNB).....	10
9. Screening: Cancer Screening Programmes	11
10. Screening: Adult Non-Cancer Screening Programmes: AAA and DES.....	12
11. Infectious Diseases: Blood Borne Viruses & Sexually Transmitted Infections.....	13
12. Infectious Diseases: Health Care Associated Infections	14
13. Public Protection: Health Emergency Planning	15
14. Public Protection & Public Health: Air Quality.....	17
15. Tuberculosis	18

Foreword by Mark Ansell, Director of Public Health



Local Authority Directors of Public Health are mandated to provide local leadership for health protection and to be assured that arrangements to protect the health of the local community are robust and implemented appropriately, escalating concerns as necessary.¹

As the Director of Public Health for Havering, the Havering Health Protection Forum provides me with a valuable opportunity to meet with the organisations and services responsible for local health protection functions, and to understand the work that they are doing and their future plans.

This is the first report since the Covid-19 pandemic was declared in 2020 when Health Protection Forum meetings were paused to focus on the local response to the pandemic. We were seeing unparalleled demands on the health and social care system, with a local workforce that was working long and hard to maintain robust health protection arrangements. I am incredibly proud of the local response which has been documented and published in reports to the Havering Health and Wellbeing Board.

In March 2022 pandemic restrictions were lifted and we started to learn to “live with Covid”. We reviewed the Havering Health Protection Forum terms of reference to reflect (a) the Forum’s role in ongoing surveillance of Covid-19 outbreaks and (b) the need to take into account changes in the system; the formation of Integrated Care Systems, and establishment of the UK Health Security Agency (UKHSA). In discussion with the Director of Public Health for the London Borough of Barking and Dagenham, it was decided to end the two-borough Health Protection Forum collaboration, and return to a single borough focus.

I am pleased that, as this report shows, overall, health protection arrangements in Havering are working satisfactorily, and that there has been good recovery of services following the lifting of Covid-19 regulations and accompanying restrictions.

I take this opportunity to thank the representatives of organisations and services who have attended Health Protection Forum meetings over the past year, and for providing the content for this report and support in identifying health protection priorities for 2023/24.

A handwritten signature in black ink, appearing to read 'Mark Ansell', written in a cursive style.

Mark Ansell

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*

1. Introduction

The Havering Health Protection Forum (HPF) supports the Council Director of Public Health (DPH) in discharging the DPH duty to protect health. The HPF meets routinely each quarter to consider health protection arrangements for the local area. This HPF annual report for 2022/23 gives a summary about how individual health protection programmes are working, and provides:

- Key data trends or a diagram demonstrating how the system works
- The programme status
- Actions being taken

In addition to routine quarterly meetings, a series of special-interest topic focused meetings have been held, involving key agencies and stakeholders. These topic-focused meetings have encouraged discussion and debate with wider partners to generate improvements in the local health protection system.

2. Health Protection Forum Members

- London Borough of Havering (Public Health, Public Protection)
- NHS North East London Integrated Care Board (NHS NEL ICB)
- North East North Central London Health Protection Team, UK Health Security Agency (UKHSA)
- NHS England (NHSE)
- Chair of the Havering Borough Resilience Forum (BRF)
- Barking, Havering and Redbridge University Trust (BHRUT)
- North East London Foundation Trust (NELFT)
- North East London Commissioning Support Unit (NELCSU)

3. Review of 2018/19 Actions

The last publication of the Health Protection Forum annual report took place in 2018-19. There have been no further publications due to the Forum being temporarily paused in order to focus on the response to the Covid-19 pandemic. Due to the length of time having passed, the priorities identified in the report of 2018-19 have not been reviewed. Priorities identified in this report will be reviewed in the subsequent 2023-24 report.

4. Key topics of focus for 2023/24

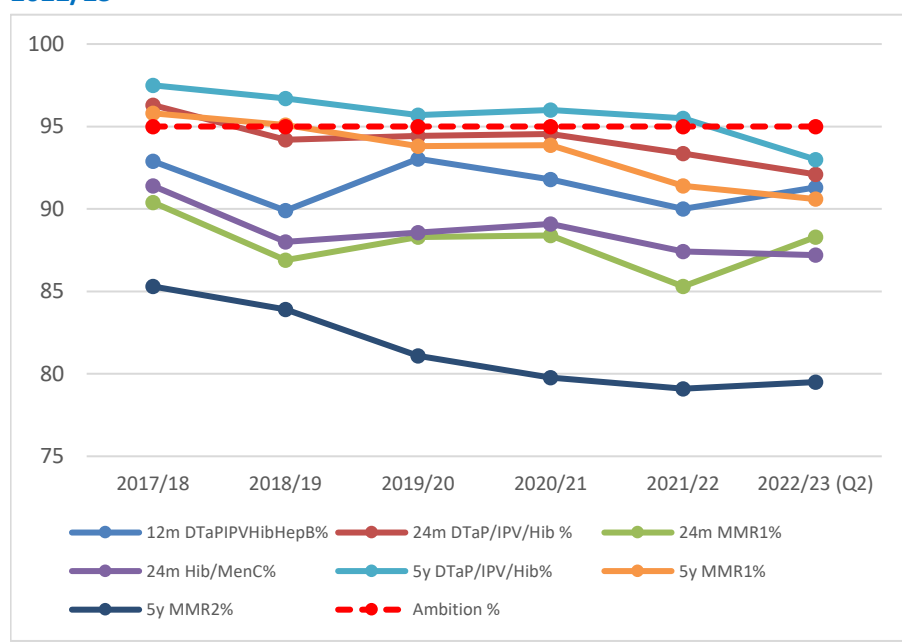
The following describes the topics that the HPF plans to focus on during 2023/24. The topics have been chosen either because the HPF has identified a priority issue that requires improvement/closer scrutiny, or that the HPF considers that there is value in partner organisations coming together to look at existing arrangements and consider 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 a further topic for consideration.

	Topic	Why Chosen	What will be done
1	Vaccinations: <ul style="list-style-type: none">• Routine childhood and maternal immunisations• Flu• PPV (at-risk)	<ul style="list-style-type: none">• The percentage of children receiving the required 2 doses of MMR vaccine by 5 years of age continues to decline.• Cases of measles, mumps and rubella, continue to circulate across lower vaccinated/vulnerable populations in London; in light of these continued endemic cases, the UK has now lost its status of eradicated measles by the WHO.• Whilst uptake of routine childhood immunisations remains higher than London, there has been a steady, but slow decline since 2017/18.	<ul style="list-style-type: none">• Public Health will maintain surveillance of vaccine-preventable conditions and continue to work with Early Help services, Children's centres, schools and colleges and maternal immunisation providers to promote vaccine uptake.• Discussions through the HPF to establish and strengthen the arrangements in place to

Topic	Why Chosen	What will be done
	<ul style="list-style-type: none"> • Coverage of the whooping cough (pertussis) vaccine is low. Levels of disease are likely to increase among young infants due to low uptake of the maternal immunisation programme. • Coverage for the PPV vaccine is substantially lower in high-risk individuals compared to those aged 65 years and above. • The focus on Covid-19 vaccines and subsequent boosters has diverted public attention to influenza vaccine, and has generated questions regarding safety and efficacy leading to reduced uptake in at-risk groups and those aged 65 and above during the winter of 2022/23 	<p>support uptake in those eligible for the PPV vaccine.</p> <ul style="list-style-type: none"> • Continued promotion of the flu vaccine through established comms and engagement channels.
2 Antenatal and newborn (ANNB) screening	<p>In 2020/21, a new KPI was added measuring the proportion of inadequate samples for screening for Down's syndrome, Edwards' syndrome and Patau's syndrome. Quarterly performance in BRHUT has declined since beginning of 2021/22 from 0.1% to 18.3% in Q4.</p>	<p>The issue of high proportion of inadequate samples for foetal anomaly screening has been raised NHSE.</p>
3 Antimicrobial resistance	<p>The growth and spread of antimicrobial resistance, and the emergence of a pan-resistance, highly virulent bacterial strain remains a serious threat to health protection.</p>	<p>Whilst work is being done to ensure appropriate prescribing at regional level, work will continue to be done to raise awareness of actions the public can take to reduce the spread of resistance.</p>
4 Health Emergency Planning <ul style="list-style-type: none"> • Adverse weather • Launders Lane 	<ul style="list-style-type: none"> • Climate change increases the risk of adverse weather. Rising global temperatures and heatwaves increase the likelihood of wildfires. The Wennington fire occurred during the heatwave of July 2022 resulting in the destruction of 8 homes. • The Arnolds Field landfill in Launders Lane, Rainham, has been the location of a large number of fires since around 2013. There is ongoing resident concern regarding associated health outcomes. 	<ul style="list-style-type: none"> • Multi-agency collaboration to protect individuals and communities from the health effects of adverse weather and to build community resilience through year-round planning in advance of extreme weather periods • Third parties have been appointed to undertake air quality monitoring and investigate associated health outcomes at Launders Lane. Air quality and health outcomes monitoring will continue.

5. Immunisations: Routine Childhood Immunisations

Uptake of Routine Childhood Immunisations in Havering 2017/18 to Q2 2022/23



How the System Works

- NHSE overall responsible for childhood imms programme with some delegation to Havering ICB
- UKHSA provides advice, surveillance and guidance
- DPH supports and advocates for improved access and uptake
- GPs deliver post-birth imms, pre-school boosters and targeted imms for at-risk children and young people (Covid-19 and Flu)
- NHSE commissions Vaccination UK (VUK) 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 (CHIS)

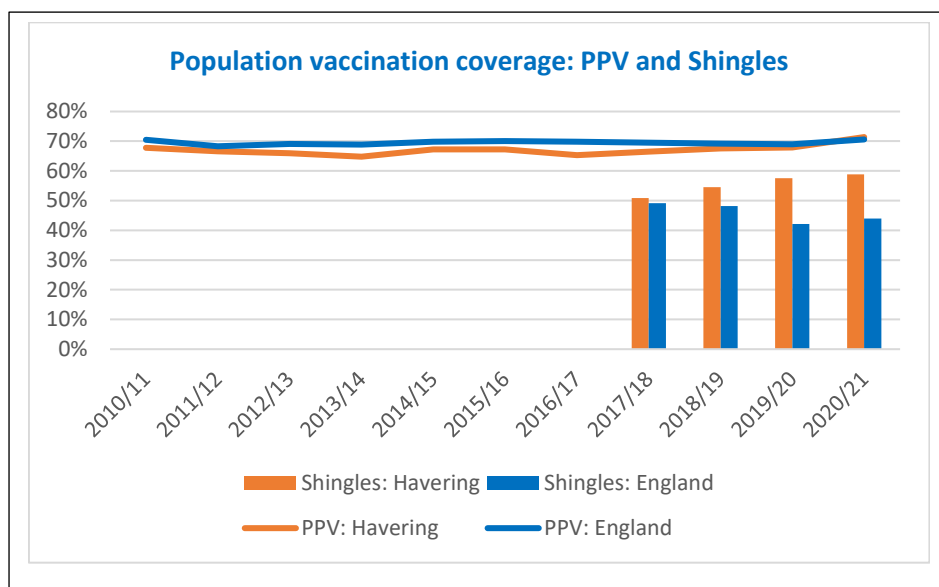
Programme status

- The attitudes of people who live in Havering towards vaccinations is relatively positive, as evidenced by uptake of the primary course of vaccinations by children in infancy, at 12 and 24 months and by 5 years old.
- Uptake of routine childhood immunisations in Havering remains consistently higher than uptake for London, and similar to England rates. However, since 2017/18, there has been a steady, but slow decline in uptake rates both in Havering and across England (Figure 1 above).
- The Covid-19 pandemic did not appear to significantly impact access to routine childhood vaccinations at GP surgeries during 2019 to 2021, and GPs should be acknowledged for their extraordinary efforts in maintaining uptake during the pandemic.
- The percentage of children receiving the required 2 doses of MMR vaccine by 5 years of age continues to decline; uptake in Havering was 82.5% in 2021/22.
- Cases of Measles, Mumps and Rubella, which are preventable through the MMR vaccine, continue to circulate across lower vaccinated/vulnerable populations in London; in light of these continued endemic cases, the UK has now lost its status of eradicated measles by the WHO.
- For the 2022-23 Flu season, the in-school vaccination offer was extended to pupils in Year 9 in secondary school (aged 13 to 14 years). Across the whole school cohort (Reception to Year 9), Havering achieved an uptake of 43.8%. Uptake in Primary schools was significantly higher (60%+) than in secondary schools (20%).

Actions taken during 2022-23

- Detection of vaccine-like type 2 poliovirus (PV2) in routine sewage samples in Beckton posed a risk to unvaccinated individuals. This prompted a polio booster programme in which all children aged 1 year to <10 years were offered an appointment by their GP practice in Autumn 2022 to either catch up children who were not up to date, or additional dose; Havering's uptake for this additional/booster was 46.1%.
- NHSE continues to offer first and second doses of Covid-19 vaccine to everyone aged 12 and over. 75% of the population aged 12+ in Havering have had their second dose of the vaccine which is higher than the London (64%) average but slightly lower than the national average (76%). By Autumn 2022, 57% of the population aged 12+ in Havering had a third or booster dose, which is higher than the London (47%) average but lower than the national average (60%).
- Public Health maintains surveillance of vaccine-preventable conditions and continue to work with Early Help services, Children's centres, schools and colleges to promote vaccines, particularly MMR and MenACWY.

6. Immunisations: Adult



How the System Works

- NHSE commissions GPs to deliver routine adult immms
- 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

Programme status

- Four vaccinations are given routinely in adulthood; pertussis (whooping cough) to pregnant women, flu vaccinations, PPV² (for pneumonia) and shingles.
- **Pneumococcal:**
 - The programme has observed a sustained increase in coverage since 2016 (Fig.1). Coverage in Havering for the period 2020/21 was 71.4%; an increase by 3.5 percentage points compared to 2019/20 (67.9%). As with the national trend, whilst continued uptake in those eligible in subsequent years suggests sustained opportunistic vaccine offer in primary care, coverage between practices varies, and coverage is substantially lower in high-risk individuals compared to those aged 65 years and above.
- **Shingles:**
 - The routine programme offers the vaccine to those turning 70 and patients remain eligible for the vaccine until their 80th birthday. Data shows a sustained upward trend in coverage. Coverage for 2020/21 (58.8%) is higher than the national average (44%). Covid-19 restrictions did not lead to a decline (as anticipated and as opposed to the national trend) in uptake and 2020/21 data shows performance now exceeding pre-pandemic levels (Fig.1).
- **Pertussis:**
 - Vaccination in pregnancy is highly effective in protecting the baby from developing whooping cough until they are old enough to be routinely vaccinated at 8 weeks' old.
 - Data for 2022 shows an average uptake across England of 61.5%, a decrease of 7.6 percentage points from 2020. Coverage in London is particularly low at 41.4%.³ Levels of disease are likely to increase among vulnerable groups following the easing of Covid-19 control measures accompanied by substantially lower uptake of the maternal immunisation programme in London.

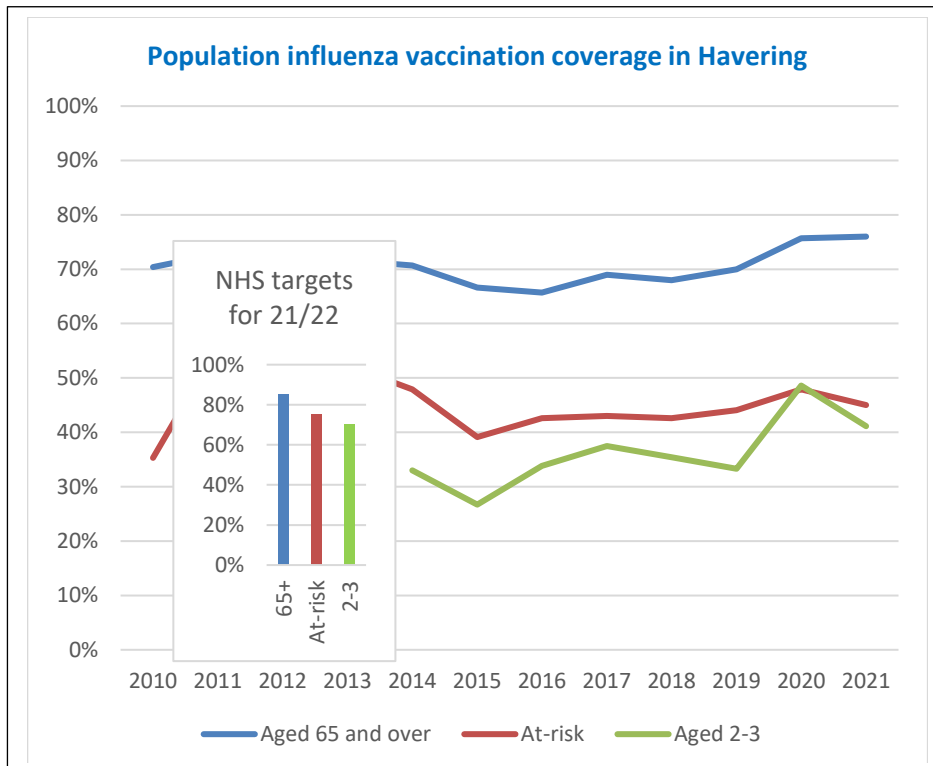
Actions being taken and recommendations

- Modest decreases have been observed in coverage for some immunisations programmes (across London) including shingles, leading to the establishment of a task and finish group to carry out a deep dive in shingles vaccine uptake across London.
- Whilst there are no concerns for coverage in over 65s, discussions are required to strengthen arrangements to ensure that patients at risk and eligible for the PPV vaccine are identified and invited to take up the vaccine.

² Pneumococcal polysaccharide vaccine

³ <https://www.gov.uk/government/publications/vaccine-update-issue-337-april-2023/vaccine-update-issue-337-april-2023#maternal-whooping-cough-vaccine>

7. Immunisations: Seasonal Flu and Covid-19



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

Covid-19 activity and programme status

- [The Office for National Statistics](#) publishes information regarding the number of deaths with Covid-19. Up to March 2023, the number of deaths in Havering with Covid-19 was 1,150.
- For the period Dec 2020 – March 2023, 78% of the population aged 12+ in Havering had a first dose of Covid-19 vaccine, which is slightly lower than the national average (79%) but higher than the London average (68%).
- The Covid-19 vaccination programme was scaled down in Spring 2023. It is anticipated that future Covid-19 booster doses will be offered to people who are at increased risk from Covid-19 following advice from the Joint Committee on Vaccination and Immunisation.

Influenza and influenza-like illness (ILI) activity

- Public health measures, including lockdown restrictions and reduced social mixing lead to substantial reductions in the transmission of other respiratory diseases including influenza⁴.
- During the pandemic, eligibility for the flu vaccine was expanded to include healthy 50 to 64 year olds in order to further relieve winter pressures on health and social care services.
- Reduced exposure to prior circulating strains of flu led to lower natural immunity resulting in the highest levels of activity (incidence and hospital activity) following the withdrawal of restrictions in the winter of 2022/23.

Influenza vaccination programme status

- Whilst uptake increased during the early phase of the pandemic, and exceeded the WHO target ambition of 75% for over 65s, coverage in Havering (76%) for the period 2021/22 remains lower than the national average (82.3%) and NHS target ambition (85%).
- Uptake in other cohorts including patients at risk of severe disease and pregnant women falls below the national average and NHS target ambition (Fig. 1).

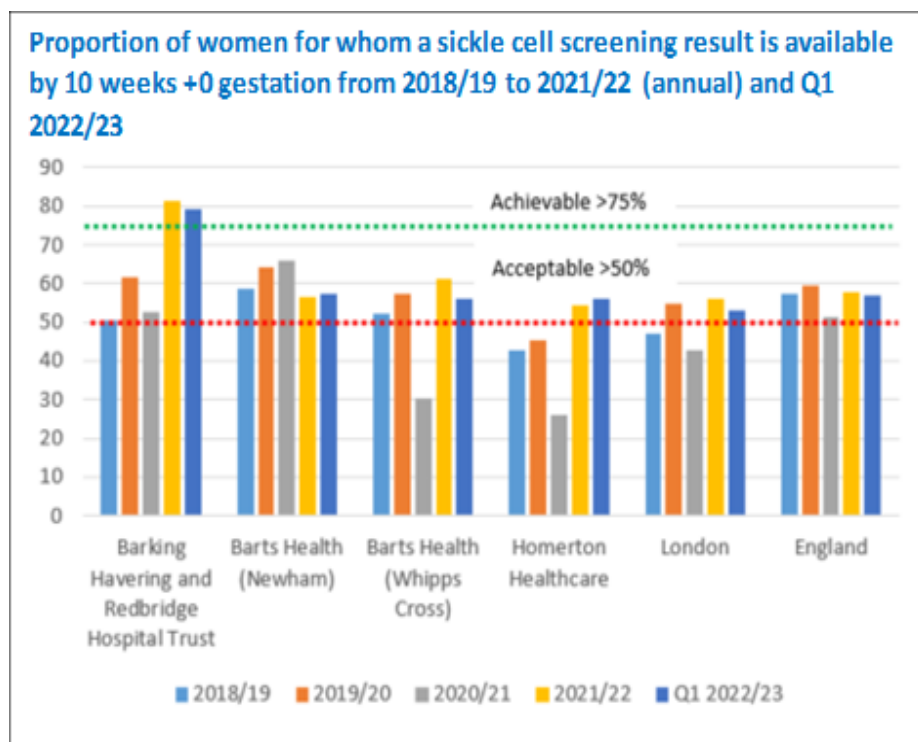
⁴ [Vaccine update: issue 334, January 2023](#)

- Despite aspirations for a continued upward trend in uptake, the focus on Covid-19 vaccines and subsequent boosters has diverted public attention to influenza vaccine, and has generated questions regarding safety and efficacy leading to reduced uptake in at-risk groups and those 65+ during the winter of 2022/23.
- There also appears to have been wider vaccine apathy across the board, particularly reflected in school-based activity. A transition to e-consent forms contributed to a decrease in flu vaccine uptake in BHR; the return to paper consent forms produced more returns from parents.

Actions being taken and recommendations

- A call and recall processes was implemented nationwide to support uptake in flu vaccine in at risk groups.
- Ongoing monitoring of flu and ILI activity (e.g. incidence, hospital and syndromic data, immunisation uptake)
- Communications activity including promotion of flu vaccines as part of adverse weather planning, winter planning, workforce offer and antimicrobial resistance awareness raising.
- Continued engagement with providers including local immunisation co-ordinators and Vaccination UK with the aim of increasing vaccination uptake in all groups.
- The demographics of the Havering population means that there are large numbers of older people in the borough, and growing at-risk population who are not vaccinated, and so will seek further improvement in uptake locally in order to maintain coverage against the WHO/NHSE target ambitions and drive uptake in line with the national average.

8. Screening: Antenatal and Newborn (ANNB)



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 a 6-8 week check for child health
- GP 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)

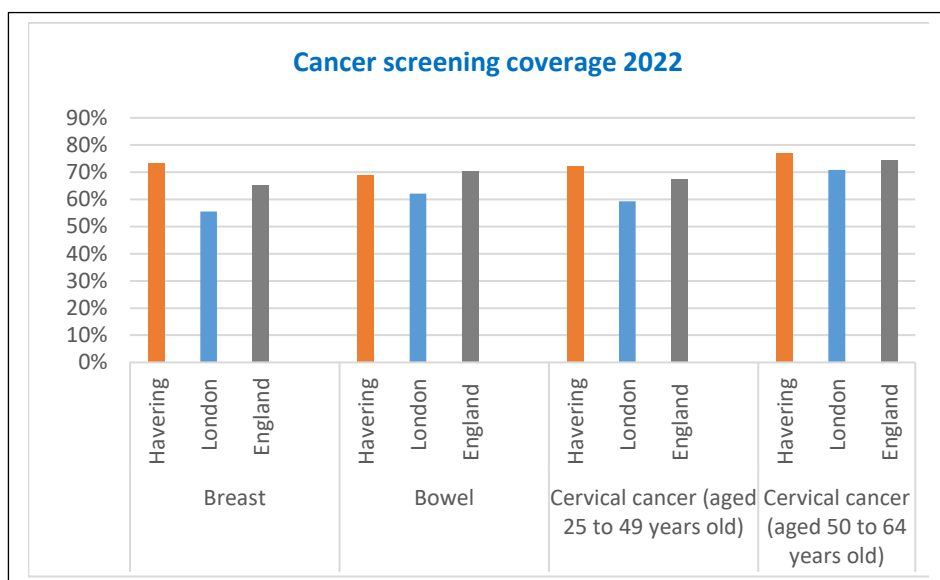
Programme status

- 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
- National data suggests that good performance was maintained in most services across England over the COVID-19 pandemic. However, some screening programmes were negatively impacted including the sickle cell and thalassaemia (SCT) and newborn hearing (NHSP) screening programme.
- The fall in performance was as expected for the SCT screening programme due to changes in technical guidance, where screening could be offered at a later time-point. However, recovery was rapid; the proportion of women who booked their pregnancy with BHRUT for whom a screening result was available ≤ 10 weeks +0 days gestation increased from 52.7% in 2020/21 to $\geq 79.8\%$ in 2021/22.
- The coverage of NHSP was affected by changes in working practices to reduce the transmission of COVID-19, such as the reduction and suspension of home visits by Health Visitors. In addition, in line with national guidance, many audiology departments closed. This resulted in a delay in the assessment of babies referred from the screen in most services across England. With an acceptability threshold of 98%, NHSP coverage increased from 92.8% in 2020/21 to a crude average of 97.4% in 2021/22.
- In 2020/21, a new KPI was added (during COVID-19) measuring the proportion of inadequate samples for screening for Down's syndrome, Edwards' syndrome and Patau's syndrome (lower is better). Since the publication of FA4 data in the beginning of 2021/22, quarterly performance declined in BHRUT, from 0.1% to 18.3% in Q4. Nine other hospital Trusts have experienced similarly high proportions of inadequate samples.

Actions being taken

- Early Help services and Children's centres, in partnership with the Healthy Child Programme (0-19) are continuing to promote women who are pregnant to self-refer and book for maternity care as soon as possible, preferably before 10 weeks' gestation.
- NHSE are responsible for monitoring and improving performance of ANNB screening programmes; the issue of high proportion of inadequate samples for foetal anomaly screening has been raised with them.

9. Screening: Cancer Screening Programmes



How the System Works

- The UK National Screening Committee (UKNSC) oversees screening policy and sets standards for the programme
- NHSE commissions cancer screening programmes
- Contracts are held with NHS Trusts, private diagnostic providers, GPs or laboratories
- Breast screening: every 3 years for women 50-70 years. Target coverage 70%. NHS is currently undertaking a trial on women of 47-73 years.
- Bowel screening: age 60-74 a home testing kits every 2 years, over 75 can request a home testing kit every 2 years; target coverage 60%
- Cervical screening: for women aged 25-49 every 3 years and those aged 50-64 every 5 years; target coverage 80%

Programme status

- Population screening programmes identify apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment and better informed decisions.
- There are three national screening programmes for cancer (breast, bowel and cervical).
- Bowel screening: 2021/22 data showed that all four Havering PCNs performed above London and ICB averages. All Havering PCNs achieved the coverage target of 60%. Nonetheless, latest available data on cancer mortality (2017) found that the standardised rate of death from colorectal cancers in Havering was higher than the national average, highlighting the remaining importance of early diagnosis outside the screening programme.
- Breast screening: 2021/22 data showed that despite slight drop in coverage due to post-covid backlog, all 4 PCNs in Havering have coverage levels significantly above both England and ICB averages, and two PCNs (South, Marshall) were meeting 70% target.
- Cervical screening: For age 25-49, Havering South PCN has coverage % persistently above England, London and NEL ICB average. Cervical screening coverage levels for 50-64 age group in Havering South PCN have been above England average, and was close to the national target of 80%.

Actions being taken

Bowel:

- Faecal immunochemical testing (FIT) is fully implemented.
- Bowel scope screening is no longer offered as part of the NHS Bowel Cancer Screening Programme. Clear-on-cancer campaign will continue to support early recognition.

Breast:

- Open appointments used during the pandemic were replaced by usual systematic invitations, and uptake was improved.

Cervical:

- The role of PCN hubs in improving access is being considered.

10. Screening: Adult Non-Cancer Screening Programmes: AAA and DES

LEARN THE FACTS

About **DIABETIC RETINOPATHY**

A GROWING ISSUE
Diabetic retinopathy is the leading cause of blindness in working-age adults ages 20–74.

Year	Number of People
TODAY	7.7 MILLION
2030	11 MILLION
2050	14.5 MILLION

NO EARLY SYMPTOMS
However, over time, diabetic retinopathy can get worse and cause vision loss or blindness.

WHO IS AT RISK?
All people with diabetes—both type 1 and type 2—are at risk.

95% **REDUCED RISK OF VISION LOSS**
Early detection, timely treatment, and appropriate follow-up care can reduce the risk of severe vision loss by 95 percent.

LEARN MORE AT: www.nei.nih.gov/diabetes

NIH National Eye Institute
National Eye Health Education Program NEHEP A program of the National Institutes of Health

How the System Works

- There are two non-cancer screening programmes: diabetic eye screening programme (DESP) and abdominal aortic aneurysm (AAA) Screening Programme.
- DESP: Diabetic eye screening is a test to check for eye problems caused by diabetes. Pictures are taken of the back of the eyes to check for any changes. Anyone with diabetes aged 12 or over, is invited to have their eyes checked at least once a year.
- AAA Screening Programme: The screening programme aims to reduce AAA related mortality across the male population, who will be invited for routine testing during their 65th year. Men aged over 65 who have not previously been screened can request an appointment by contacting their local screening service. The screening test for AAA is a simple, pain-free ultrasound scan of the abdomen that usually takes less than 10 minutes. InHealth is the provider for AAA screening programme in North London.
- Each local service (AAA or DES) coordinates screening for the population in its area and organises invitation letters,

Background

- People living with diabetes are at risk of sight loss and blindness due to a condition called diabetes retinopathy. The [video clip](#) discusses importance of Diabetes Eye Screening (DES) to detect this disease early on to prevent sight loss.
- Every local NHS diabetic eye screening (DES) service is responsible for maintaining up to date register of people with diabetes who are eligible for screening. The general practice has to share the data of eligible people with diabetes to the diabetic retinopathy screening (GP2DRS) system so local DES services can invite individuals correctly.
- Abdominal aortic aneurysm (AAA) is a bulge or swelling in the main blood vessel called the aorta that runs from the heart to the abdomen. An AAA will often cause few or no obvious symptoms, but if it's left to get bigger, it could burst and cause life-threatening internal bleeding. About 8 in 10 people with a burst AAA die before they get to hospital or do not survive emergency surgery to repair it. Screening can pick up an AAA before it bursts. If an AAA is found, regular scans can monitor it or surgery can be scheduled to stop it bursting.

Programme status: the situation of DES and AAA Screening in Havering

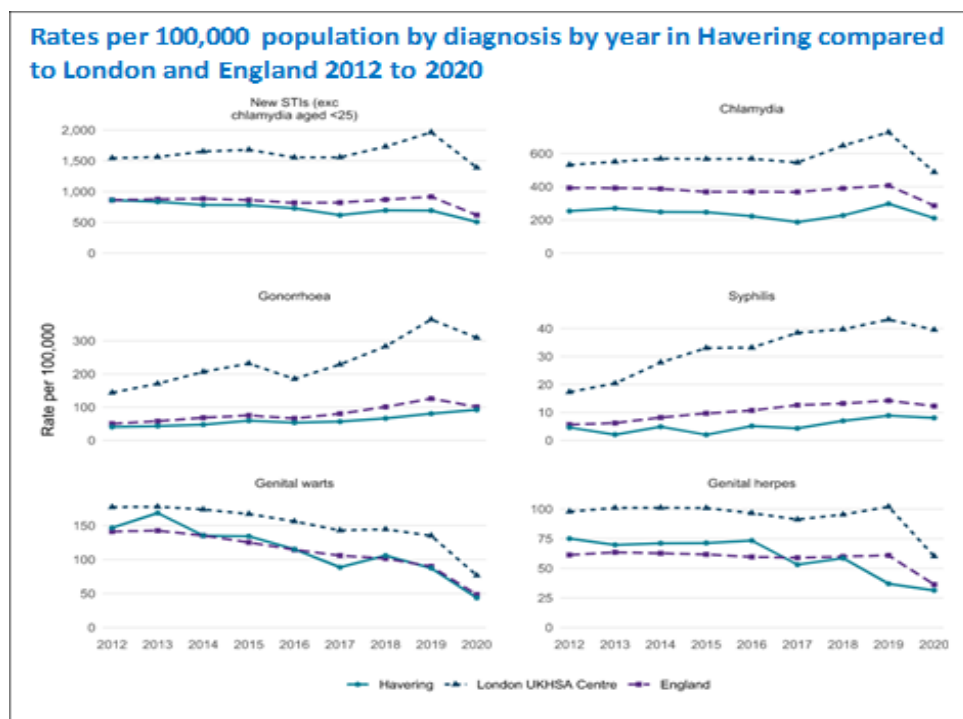
DES:

- The latest data (2020/21) on DESP showed that the screening centre that covers Havering is among the top 10% on offering eye screening (73%) to those eligible.
- 88.2% of people newly diagnosed with diabetes were offered a first routine screening appointment within 89 calendar days of the notification of their diagnosis.
- Only 59.8% of pregnant women with diabetes were seen within 6 weeks of notification of their pregnancy to the screening provider. However, there is no record of new sight loss due to diabetes among Havering residents.

AAA:

- The latest data (2021/22) showed that Havering's AAA screening coverage (83.4%) is the highest among London boroughs and also higher than England average (70.3%).

11. Infectious Diseases: Blood Borne Viruses & Sexually Transmitted Infections



How the System Works

- LBH is responsible for commissioning an Integrated Sexual Health Service (ISHS) jointly with B&D and Redbridge
- Clinic services include STI testing and treatment, and HIV testing only; NHSE is responsible for HIV treatment
- Sexual Health London (SHL) commissions an e-service for testing for STIs including chlamydia; kits are ordered online and sent directly home
- NHSE commissions HIV testing as part of antenatal screening
- LBH commissions local drug and alcohol service, which arranges testing for BBVs, and advises clients on prevention

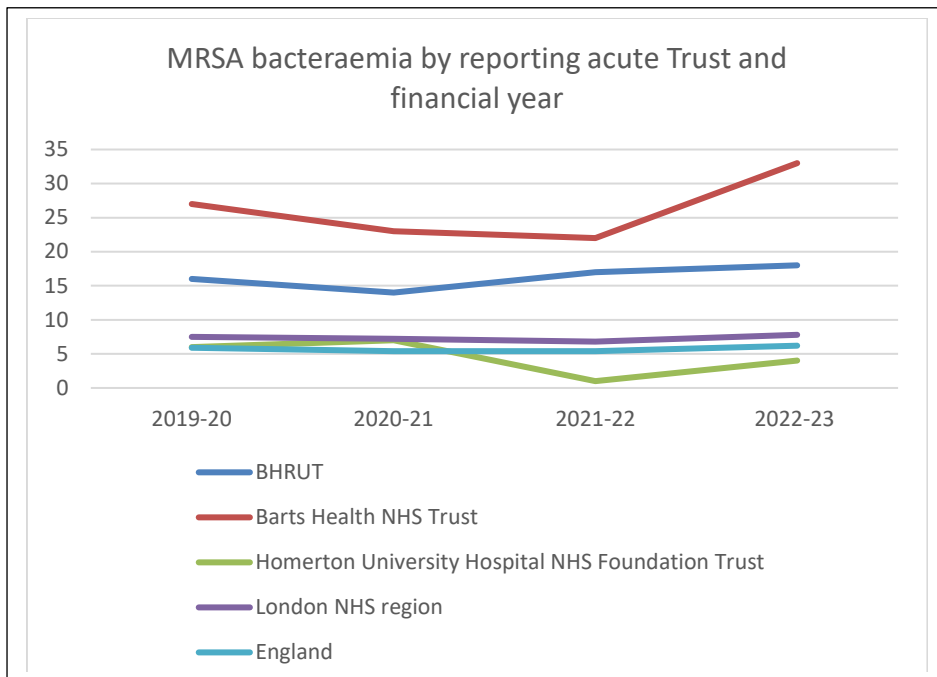
Programme status

- There are no current major concerns regarding rates of STI or BBVs.
- The rates of gonorrhoea and syphilis have been increasing slightly in the borough since 2012, at a similar rate to England overall, with rates in 2021 at 76 per 100,000 for gonorrhoea and 13.8 per 100,000 for syphilis; despite this overall increase, Havering had one of the lowest diagnosis rates for syphilis and gonorrhoea in London.
- Since its initiation in early 2018, the numbers of test kits ordered by Havering residents on the SHL e-service has tripled. The largest jump in test kits being ordered via the internet was between 2019-20 and 2020-21, coinciding with the national Covid-19 lockdowns. Around 2/3 of tests are now ordered via the online service, leaving clinic services able to focus on treatment and complex sexual health issues.
- In Havering in 2021, 51.9% of people who were eligible for an HIV test when they attended a specialist sexual health service accepted a test. This total testing coverage for HIV is significantly better than that for England (45.8%) but significantly worse than the testing coverage in London (54.3%). However, testing amongst high risk groups including GBMSM in Havering (86.1%) is better than both London (82.3%) and England (77.8%).
- HIV late diagnosis in people first diagnosed with HIV in the UK between 2019 and 2021 is lower in Havering (41.9%) than England and slightly higher than London (38.6%).
- Rates of other key blood borne viruses, Hepatitis B (acute) and Hepatitis C (detection rate) in Havering remain similar to England, at 0.78 per 100,000 and 17.5 per 100,000 respectively.

Actions being taken

- Since 2020/21, LBH commissions HIV pre-exposure prophylaxis (PrEP) via the ISHS. Diagnosed prevalence rates have decreased by 5%, such that by 2021 Havering had the lowest diagnosed prevalence rate out of all London Boroughs (1.45 per 1,000), significantly better than London (4.09 per 1,000) and England (1.60 per 1,000).
- Hepatitis vaccination is offered via ISHS, at drug & alcohol treatment services and maternity services. In May 2022, cases of MPX, a zoonotic infection, caused by the monkeypox virus that occurs mostly in West and Central Africa, were confirmed in an outbreak predominantly amongst gay, bisexual and men who have sex with men without documented history of travel to endemic countries. Of the 3,635 cases nationally, Havering experienced a total of 8 confirmed cases, and BHRUT delivered a total of 101 vaccinations to all eligible persons who were at risk from the outbreak.

12. Infectious Diseases: Health Care Associated Infections



How the System Works

- The Department of Health sets tolerance target for Acute Trusts for MRSA (set at 0) and *C.difficile*¹⁸
- UKHSA 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 IPC 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.
- 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.
- UKHSA has carried out mandatory enhanced surveillance of MRSA bacteraemia since October 2005; patient-level data of any MRSA bacteraemias are reported monthly to UKHSA. Independent sector (IS) healthcare organisations providing regulated activities also undertake surveillance of MRSA.
- 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 and so are also monitored.

Programme status

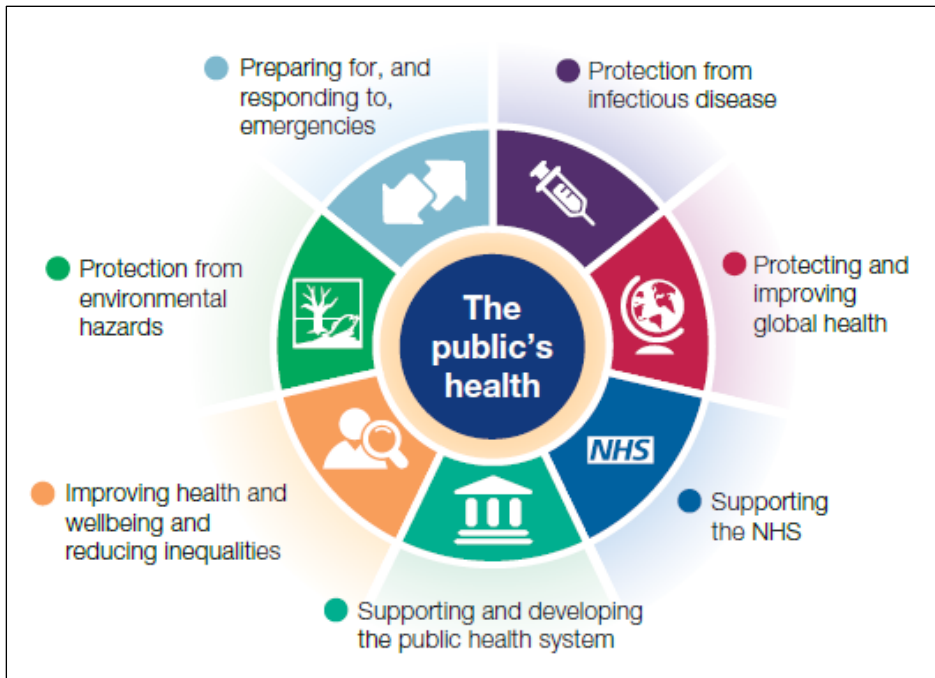
- Data shows a relatively stable annual average count of MRSA in England however rates appear to have increased across the London acute Trusts from 2021 (Fig. 1).

Actions being taken

- 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*.
- The growth and spread of antimicrobial resistance, and the emergence of a pan-resistance, highly virulent bacterial strain remains a serious threat to health protection. Work, led by the UKHSA as the lead agency, is progressing towards the 20-year vision on AMR.⁵ The North East London Antimicrobial Resistance Strategy Group (AMRSG) convenes quarterly to ensure appropriate prescribing to reduce the risk of antibiotic resistant organisms.

⁵ [Tackling antimicrobial resistance 2019 to 2024: the UK's 5-year national action plan.](#)

13. Public Protection: Health Emergency Planning



How the System Works

- Local authorities are a Category 1 responder under the Civil Contingencies Act which establishes a clear set of roles and responsibilities for those involved in emergency preparation and response.
- Whilst the UKHSA is responsible for planning, preventing and responding to external health threats, a multi-agency response is often required when responding to particular threats and challenges.
- 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.

Programme status

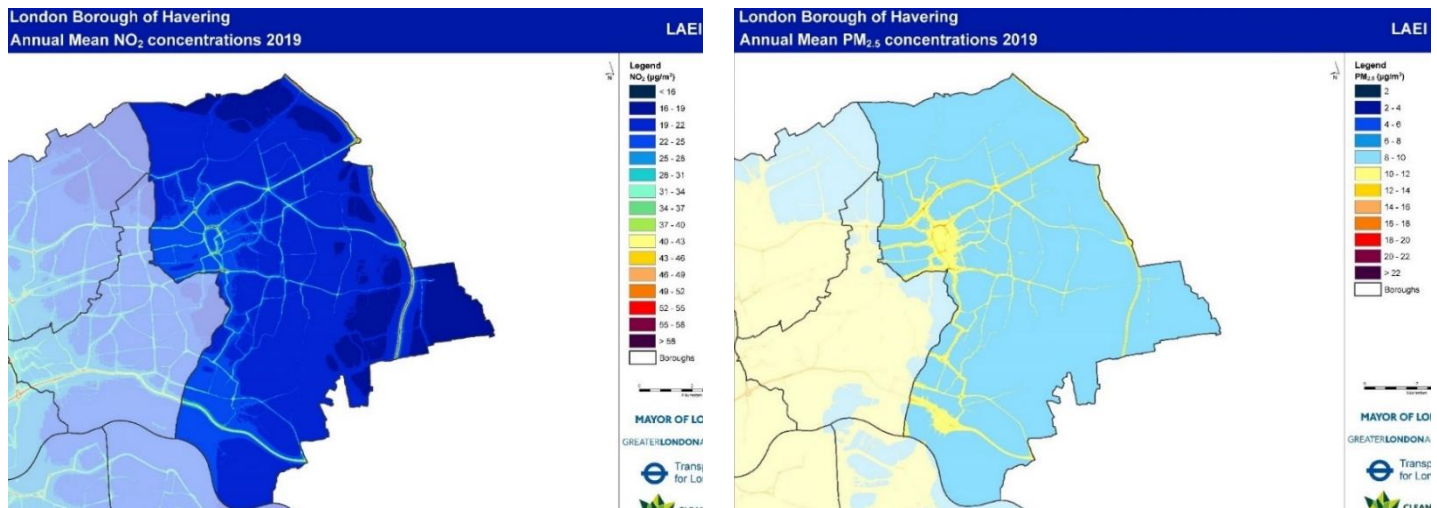
- In May 2022, detection of cases and subsequent outbreak of mpox (monkeypox) infection, in the South East region of England, was found to be transmitted primarily in interconnected sexual networks of gay, bisexual and other men who have sex with men (GBMSM) without documented history of travel to endemic countries.
- Relatively [higher rates of iGAS and scarlet fever](#) in the years preceding the Covid-19 pandemic were observed in the summer of 2022 leading to an unprecedented [demand and temporary interruption for antibiotics](#).
- The last case of wild polio contracted in the UK was confirmed in 1984. The UK was declared polio-free in 2003. However the [detection of a 'vaccine-derived' poliovirus type 2](#) in sewage systems in 2022 suggested spread between closely-linked individuals in North and East London. Under-vaccinated groups are at greatest risk.
- A sharp increase in diphtheria cases linked to the accommodation arrangements of newly arrived asylum seekers in the South East of England. An exercise was undertaken to review current arrangements and ensure the needs of these groups arriving into the borough.
- Rising global temperatures and more frequent heatwaves increase the likelihood of wildfires. The Wennington fire occurred during the heatwave of July 2022 resulting in the destruction of 8 homes. A multi-agency group was convened to manage the incident and recovery of all those affected.
- Major events were cancelled during the pandemic. The relaxation of restrictions led to the resumption of major events including We Are FSTVL. Other major events included Operation London Bridge (funeral plan for Queen Elizabeth II) and most recently the coronation of Charles III.

- The Arnolds Field landfill in Launders Lane, Rainham, has been the location of a large number of fires since around 2013. There is ongoing resident concern regarding associated health outcomes.
- The cost of living continues to rise. Whilst Havering is seen as a relatively affluent borough, there are significant pockets of disadvantage in the borough. There is continued risk regarding a fall in living standards that will affect people's physical and mental health, and exacerbate existing conditions.
- The [Havering Borough Risk Register](#) and [London Risk Register](#) considers the wider risk of emergencies which could cause significant harm to people or the environment. Top risks to health as identified in both registers include influenza-type pandemic, the growth and spread of anti-microbial resistance, emerging infectious diseases (such as MERS, Ebola and spread amongst returning travellers), and outbreaks of animal diseases (predominantly sheep area and infected animals sold at market).

Actions being taken

- Mpox transmission has fallen significantly both nationally and locally due to high vaccination rates. The UKHSA continues to work to maintain awareness and reduce sustained transmission.
- Work is ongoing to support uptake of routine immunisations locally (see Chapter 5).
- Third parties have been appointed to undertake air quality monitoring and investigate associated health outcomes at Launders Lane.
- The Council has published its [Cost of Living Strategy](#); a multi-agency force set up to coordinate borough wide effort to provide support for Havering families impacted by rising costs.
- Stakeholder engagement with participating services involved in the planning or response to cold weather was undertaken in the development of the Havering Cold Weather Plan 2022-23. A similar approach is being undertaken in the approach to preparing for and responding to heat-health alerts in 2023-24.
- Multi-agency collaboration is required to protect individuals and communities from the health effects of adverse weather and to build community resilience through year-round planning in advance of extreme weather periods.

14. Public Protection & Public Health: 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.
- Currently Havering has an extensive monitoring network consisting of 66 diffusion tubes at 46 locations, two continuous monitoring stations in Romford and in Rainham, one AQ Mesh Pod and 4 Breathe London sensors. This network provides monthly, daily and real time readings of NO₂, PM₁₀ and PM_{2.5}.
- Havering was declared an Air Quality Management Area (AQMA) in September 2006 for both Nitrogen Dioxide (NO₂) and Particulate Matter (PM₁₀).

Programme status

Havering Council is currently developing the Air Quality Action Plan (AQAP) for 2023-28. Air quality in Havering is generally good but there are locations where pollution levels higher (e.g. the main road network).

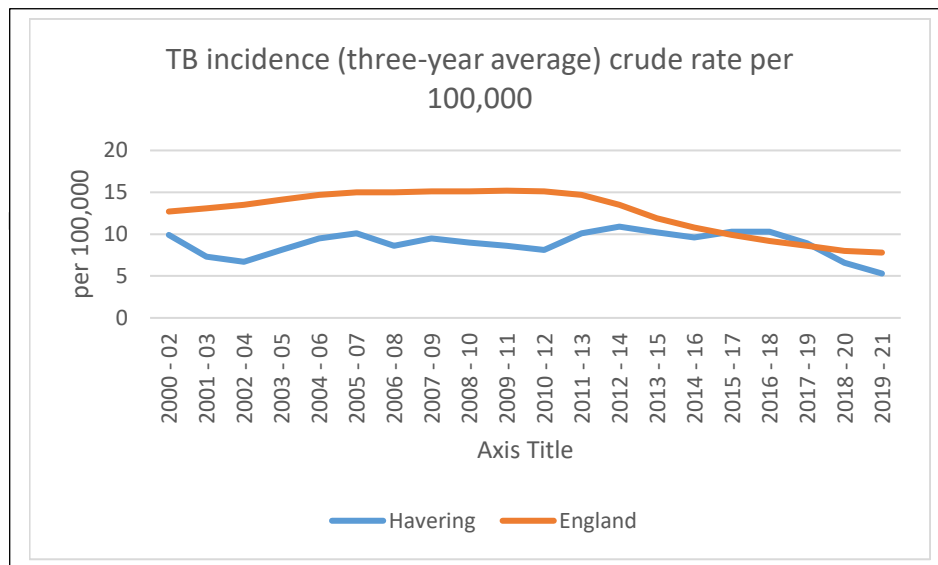
- NO₂ concentrations have been decreasing at the majority of Havering monitoring locations over the past four years, but there are still a few locations where the annual mean objective is exceeded.
- Data from PM₁₀ and PM_{2.5} monitoring locations provide good evidence that the national objectives for these pollutants are being met but there might be locations where the levels may be higher.
- In 2016, the GLA identified Air Quality Focus Areas (AQFAs) areas where national air quality objectives are exceeded and human exposure is high. In 2019, the GLA removed Rainham Broadway from the list of AQFAs, with Romford Town Centre now the only AQFA in Havering, reflecting the borough's improvement in air quality.

Actions taken under the AQAP 2018-23

The majority of the actions of the 2018-23 Plan were delivered successfully, despite the restrictions and financial impact of the Covid-19 pandemic:

- We expanded our diffusion tube network by six additional diffusion tube monitoring sites.
- We carried out active travel and air quality themed Theatre in Education at primary schools, engaged with schools to develop active Travel Plans (47 schools have been accredited by the STARS scheme), offered free cycle training to children and small grants for cycle storage and parking facilities, launched walking zone maps for 3 schools, and implemented School Streets at 3 locations with plans for more.
- We raised awareness around the negative impacts from engine idling and launched 11 anti-idling events outside schools between 2019 and 2022.
- We planted trees at a number of pollution hot spots, such as Rush Green Road, Roneo Corner, Romford Ring Road and Rainham Village, as well as a boundary fence planting at the Mawney Foundation School.
- We reviewed the Council's Planning conditions, to ensure that new developments in the borough meet the regional and local air quality policy requirements.
- We completed a feasibility study on the delivery of Electric Vehicle (EV) charging point infrastructure, and installed 68 EV charging points at Council-owned car parks, as well as 80 on-street charging points.

15. Tuberculosis



Background

- TB is a bacterial airborne infection that is associated with disadvantage
- TB often affects the lungs (pulmonary TB) but can also affect other parts of the body (extrapulmonary TB). 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).

Programme status

- In 2021, a total of 4,425 people were diagnosed with TB [in England](#), an annual notification rate of 7.8 per 100,000 of the population. This represented an increase of 7.3% in the number of notifications and 6.8% in the rate compared with 2020. England however remains a low incidence TB country (less than or equal to 10 per 100,000).
- TB incidence is not evenly distributed across the country, and is particularly concentrated in large urban areas. London remains the area of highest TB incidence in England, averaging an incidence rate of 17.4 per 100,000 which is over double the national rate.
- WHO considers territories with an estimated incidence rate of 40 per 100,000 or greater to have high incidence. Rates in Havering have continued to decrease reaching an all-time low of 5.3 per 100,000 in 2021; this is lower compared to rates in the [London boroughs](#) of Newham (41.4 per 100,000) and Brent (35.7 per 100,000) which serve more deprived and ethnically diverse populations.
- Nationally, and as with historical trends, rates of TB continue to be highest in people born outside the UK (accounting for 72.7% of 2020 infections) and among those with social risk factors⁶. In 2020, 22% of UK-born cases had at-least 1 SRF recorded, compared with 9.1% of non-UK born cases.
- Resistance to antimicrobial therapy remains a major concern for treatment of TB, requiring extended therapy of between 12 to 24 months. Whilst treatment delay leads to more serious illness and increased infectivity and/or transmission⁷, the proportion of pulmonary TB cases [starting treatment within four months](#) of symptom onset in

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.

⁶ Social risk factors include history/current homelessness, imprisonment, drug/alcohol misuse, immunocompromised, some ethnic minority groups.

⁷ Ayalew YE, Yehualashet FA, Bogale WA, Gobeza MB. Delay for Tuberculosis Treatment and Its Predictors among Adult Tuberculosis Patients at Debreworkos Town Public Health Facilities, North West Ethiopia. *Tuberc Res Treat.* 2020 Sep 19; 2020:1901890. doi: 10.1155/2020/1901890. PMID: 33014464; PMCID: PMC7520669.

2020 in Havering was 50% which is lower than the London (71.8%) and England average (67.6%). Despite this however, the proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months in 2019 in Havering was 83% which is similar to the national average (82%).

- Eligible residents in Havering are offered the targeted BCG vaccination. A total of 1095 residents were offered the vaccination in 2021/22.

Impact of Covid-19

- Whilst the pandemic gave rise to initial concerns of an increasing number of undiagnosed cases in the community, tuberculosis services in London diagnosed similar numbers each day suggesting that restrictions had a less severe impact than was anticipated.
- The long incubation period of tuberculosis means that changes in incidence happen much more slowly than for other diseases with rapid onset (e.g flu). This might possibly explain the continued incidence of tuberculosis in wider London, despite the reduced social contact during Covid-19⁸.

TB action plan for England⁹

- Whilst rates continue to decrease nationally, TB notification rates since 2016 have exceeded those required annually to achieve the goal of [90% reduction by 2035](#). The UKHSA is committed to meeting the WHO TB elimination targets by 2035 as outlined in the TB Action Plan for England 2021-2026. Nationally, the five priority areas include work to understand the impact and learning from the pandemic, prevent TB, detect TB, control TB and ensure workforce capacity to manage TB.

Actions being taken and recommendations

- TB incidents are led by the NENCL 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.
- Whilst incidence of TB in Havering is low, there is potential for infections to increase if numbers of under-served populations increase. National data indicates an increase in notifications across all ethnic groups, including more notifications in those of South Asian ethnicity between 2020-2021. Nonetheless, whilst further increases in diversity in Havering are likely, the borough remains more similar to England as whole than London in terms of ethnic diversity. Work is required to understand the risk of TB among the underserved and social-risk population in Havering.

⁸ Lewer D, Mulchandani R, Roche A, Cosgrove C, Anderson C. Why has the incidence of tuberculosis not reduced in London during the COVID-19 pandemic? *Lancet Respir Med*. 2022 Mar;10(3):231-233. doi: 10.1016/S2213-2600(22)00012-1. Epub 2022 Jan 12. PMID: 35032431; PMCID: PMC8754446.

⁹ [UKHSA What is TB and what are we doing to combat it?](#)