Update on Recommendations from the Director of Public Health's Annual Report – Protecting Health in Leeds 2013

Theme	Recommendation	Update	
	Section 1 - Protecting people's health		
1. Health Protection	The Leeds Health and Wellbeing Board should establish a Health Protection Board. This would raise awareness of communicable diseases and other environmental hazards and deal with the issues as they arise	On 27.3.14 the Leeds Health and Wellbeing Board endorsed the establishment of a Health Protection Board in Leeds and the first meeting of the Health Protection Board was held on 26th June 2014. The terms of reference were endorsed by the Health and Wellbeing Board on the 18 th June 2014. Health Protection Board has now been established for a full year and is going well, with energy and commitment from all partners. There are work programmes progressing on the priorities through subgroups of the Board and progress made to date is good. A Health Protection assurance framework has been developed and the first annual report will be completed by July 2015.	

2. Controlling Communicable diseases	The Leeds Health Protection Board should:	
	a) Adopt national guidance on tackling antibiotic resistance	A group led by Leeds CCGs has been established, taking forward the Leeds Citywide Antibiotic Strategy for Tackling CDI (2013-2016). A plan has been developed with approval from Each Leeds CCG in 2013. The plan reflects areas for action in the UK AMR Strategy
	b) Promote national guidance to health professionals and the public	Each Leeds CCG has developed its own plan to promote guidance to professionals and public. This work includes: Improvement in prescribing trends are maintained Ensure antibiotics are only prescribed when clinically needed Ensure all prescribing is in line with local and national guidance To increase patient awareness of when antibiotics are useful.
	c) Review local surveillance mechanisms and ensure we can deal with the new challenges posed by drug-resistant organisms and new infections	The Health Protection dashboard has been developed and monitors drug resistant infections including MRSA, Clostridium Difficile and CPE (Carbapenemase Resistant Enterobacteriaceae), reporting to Health Protection Board.
3. Measles and the national MMR catch-up campaign	a) The Leeds Health and Wellbeing Board should continue to emphasise the importance of vaccination programmes	The Health Protection Board and partners continue to deliver a comprehensive communication plan that emphasises the importance of vaccination programmes.
	b) Leeds City Council should work with Public Health England, GPs, and	The LCC Health Protection team working with Leeds CCGs and NHS England continue to deliver a

	Leeds Community Healthcare to communicate well with the public and ensure delivery of an effective service.	comprehensive communication plan to enable the public to make informed choices about vaccination and ensure they are offered an effective service.
4. Fighting Tuberculosis	The Leeds Health Protection Board should work with West Yorkshire partners to action on recommendations from the independent TB review. This will reduce the rate of TB	The Collaborative Tuberculosis Strategy for England 2015 to 2020 has now been launched, much later than expected, on the 19 January 2015.
	infections.	The Strategy recommends that nine TB Control Boards are established in England, with one TB Control Board to cover the Yorkshire and Humber region. We are awaiting confirmation from Public Health England that funding will be available to enable this and therefore the TB control Boards have not yet been established. The Director of Public Health has been nominated to be the Yorkshire & Humber representative on the new TB Control Board.
		In Leeds, the South and East CCG have been identified by NHS England (NHSE) as a high incidence area for TB. As a result of this Leeds South and East CCG has been invited to submit a proposal for additional funding from NHSE to increase activity to test and treat for TB, working with primary care and secondary care. A proposal has been developed and submitted led by South and East CCG with support from Public Health LCC and other partners.
5. Vaccinating against whooping cough	Leeds City Council should continue to work with primary care and midwifery professionals to increase efforts to vaccinate pregnant women against whooping cough.	Leeds City Council has worked with NHS England, Leeds CCGs, and the Leeds Teaching Hospitals midwifery service to increase uptake of the whooping cough vaccine. Pertussis (whooping cough)

6. Reducing air pollution	a) Leeds City Council should continue to work to improve air quality. It should work with other West Yorkshire local authorities to address the issue on a regional basis.	 immunisation in pregnancy is now actively promoted by midwifery services. Health Visitors also promote this during antenatal contact. Immunisation rates in Leeds are now approaching 70%. Leeds has commissioned or completed a large number of transport related schemes, many of which will help to improve air quality. Examples include:- Bio methane fuelled refuse collection vehicles and electric vehicles in the LCC fleet Installation of electric vehicle charging points Dedicated bus lanes and priority facilities New Generation Transport scheme proposals
		 Improved travel planning e.g. school and workplace travel plans Improved cycle ways and infrastructure (e.g. City Connect) Park and ride schemes (e.g. Elland Road) Reducing air pollution through quality urban design Together with the other West Yorkshire local authorities, Leeds City Council are involved in the following projects: West Yorkshire Low Emission Strategy is being written to propose an approach to addressing poor air quality across the five West Yorkshire Authorities. The Low Emission Zone Feasibility Study, completed
		in December 2014, was conducted in partnership with Bradford Metropolitan District Council. The West Yorkshire Combined Authority is coordinating a bid from the West Yorkshire Local Authorities to the Office for Low Emission Vehicles to fund work to improve emissions from taxi, bus and freight fleets.

b) Leeds City Council should lobby central government to influence aspects of air quality beyond the control of local government,	Leeds City Council is actively involved in lobbying Central Government to ensure that air quality remains a priority both at a national and local level. DEFRA has funded several Leeds City Council air quality projects, (e.g. the Low Emission Zone Feasibility Study; and the West Yorkshire Low Emissions Strategy), and detailed reports are submitted back to them.
	 Leeds City Council is submitting bids to the Office for Low Emissions Vehicles for grants, to include work on improving emissions from taxi, bus and freight fleets. Leeds City Council also regularly engages in ad hoc correspondence with Central Government to highlight local/national air quality concerns.

Section 2 - Reducing Infant Deaths		
7. Infant mortality in Leeds – an overview	 a. Leeds City Council should continue to work in partnership pro-actively to address the prevention of infant deaths as part of the 'Best Start' priority of the Health and Wellbeing Board. 	This is being implemented. The Infant Mortality programme is now subsumed within the Best Start programme. Infant mortality is the key indicator for the Best Start Plan, and key evidence based strands of the programme have been incorporated into the Best Start Plan on a Page. The Best Start programme is supported by a steering group which incorporates partners who previously contributed to the Infant Mortality programme.
	b. Leeds Health and Wellbeing Board should take forward in partnership, the findings of the review of antenatal and postnatal support needs of women and families with complex social factors.	These are being taken forward. In particular, the Leeds Baby Steps programme is being established. This programme will increase support available during pregnancy and the first few months of life, aiming to prepare parents for the birth of their baby as well as for their own transition to parenthood. The target group are families with additional needs and at risk of poorer outcomes including: recent migrants; asylum seekers; refugees; those who have difficulty reading/speaking/understanding English; those with learning difficulties; those with low-level mental health problems; BME communities; and others made vulnerable through a variety of factors such as homelessness, domestic abuse, involvement in crime or antisocial behaviour, having been in the care system, and being NEET (not in education, employment or training). Around 200 targeted families will be engaged to participate in the programme, which consists of 9 group sessions. The service will encourage fathers and partners to attend the programme, and single mothers to bring a friend or family member with them to the group. After babies are born, families have a further home visit where practitioners will film the interaction between

		parents and their baby.	
	Section 3 – Improving health in schools		
8. Managing health in schools – an overview	The Leeds Health and Wellbeing Board should support the development of a new outcome driven service specification for 2014/15 that will support the implementation of the current review of the school nursing service.	This is complete. A new outcome driven service specification for the service, now termed the Specialist Community Public Health Nursing Services 5-19, has been agreed and underpins the current contract. Performance is actively monitored using the performance dashboard alongside high challenge, high support commissioning conversations, and specific audits and reviews.	