Leeds Health and Wellbeing Board

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Report to: Leeds Health and Wellbeing Board

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Subject: Leeds Health Protection Board Annual Report

Are specific geographical areas affected? If relevant, name(s) of area(s):	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

This paper provides the Health and Wellbeing Board with the second annual report of the Health Protection Board since it was established in June 2014.

The role of the Leeds Health Protection Board is to undertake the planned new duties to protect the health of the population as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2015). Since 2014 the Leeds Health Protection Board has been leading programmes of work, focusing on identified emerging health protection priorities for Leeds. An annual work plan has been developed by members of the Board and good progress has been made against all areas.

In addition, the Leeds Health Protection Board has worked to ensure that arrangements are in place to protect the health of communities, meeting local health needs across Leeds through the development of robust assurance frameworks. This includes a health protection indicators report, associated reporting systems, strengthened governance arrangements and the formation of the Leeds Health & Social Care Resilience Group.

In June 2017 the Health Protection Board reviewed and refreshed the priorities, taking into consideration progress and achievements made.

The refreshed priorities identified by the Board in 2017:

- To reduce the incidence of TB
- To reduce the impact of poor air quality on health
- To develop a Leeds outbreak plan
- To reduce the incidence of health care associated infections
- To tackle antibiotic resistance in Leeds
- To reduce excess winter deaths in Leeds

Recommendations

The Health and Wellbeing Board is asked to:

- Note the Health Protection Board's Annual report.
- Note the key progress made against the priorities identified in the Health Protection Board Annual report 2014/15.
- Note the new priorities identified by the Health Protection Board for 2017/20.

1 Purpose of this report

1.1 The purpose of this report is to provide the Health and Wellbeing Board with the second annual report of the Health Protection Board, outlining progress made on the existing Board priorities and to inform the Health and Wellbeing Board of the new priorities identified for 2017/18.

1.2 The Health Protection Board identified emerging health protection priorities in 2015 for Leeds and developed an annual work plan and dashboard endorsed by members of the Board. This report does not cover all areas under the jurisdiction of the Health Protection Board but only those that have been identified as priorities. The Board does however gain assurance from lead organisations on all health protection priorities and monitors performance through a health protection indicators report. A summary of which, based on national outcomes indicators, is provided in this report as appendix 1.

2 Background information

2.1 In March 2014, the Leeds Health and Wellbeing Board agreed to establish the Leeds Health Protection Board in line with Department of Health recommendations. The role of the Health Protection Board is to undertake the duties to protect the health of the population as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2014).

2.2 The Board undertakes the Leeds City Council duties under the Health and Social Care Act 2012 to:

- Be assured of the effective and efficient discharge of its health protection duties;
- Provide strategic direction to health protection work streams in ensuring they meet the needs of the local population;
- Provide a forum for the overview of the commissioning and provision of all health protection duties across Leeds.

2.3 The Board is chaired by the Director of Public Health. Members are represented from Leeds City Council services including Environmental Health, Resilience and Emergency, and Adults and Health, other organisations represented include Public Health England, NHS Leeds CCGs, Leeds Teaching Hospitals, Leeds and York Partnership Foundation Trust, Leeds Community Health Trust, and NHS England. Each organisation has a responsibility and accountability for the City's health protection risks, the key performance indicators, regular updates are provided on key areas;

- Communicable Disease Control
- Infection Prevention & Control
- Environmental Health
- Emergency Preparedness, Resilience and Response
- Screening
- Immunisation

2.4 In addition, the Board identified seven priorities in 2015 which required focused partnership activity to improve performance in Leeds. Subgroups were developed for each priority and progress reports to the Health Protection Board have been submitted and reviewed. The priorities identified in 2015 by the Board were:

- New migrant screening
- Tuberculosis
- Antimicrobial resistance
- Pandemic flu
- Seasonal death
- Air quality
- Surveillance

3 Main issues

Progress on priorities identified by the Health Protection Board (2015 – 17)

3.1 New migrant health screening

The Health Protection Board prioritised improving new migrant health screening focusing on TB, Hep B and C linking with HIV screening interventions. The main priorities include increasing awareness and improving access for new migrants across the health and social care system.

3.2 A number of interventions have been implemented to improve new migrant health screening:

Blood-Borne Virus (BBV) Screening in Primary Care Pilot (HIV, Hepatitis B and C):

The aim of this programme is to increase blood-borne virus screening, including the new migrant community, across Leeds. The Public Health Sexual Health Team in Leeds City Council was successful in their bid to obtain funding from the Elton John AIDS Foundation and Public Health England (PHE) to implement HIV screening in practices with estimated high HIV prevalence. This funding was supplemented by the three NHS Leeds Clinical Commissioning Groups (CCGs) in order to include hepatitis B and C screening, enabling it to be reframed as a Blood-Borne Virus (BBV) screening pilot. The pilot was launched on 20th November 2015 and ran for one year.

The pilot resulted in an increase in the number of people screened which directly resulted in the identification of new positive cases of HIV, hepatitis B and C. In total 3,748 people (18% of 20,615 eligible new patients) were screened for BBV, ranging from 0–67% of eligible new patients per practice. There were a total of 49 positive cases diagnosed in the first 12 months - 11 HIV, 30 HBV and 8 HCV. This represents a total yield of 13.1 per 1000 screens (2.9 per 1000 HIV tests, 8 per 1000 HBV tests and 2.1 per 1000 HCV tests).

Testing in participating practices increased by almost 250% compared to the year prior to the pilot. Cost per diagnosis is likely to represent significant savings to the health economy long-term. Phase 2 of the pilot is currently being rolled out within a smaller number of practices in the LS9 area and is due to commence in late August 2017.

Additional work has taken place to increase screening opportunities for new migrants from countries where there is a high incidence of TB. This is outlined in the next section.

The Health Protection Board has led discussions to improve migrant health in Leeds as a result from findings from a local Hepatitis A outbreak. In response to this, a report has been developed by local partners on migrant health, and is to be presented at the Health and Wellbeing Board in October 2017. The report recommends that Leeds requires a coordinated migrant health strategy to address the health needs of migrants in Leeds including health protection priorities. The report outlined significant health inequalities for migrants with regards to their access to health services and the burden of diseases including: Access to Primary Care; Mental health; Maternal Health; Health protection; Sexual health; Long term conditions; Substance use.

3.3 Reducing the incidence of Tuberculosis

Tuberculosis (TB) rates are declining both locally and nationally. Leeds Community Health Care TB service identified 92 active TB cases in Leeds in 2015 a reduction from 2014 (93 cases) however Leeds remains the second highest local authority area in Yorkshire and Humber[1] for TB. Leeds also had 120 cases of Latent TB Infection[2] (LTBI) in 2015.

The reduction in numbers of TB cases in Leeds in the past year has occurred in both the non-UK born population and the UK born population, although the incidence rates indicate that 69% of cases in 2015 were born abroad with 64% of those cases having lived in the UK for more than six years.

Despite the overall reduction in TB cases, the number of cases with treatment medication resistance and/or social risk factors (homelessness, drug or alcohol misuse or imprisonment) has not declined in keeping with the national picture. TB cases with social risk factors are more likely to have pulmonary disease and drug resistance, and have worse outcomes. In general the number of cases is reducing but the complexity of treatment and supporting social needs is increasing.

[1] Public Health England - Tuberculosis in Yorkshire and Humber: Annual review (2015 data) – March 2017. Table 1.1 Page 9.
[2] LTBI means a patient is infected with TB, but is not contagious or have any signs and symptoms.

A priority for the Health Protection Board has been Latent TB Infection (LTBI). Latent TB Infection means a person has been infected with TB but is not infectious and has no signs and symptoms. However, the identification and treatment of people with LTBI is an important part of managing the disease. The main risk of latent TB is that 10% of people go on to develop active TB.

The Heath Protection Board has supported the following programmes focusing on identifying people with latent TB:

- NHS Leeds CCGs with support from LCC Public Health have been successful in attracting funding from NHS England to provide a targeted and enhanced screening and diagnosis service across Leeds for LTBI. The focus of the new LTBI Programmatic Screening Service is to deliver the three stages of a successful LTBI programme – access, testing and treatment. The city wide service identifies people registering at GP surgeries for the first time, who have visited or have moved from countries with high incidences of TB. This service has been in operation for one year and has screened an additional 92 people who meet the criteria for LTBI screening. An increased number of people have been found to be positive for LTBI and have been referred into services for treatment.
- In addition the LCC Health Protection Team has been working to raise awareness of LTBI to increase the numbers of people accessing screening and have pioneered a 'TB Champions' programme. The purpose of this programme is to train volunteers from the Third Sector to raise awareness of LTBI in under-served migrant populations. This innovative low cost/high impact approach is increasing awareness of active and LTBI, promoting the uptake of screening and treatment compliance. 47 TB Champions have been trained, 29 of whom are currently active. As of May 2017 they have spoken directly to over 500 people with cascade conversations across many hundreds more. A total of £1,326 from additional NHS England funding has been spent on this project during its first 6 month period which presents excellent value for money. This has been recognised as a model of good practice by Public Health England and is in the process of being rolled out across the region.

- Leeds has seen a number of highly complex active TB patients recently who have been diagnosed with drug resistant TB and who have no money, no housing and no recourse to public funds. These patients can be highly infectious and initially require hospitalisation followed by complex treatment on discharge back in the community. To enable a prompt discharge from hospital and community based treatment compliance Leeds City Council's Housing Options, Adults and Health, Leeds Teaching Hospitals and Leeds Community Health Trust have developed a new TB and housing pathway to enable

hospital discharge and community treatment planning with appropriate housing, relevant health and social care support.

The commissioning responsibility for the LCH Community TB Service was reviewed in light of the recommendations of the Health and Social Care Act 2012 and the national Collaborative TB strategy (2015), where TB commissioning of testing and treatment is stated as the responsibility of CCGs. In 2016 it was agreed by Leeds City Council and NHS Leeds CCGs to transfer the commissioning responsibility for the Leeds Community Health TB Service from Leeds City Council Public Health to NHS Leeds CCGs from April 2016, with associated funds. The transfer took place safely and effectively with no disruption to service delivery. LCH Community TB Service continues to deliver an excellent service with above average treatment completion rates.

3.4 Tackling antibiotic resistance

Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. This is now a government priority as it is an increasingly serious threat to global public health. The UK government now has an Antimicrobial Resistance Strategy and Antimicrobial Resistance is now on the Department of Health's risk register. Action is required across all government sectors and society.

As a national example, of antimicrobial resistance, since 2003 there has been a sustained increase in the numbers of a relatively new and highly resistant infection called Carbapenemase Resistant Enterobacteriaceae (CPE). Identification of CPE in England by PHE has risen from fewer than 5 patients in 2006 to over 600 in 2013. Leeds so far, has only had a handful of positive cases compared to two Trusts in Manchester who have had more than 100 patients identified with CPE during the same period.

Antimicrobial stewardship is a national programme to take action to address drug resistant infections. Leeds is fortunate to have national leaders in tackling antibiotic resistance working in Leeds Teaching Hospitals, Public Health England, Leeds CCGs, Leeds University and LCC. Led by the Director of Public Health, these partners are working collaboratively and proactively to ensure that antimicrobial resistance is a priority locally.

Key achievements include:

- NHS Leeds CCGs with support from partners have been working to improve antibiotic prescribing practices of GPs and non-medical prescribers through regular education and training sessions. As a result the prescribing data collected locally indicates that the prescribing of broad spectrum antibiotics

has reduced to below the national target which is an important positive indicator for reducing the burden of drug resistant infections.

- Yorkshire and Humber Public Health England working with partners has developed and disseminated a local resource for GPs and non-medical prescribers outlining local resistance patterns to ensure effective prescribing.

- A local antibiotic campaign 'Seriously resistant' has been implemented by NHS Leeds CCGs and LCC targeting the general public. Specific campaigns have taken place in Leeds schools and universities to increase awareness in children and young people. This campaign has been very well received and has been replicated across the country. Insight work has been carried out to understand how effective these messages are and to establish the level of understanding of the public on this issue. The findings of this work will be used to inform future campaigns.

- As a result, Leeds was nominated for 5 awards in the UK Antibiotic Guardian awards event and were highly commended in 2 of the categories.

3.5 Health care associated infections

In Leeds, as in other areas, there is an ongoing challenge regarding Health Care Associated Infections (HCAI). The key HCAIs that present a potential risk to the health of the population are Meticillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C.diff). The NHS sets targets each year for the Clinical Commissioning Groups and for the acute Trusts. The target for MRSA is zero tolerance and C.diff thresholds are set each year by NHS England to reflect an improvement trajectory and therefore these relate to the previous year's performance.

It is required by the NHS that all cases of MRSA bacteraemia and C.diff cases undergo a root cause analysis to identify the cause and where a lapse of care may have occurred leading to the infection. This helps to inform future practice and ensure that identified learning is disseminated across the health care economy. In Leeds this process involves all stakeholders including Leeds City Council, Leeds Community Healthcare, Leeds Teaching Hospital, CCG's and primary care.

In 2016 a new forum, 'HCAI Improvement Group' was established within the city to address the challenges of HCAI's. Under the leadership of the Director Nursing and Quality for NHS Leeds CCGs, and with cross city representation, this group has made significant progress in improving cross system collaboration, improving quality through an enhanced root cause analysis process, post infection review process and improved communication across a complex system.

The key achievements since its formation in April 16 are:

- Significantly improved collaborative discussions, decisions and channels of communication;
- Consensus across the three CCGs for inclusion of closer GP involvement in HCAI investigation. This will be facilitated using the various GP engagement schemes;
- Progress toward an improvement in the accuracy of the mandatory reporting process for community associated CDI;
- Promotion of HCAI reporting in the CCG member practices to improve Datix reporting and significant event audit in Primary Care;
- Completion of a stock-take of relevant policies and guidance in relation to all providers;
- Progress toward improved review processes for the use of Protein Pump Inhibitors – a known risk factor for CDI;
- Development of a proposal for mutual aid arrangements to improve Infection Prevention resilience across the Leeds provider organisation.

3.5.1 Current position:

Clostridium difficile numbers have improved within Leeds since mandatory reporting by the NHS began in 2009. During 2016/17 Leeds Teaching Hospital, South and East CCG and North CCG achieved the nationally set NHS targets and overall the trend across the city is an improving one. A key priority for Leeds next year is to review and address the issue of CDI across the whole health economy to provide assurance that there is a robust system is in place.

From April 16 – April 17 Leeds had 22 cases of MRSA bacteraemia. For comparison there were 13 cases in Leeds during 15/16, the number of cases in Leeds is higher than other areas with a similar demographic. Of the 22 cases 15 were identified as a lapse in care having taken place contributing to the infection. 7 other cases were successfully submitted to a panel at NHS England who agreed with the local investigation that no lapse in care had taken place. A number of these cases were associated with an outbreak of MRSA bacteraemia in people who inject drugs. Control measures were put in place by system leaders to identify potential cases within this vulnerable population and raise awareness amongst drug users of the risks and symptoms of MRSA. This was achieved through working in partnership with Forward Leeds, who provide services to drug and alcohol users within the city and others within the healthcare economy.

3.5.2 New and emerging health care associated infections:

There are new and emerging HCAI challenges for the Board to address in the coming years. There has been a sustained rise in Carbapenemase Resistant Enterobacteriaceae (CPE) infections in parts of the UK and it is essential that healthcare providers screen and isolate carriers effectively to prevent any spread within Leeds. The NHS has also implemented a new target to reduce the number of e coli blood stream infections by 10%. Leeds has an average of 45 blood stream infections caused by E coli per month and currently options are being considered as to how best to implement the new investigation process and enhanced learning across the system.

3.6 Infectious diseases incidents and outbreaks

Despite advances in the control and prevention of communicable diseases including vaccination programmes some infections still occur and require a public health response. During 2016 there were a number of incidents that required a routine response such as norovirus in a school or influenza within a care home. Systems are in place in Leeds to ensure these incidents are reported quickly and managed appropriately. These incidents have required a response from Leeds City Council in partnership with PHE and NHS providers.

The following sections highlight incidents that required partners to work together across the whole health economy to ensure the appropriate management of infection therefore protecting the health of the population:

- During April 2016 it was reported that a number of children visiting a local Leeds petting farm had become unwell with gastroenteritis. The outbreak involved individuals across four West Yorkshire local authorities (Leeds, Wakefield, Bradford and Kirklees) and two organisms, Cryptosporidium and E Coli O157. There were 33 confirmed, 11 probable and two secondary Cryptosporidium cases; and four confirmed, four probable and one secondary cases of E Coli O157. All those affected recovered well. The farm was found to have numerous failings relating to the unsafe operation of a petting farm and were served with a prohibition notice by Leeds City Council on the 20th April 2016. The farm was asked to cease operation which they did voluntarily and following this date no new illness was identified linked to the farm. The control measures put in place and the subsequent temporary closure of the farm protected the health of the population. The farm management were compliant with advice from Leeds City Council Environmental Health Team and made a number of improvements allowing the farm to re-open and no further issues relating to the health of visitors have occurred.

- In December of 2016 PHE notified LCC public health that three children in the same nursery, in Seacroft, may all have had invasive group A streptococcal infection (IGAS), only one case was confirmed however all became unwell

within the previous 3 weeks with similar symptoms, all 3 were in hospital. The transmission of IGAS within a nursery environment is not common however the consequences of IGAS can be significant. The public health response aims to prevent further transmission by offering prophylactic antibiotics to contacts which in this case would have been all the children in nursery. PHE made the decision that this was not required with 3 cases however if a 4th case came to light antibiotics would have been required. The Health Protection Team within Public health worked with the CCG's to ensure arrangements were in place and by Christmas Eve a robust plan was in place offering assurance that the out of hours health care economy could provide a response should it be required.

- In February 2017 there was an outbreak of viral gastroenteritis affecting diners who visited a restaurant in Garforth. By the end of the outbreak there had been 72 reports of illness from 40 different parties. The cause of this outbreak was almost certainly Norovirus. Outbreaks of Norovirus are common in environments such as care homes, hospitals, schools, nurseries, cruise ships, hotels and restaurants. There was significant interest in the outbreak locally on social media and from those who had become unwell. There was also some coverage in the local press. Due to the size of the outbreak a multiagency Outbreak Control Team (OCT) was put in place to coordinate the investigation, share intelligence and agree control measures, this was led by PHE. Representatives from Leeds City Council Environmental Health, Field Epidemiology Services (FES) Yorkshire and Humber, Leeds City Council Public Health, Leeds City Council Communicable Disease Control Nurses and the PHE regional microbiologist participated in the OCT. Leeds City Council Environmental Health Officers undertook a full inspection including sampling, an audit of food preparation processes and a check of staff members for infectious conditions. Some issues with surface hygiene were noted and the restaurant owners were instructed to carry out a deep clean of the premises. As a result of the inspection the food business was advised to review their procedures around cleaning and the reporting of illness by staff members. The hygiene rating for the restaurant was lowered from a 5 to a 3.

- From September 2015 to April 17 there were 48 cases of meningococcal meningitis in Leeds residents. Meningitis is a serious bacterial infection which can have devastating consequences for anyone who develops the infection. 23 were in adults and 16 were in the under 16's, sadly a small number of deaths were experienced in Leeds resulting from this devastating infection. This is consistent with the national picture. PHE manages the public health control measures for meningococcal infections and provided prophylactic antibiotics to the contacts of cases through NHS partners. Nationally the number of cases of meningococcal infection has reduced following the development and introduction of vaccinations against the different strains of meningococcal disease. In 2000 the Meningitis C vaccine was introduced to the UK schedule

and more recently in 2015 the Meningitis B vaccine was introduced as part of the primary vaccination schedule for children. Both of these initiatives have reduced the number of cases across the country therefore effectively protecting the health of the population.

- There was a large increase in the total number of influenza outbreaks reported to the PHE regional Health Protection Team in 2016/173 compared to the previous flu season. In West Yorkshire, 25 outbreaks of influenza-like illness were reported in the 2016/17 season; 19 of these (76%) were in care homes.

- The LCC Health Protection Team, on behalf of the Board, has a responsibility to ensure new and emerging threats to health are considered. During the sustained outbreak of Ebola in West Africa from 2014-2016 the Leeds health economy via Public Health England implemented national plans to ensure those travelling from affected countries were screened according to national protocols and that the local NHS was informed of the potential threat. Plans were developed provide assurance that the NHS was able to respond if required. The plans for hospitalising and testing possible cases were implemented a number of times however no cases were identified within Leeds or surrounding area.

It is essential that Leeds City Council is able to respond to local, national and international incidents e.g. Zika virus that cause a real or potential threat to the health of the population. The threats from communicable disease are varied and unpredictable and strong local networks ensure information is shared quickly and appropriately therefore providing assurance that actions can be implemented to address future public health challenges.

3.7 Significant outbreaks and outbreak planning

3.7.1 Hepatitis A outbreak in a small community in Leeds

In July 2015 PHE Yorkshire and the Humber Centre reported a small number of Hepatitis A cases in LS9 postcode area of Leeds. This area was a close knit, deprived community with residents from a variety of ethnic and cultural backgrounds. By November 2015 a total of 18 confirmed cases have been recorded in the area. A multi-agency Outbreak Control Team (OCT) worked to identify, plan and implement control measures to manage the outbreak.

Once the cluster had been identified and community transmission confirmed a number of interventions were put in place to interrupt the outbreak cycle, this included:

[3] Public Health England, Influenza and Respiratory Disease in Yorkshire and Humber Annual Report 2016/17 Influenza Season, June 2017

- A local community clinic commissioned from Leeds Community Healthcare (LCH) and delivered by their School Nursing Team resulted in 150 people being vaccinated.
- A GP “mop up” campaign over the following weeks vaccinated a further 50 people.
- Mobile hepatitis A vaccination clinic operated for one day in the outbreak area and a further 140 patients were immunised.
- In late October two local primary schools were identified as having evidence of transmission of the infection within the schools. LCH School Nursing Teams were commissioned to administer vaccines and over a five day period 1,120 staff and pupils from both schools were vaccinated. The implementation of this immunisation campaign necessitated the delay in the children’s school based influenza vaccination programme to 27 schools across Leeds.

The outbreak concluded in December 2016. A number of challenges and lessons learnt were identified by the Health Protection Board; steps have been put in place to strengthen local arrangements:

The Director of Public Health submitted evidence to the House of Commons Health Select Committee to highlight gaps in National policy on outbreak management. In the absence of national policy the Director of Public Health and Leeds Clinical Commissioning Group have agreed a draft set of principles to which the local system will develop a local outbreak management plan. The draft principles will be considered at the System Resilience Board for ratification later in the year.

Progress has been made locally to identify responsible commissioners for services to respond, how to mobilise those services, a process in which to operate a command and control system and pharmacy support to outbreak management.

A local operational outbreak plan will be finalised by the summer of 2017.

3.7.2 Avian Influenza cases

Following recent cases of avian influenza in North Yorkshire, Lincolnshire, Suffolk and Northumberland a request was made by both PHE and NHS E for each Local Authority area to provide assurance that an agreed protocol had been developed and agreed to provide antivirals to anyone who has been in close contact with the infected birds. A small task and finish group has been formed in Leeds comprising PHE, the Leeds CCGs (Urgent Care and Medicines Optimisation), and the Local Authority. The CCGs across West Yorkshire are in the process of agreeing a west Yorkshire Standard Operating Procedure with Local Care Direct to deliver the antiviral intervention. Meanwhile a response

flowchart has been developed locally to ensure an efficient response in the event of an incidence of AI in the Leeds locality.

3.7.3 Pandemic Flu planning

The risk of an outbreak of Pandemic Influenza remains high on the National Risk Register. The Local Authority has led on the development of an overarching Pandemic Influenza Plan for the city. The multi-agency Leeds Outbreak Planning Group has worked to develop and agree the plan which links the plans of each individual organisation across the city clearly outlining the roles and responsibilities of each organisation during a pandemic response.

The Leeds Outbreak Planning Group has expanded over the last year and currently comprises Resilience Managers and Infection Control staff from the three Leeds Health Trusts in addition to representatives from; LCC Children's Services, Public Health, Environmental Health and the Resilience and Emergencies Team, St Gemma's Hospice (on behalf of the three Leeds Hospices), Nuffield Leeds, HMP Leeds, the Leeds CCGs Urgent Care Team and Public Health England.

The over-arching Leeds Pandemic Influenza Response Plan was presented to the Leeds Health Protection Board in February 2016. The document was agreed in principle and now work continues in regard to: local Command and Control arrangements, access to Personal Protective Equipment and the inclusion of Third Sector support.

3.7.4 Leeds Outbreak Planning

The House of Commons Health Select Committee (HSC) met to consider the impact of the health and social care reforms on the public health system in 2016. The Director of Public Health submitted evidence to the Health Select Committee to highlight gaps in National policy on outbreak management.

In the absence of any national guidance, a local strategic outbreak planning roles and responsibilities group has been established, governed by the Health Protection Board. The group has considered a range of outbreak scenarios, applying a set of principles agreed between the DPH and Leeds North CCG Chief officer. The group has made good progress; they have agreed that outbreak management should operate under the Leeds EPRR system, making proposals based on the principles as to who pays, who the lead commissioners are, how to mobilise services and who the primary responding services are in the event of a specific outbreak. The intention is for this to be ratified later in 2017.

In addition, a draft Leeds outbreak plan has been developed. Once completed, the plan will need to be ratified by the System Resilience Assurance Board and the Health Protection Board.

3.8 Surveillance of infectious diseases across Leeds

The Health Protection Board has developed a streamlined process to inform system leaders of trends in infectious diseases and potential impact on local services.

A significant number of epidemiological reports are circulated across the system on a regular basis. The Health Protection Board identified that a systematic approach was required to ensure that data was being analysed and disseminated in a coordinated and efficient way.

Public Health England (PHE) produce and disseminate numerous reports on the majority of infections seen in the UK from common viruses such as norovirus to more complex bacterial diseases such as meningitis. They also collate data to indicate trends of disease such as influenza during the winter months. Some of the reporting is on a national basis however other data is produced using a more local footprint such as Yorkshire and Humber. The timing of the reports also varies greatly from weekly to annually.

Leeds Community Healthcare produce daily updates on how many care homes, schools and nurseries have restrictions in place due to gastroenteritis in Leeds and Leeds Teaching Hospital Trust produce daily updates on the number of wards closed due to various infections most commonly gastroenteritis.

In order to ensure system leaders within the healthcare economy are aware of current issues in Leeds a weekly update report has been introduced which summarises the key points from the numerous surveillance reports received. The report offers a snap shot of the current infections circulating within the city such as influenza and norovirus. It also ensures individual cases of infection, such as a death due to meningitis are highlighted.

The system has been in operation for 12 months and has ensured that any concerns around trends of diseases within the city are highlighted and acted upon in a timely fashion to reduce the impact of infections across the system.

3.9 Tackling seasonal deaths

In Leeds, as in the rest of the country, more people die in the winter than in the summer. Many of these deaths are avoidable and are primarily due to heart and lung conditions rather than hypothermia. There has been cross organisational

efforts to address the negative impacts of cold weather in Leeds, work programmes are well established and embedded in services to protect the most vulnerable in the city. Modelled figures show that Leeds has seen a decrease in numbers of people dying from the effects of living in cold conditions, with a reduction in excess winter deaths to 350 in 2015/16 compared to 470 deaths in 2014/15.

NICE guidance (2015) states that fuel poverty, poor housing and health inequalities significantly increase illnesses over winter – which adds to the pressures on health and social care services. Since the Department of Health first published its Cold Weather Plan in 2011, and more recently the NICE guidance on excess winter deaths and morbidity, Leeds has responded by developing and implementing a local plan. The plan aimed to firstly raise the public's awareness of the harm to health from cold and secondly to provide support to the most vulnerable.

The Health Protection Board has made significant progress towards reducing seasonal deaths:

- *Met Office alerts*: The development of a systematic approach to cascading the Met Office alerts across health & social care. This enables health & social care workers to identify and support vulnerable people; this has been audited to ensure that alerts are reaching frontline workers who are providing direct care to vulnerable people. More work needs to be done to ensure that dedicated programmes reach the people who most need support.

- *Warmth for Wellbeing Service*: A jointly commissioned service between Public Health and Clinical Commissioning Groups (North and South & East), delivered by Groundwork Leeds in partnership with Care & Repair. This is in addition to the Council's Sustainable Energy & Climate Change (SECC) funding. Based on 2016 data, the Service exceeded their annual target of 1150 visits by 34 visits. Since the contract started on the 1st of October 2015, 1865 clients have been visited with at least 3,500 beneficiaries (as on average there are two people per household). The Service is receiving excellent feedback from clients and referral agencies.

- *Warm Well Homes*: LCC Public Health supported the successful "Warm Well Homes" bid by the LCC Sustainable Energy and Climate Change team, which levers in an additional £280K to provide heating and insulation, to help make properties of vulnerable households warmer. Referrals will be managed by the Warmth for Wellbeing Service;

- *Winter Wellbeing Small Grants Scheme*: For the 5th consecutive year, LCC Public Health has commissioned Leeds Community Foundation (LCF) to deliver a Winter Wellbeing small grants scheme. Funded projects included befriending, Winter Wellbeing cafes, essential winter wellbeing items, arts and craft skills, community transport and exercise classes. It demonstrated how the grants scheme relates to a number of priorities: hospital avoidance, social isolation, (fuel) poverty, mental health and resilience, physical activity and nutrition.

- *CAB and Welfare Rights advice in Primary*: Public Health continued to fund CAB and Welfare Rights advice in Primary Care (GP practices, Health Centres) and Mental Health (inpatient wards, day centres) which contributes towards income maximisation and CAB also help clients with utility enquiries. NHS Leeds CCGs social prescribing schemes support clients with their housing needs, which include those suffering from fuel poverty. The scheme works to promote self-care and winter wellbeing including appropriate use of NHS services, flu jabs, keeping warm at home, mental wellbeing, and support for vulnerable people.

- *Winter Friends programme*: The programme, led by LCC Public Health, helps vulnerable residents to live independently by informing them about social activities and important services that will help them 'Stay Well this Winter'. The Network has expanded to 70 groups and organisations across the statutory sector and has demonstrated tangible outcomes for vulnerable people.

- Finally, the NHS Winter Plan (2017) will include the preventative elements of winter planning and hospital avoidance and will provide an opportunity to further embed the above programmes in health and social care services, providing greater reach to vulnerable people.

3.10 Increasing Seasonal Flu vaccination uptake

A factor in seasonal deaths and a demand for health and social services is seasonal influenza, which is an acute highly infectious viral infection of the respiratory tract and is highly infectious. It is important that every effort is made to reduce the rate of infection and prevent the spread of the virus.

The seasonal flu campaign targets those 'under 65' years and at clinical risk e.g. chronic health conditions, those immunosuppressed. The risk of serious illness from influenza is higher amongst children under six months of age, older people, and those with underlying health conditions such as respiratory disease, cardiac disease, and pregnant women.

The national target set by the World Health Organisation for over 65s influenza immunisation campaign is 75%. In previous years Leeds has met this target, however in the 16/17 period, Leeds has experienced a slight drop in uptake in all three CCG areas. In the Leeds North CCG area the uptake was 75.3%, down from 75.7% in 2015/16, but still meeting the national target. Whilst in Leeds West and South and East CCG areas uptake fell just short of the target at 72.3% and 74.8% respectively, both down from previous years. All areas' uptake rates are slightly down from last year in this target group.

There has been a steady increase in the uptake rate of the under 65 age group who have a clinical risks in the last 2 years. More work needs to be done to increase uptake in this group and NHSE have a number of programmes in place to address this.

Although GP practices are primarily responsible for offering the vaccine to their eligible patients in 16/17, NHS England has been working with Community Pharmacy West Yorkshire to commission pharmacies to deliver to over 65s, at risk patients and pregnant women to increase uptake and offer more patient choice. Pharmacies delivered over 9,200 vaccinations across the 3 CCG areas in 16/17, including for those who'd never previously had flu vaccination.

In the local health care provider organisations there has been a year on year steady increase in uptake amongst staff groups. Leeds Community Health Trust (LCH) Infection Control Team achieved 77% uptake in the LCH Staff Flu Campaign achieving the lead community trust in the Country, the trust was nominated for 3 Awards nationally. Their work was presented to NICE and at National and Local conferences sharing best practice. Leeds Teaching Hospitals also achieved their highest uptake rate in reaching 80% coverage in their staff groups. Leeds and York Partnership NHS Foundation Trust increased on their previous year's uptake reaching 55% coverage.

Leeds Community Healthcare School Immunisation Team provide the school immunisation programme, they offered 100% of all children in Years 1, 2 and 3 attending a Leeds School the nasal flu application. The uptake for the application was 52%.

The Health Protection Board has discussed concerns around the extension of the eligibility criteria for the upcoming flu season and ability of services to deliver. The extension will include Reception and Year 4 children, this will be a collective cohort of 52,000 children. Options are being developed to identify how services would be able o respond to the increased number of children requiring this vaccine.

Work has already commenced between Health Protection Board partners for the 2017/18 seasonal flu vaccination programme including the development of a communication plan for social media (Twitter & Facebook), engagement with the care home sector, promoting staff uptake, improving data reporting systems and strengthening the role of pharmacists.

3.11 Air Quality

Air pollution is now associated with much greater public health risk than was understood even a decade ago, and more associated adverse health effects are emerging. As such, air pollution in the UK is now regarded as the largest environmental risk linked to deaths every year and yet it is evident that general public awareness of the impacts of poor air quality on their health is lower compared to other health issues such as smoking or obesity.

For Leeds, an estimated 4.3% of all-cause mortality is attributable to air pollution. However, the impact is better understood in terms of lifetime lost to the population, currently estimated at around 6 months on average for each person in the UK. It is not known how this effect is distributed across the population, although much of the impact is linked with cardiovascular deaths, and it is likely that air pollution places an additional burden on many people, being a contributory factor in bringing deaths forward, rather than being the sole cause of death for individuals.

On behalf of the Health Protection Board the LCC Health Protection Team has worked to understand the current Leeds status of air quality and has proactively engaged with a number of partners to ensure that health protection is a principle aim of the Leeds City Council Clear Air Action Plan and is able to effectively influence the air quality agenda at a local and regional level.

Whilst there are complexities surrounding the health impacts of various air pollutants, the associated health messages and communication mechanisms should remain simple. By having a simple means of gathering clear information of the effects of air pollution in the local population, this will help empower people to make informed decisions on how to reduce exposure and if required, to better manage their health conditions.

Linked to this particular enabling factor around improved promotion and profile, it is vital that we do achieve a greater level of acceptance so that actions and understanding go hand in hand. It is important that we inspire people to change and to do that, we also need the innovation for alternative choices as well as the infrastructures in place to aid behaviour change. These enabling factors are set out within the Leeds Clean Air Action Plan.

Following the recent publication of the updated Clean Air Zone Framework, there is a need to consider the implications of this and in particular, to assess how this new framework will now be informing local preparations for the introduction of a Clean Air Zone.

3.12 Large city events and health protection planning

Over the last year Leeds City Council has established the Leeds Safety Advisory Group (SAG), this group is co-ordinated by the Local Authority (LA) and made up of representatives from the LA and emergency services. The role of the SAG is to advise, and ultimately take a lead in ensuring the safety of all events held in the Leeds area. The process involves the completion of a risk scoring matrix where events can be graded at low, medium or high risk. The SAG, as an advisory body that provides feedback to organisers in regard to their event plans. The Group is made up of 60+ professional people with event organising specialisms from different organisations (blue light, licensing, highways, health and safety, adults and health, emergency planning etc). In addition there is a new portal on the LCC website for event organisers to access to take advantage of the SAG process. (http://www.leeds.gov.uk/leisure/Pages/Organising-Events.aspx).

The Leeds Health & Social Care Resilience Group provides a forum for event information to be shared between health and social care partners and for concerns to be raised and fed back to the Safety Advisory Group. Issues can then be managed either through Council Directorates or passed back to the event organisers to be addressed. The criteria adopted by the group to ensure the safe delivery of health and social care services are listed below:

- maintaining blue light\emergency routes
- maintaining access to Leeds General Infirmary
- access to clients for social care
- access to day centres
- access for meals at home and the equipment service
- communication to staff, both NHS, ASC and Commissioned Services
- information shared with hospitals, nursing homes, day centres
- health advice and communication to the general public

The SAG has played an instrumental role in ensuring the safety of the public in recent local events including the Tour de France in 2015 and the World Triathlon in 2016. The SAG ensured that the requirements of Health and Social Care providers were considered as a priority by all Council Directorates involved in the delivery of these events across the city. The learning from these events has been incorporated into the planning for future events including the 2017 World Series Triathlon.

The Emergency Planning Officer for Health Protection also attends planning meetings for the Leeds Half Marathon, 10K and the Leeds Carnival to ensure the above criteria are met throughout the planning process.

3.13 Screening programmes

NHS England West Yorkshire Screening and Immunisation Service is responsible for the commissioning of screening programmes nationally under the Public Health Functions Agreement (Section 7A).

Progress on performance is considered at the Health Protection Board for the following screening programmes cervical, breast, bowel, AAA (Abdominal Aortic Aneurysm), diabetic retinopathy, new born blood spot, ante-natal infectious diseases, Down's syndrome, Thalassemia, sickle cell, new born hearing.

For the purpose of this report three areas of concern are highlighted – cervical, breast, cancer screening.

Women attending for cervical screening in Leeds is declining and this reflects the position across England. Against the uptake target of 80%, Leeds has slipped from just under 80% to around 75%. Breast cancer screening uptake too has fallen although each CCG is still just above the minimum standard of 70%. Again, this mirrors the national position where screening uptake has fallen for the third year running.

NHS England has established a Leeds plan to improve coverage. There is a particular focus on addressing inequalities in terms of access of defined at risk groups (more needed)

The bowel screening programme meets the National Service specification target of 52%. The priority for the Health Protection Board has been to extend the ages covered by the programme. Previous operational difficulties were overcome by commissioners and providers so that the programme age was extended in January 2015. Work will continue to meet the NHS England aspirational target of 60% uptake.

3.14 Health Protection Priorities for 2017-2020

The Health Protection Board discussed and reviewed the priorities identified by the Board in 2015 at the May 2017 Board meeting.

The Board identified that good progress had been made in all priority areas identified in 2015; this is a positive step forward for health protection in Leeds. The Board recommended that as a result, two of the priorities; new migrant case finding and improving surveillance, could be closed from the priorities list, due to good progress made.

In addition, the Board recommended two new priorities to be added. This was due to increased levels of risks associated with these areas locally. They are reducing the incidence of health care associated infections and agreeing roles and responsibilities and developing a local plan for outbreak management in Leeds.

Health Protection Board priorities for 2017-2020:

- Tackling antibiotic resistance.
- Addressing air quality and impact on health.
- Reducing seasonal deaths from severe temperatures.
- Reducing the incidence of TB.
- The development of an outbreak plan for Leeds
- To reduce the incidence of health care associated infections across the Leeds

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 This report has been developed in collaboration with the members of the Health Protection Board including NHS England, Public Health England, LTHT, Leeds Community Health Care, Leeds and York Partnerships Trust, Leeds City Council, Leeds CCGs. All organisations consult and engage with the affected population groups.

4.2 Equality and diversity / cohesion and integration

4.2.1 While there are no direct Equality/Diversity/Cohesion or integration implications of this paper, all organisations concerned are actively involved in work in this area, and the raising of the standard of quality care in the city contributes directly to access and equality issues.

4.3 Resources and value for money

4.3.1 There are no direct resources/value for money implications arising from this paper.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal or access to information implications of this report. It is not subject to call in.

4.5 Risk management

4.5.1 A robust evidence base is vitally important in ensuring our collective approach to tackling health and wellbeing inequalities. We aim to ensure that we continually strengthen our approach to understanding the health protection risks in Leeds; this process is managed through the Health Protection Board.

5 Conclusions

5.1 This paper provides the Health and Wellbeing Board with the second annual report of the progress of the Health Protection Board since it was established in June 2014.

5.2 The Health Protection Board has made good progress on all priority areas. It recently reviewed the priorities and recommended that two of the priorities, new migrant case finding and improving surveillance, were closed from the priorities list due to good progress made.

5.3 In addition, the Board recommended that reducing the incidence of health care associated infections, and agreeing a local plan for outbreak management in Leeds should be new priorities for the Board.

5.4 The Health Protection Board has been assured to date that robust arrangements are in place to protect the health of communities. It will continue to ensure that Leeds has robust arrangements in place to protect the public from health protection threats.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the Health Protection Board's Annual report.
- Note the key progress made against the priorities identified in the Health Protection Board Annual report 2014/15.
- Note the new priorities identified by the Health Protection Board for 2017/20.

7 Background documents

7.1 None.