

Name of meeting: Overview and Scrutiny Panel for Health and Social Care

Date: 16 January 2018

Title of report: Update on Tuberculosis (TB) in Kirklees

Purpose of report

To update Scrutiny Panel for Health and Adult Social Care since the last report of April 2016; on the nationally funded Latent TB Infection (LTBI) Screening and Treatment Programme in place across Kirklees, the number of cases of TB notified in 2016 and the actions taken across the health and social care system to continue to reduce the incidence of TB in Kirklees.

England has one of the highest incidence rates of Tuberculosis infection (TB) in Western Europe. The Collaborative Tuberculosis Strategy for England 2015 to 2020 aims to strengthen TB control, reduce the incidence of TB, improve TB services and reduce inequalities. In order to meet the World Health Organisation 'End TB' Strategy milestone of reducing TB incidence by 50% by 2025 and eventually eliminating TB as a public health problem.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Yes
The Decision - Is it eligible for call in by Scrutiny?	Yes
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer- Henshall – 21 December 2017
Is it also signed off by the Service Director for Finance IT and Transactional Services?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	N/A
Cabinet member portfolio	Councillor Viv Kendrick and Councillor Cathy Scott- Adults and Public Health

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Summary

Since the last update Public Health England has published "Tuberculosis in England 2017 report (presenting data to the end of 2016)".

The number of cases of TB in England has decreased over the past five years, 8,280 in 2011 to 5664 cases in 2016. Under served groups are most at risk of TB. TB cases with a social risk factor increased from 8.9% in 2011 to 11.1% in 2016. Cases with a social risk factor include the homeless, individuals in prison and those that misuse drugs and alcohol.

The three year average number of reported new cases in Kirklees is 16.6 per 100,000 population (14.4-19.0), with an average annual number of 72 cases. The TB rate in Kirklees has decreased from 20 per 100,000 population in 2014. Overall the rate in Kirklees has shown a downward trend since the peak in 2011 at 29 per 100,000 population. Bradford, Leeds and Sheffield had a higher number of cases reported annually in 2016 (96, 89, and 73).

The nationally funded Latent Tuberculosis Infection (LTBI) programme is now well underway in Kirklees to ensure that all new entrants or those individuals that have spent more than six months, in a high incidence country (150 cases per 100,000 population or Sub Saharan Africa) are tested for LTBI. Criteria for inclusion in the funded programme includes entered the UK within the last 5 years (including entry via other countries), aged between 16-35 years, no history of TB or LTBI and not previously screened for LTBI in UK.

NHS England is committed to supporting the LTBI programme for the life of the National TB Strategy. All aspects of the programme are funded - including tests, GP incentives and LTBI treatment costs, as well as project management aspects. All monies are regarded as ring-fenced, with activity and spend monitored.

The LTBI model in Kirklees for individuals 16- 35 years: GPs and practice staff identifies eligible individuals at new patient registration then refer onto one of the two providers – Locala Community TB Service or The University Practice in Huddersfield. The nationally procured screening tool used by the providers is a single visit blood test known as T-Spot.

The target activity for screening set by NHS England in 2016/17 for North Kirklees CCG and Greater Huddersfield CCG was 1008. A total of 956 tests were carried out; of these 134 were positive and referred into secondary care for consideration of treatment and 811 were negative. This ensured that funding was secured for 2017/18.

From April to the end of October 2017, 486 tests have been carried out, with 59 positive and 424 negative. However, in year NHS England is performance monitoring activity and if the number of individuals is not screened in a quarter, funding for the next quarter can be withheld, in Kirklees we have a whole system approach of working together. Therefore, the required activity has been reached in quarter one and two of 2017/18.

TB Alert is continuing to expand its range of awareness, education, patient support and advisory resources.

Our resources are designed to support clinicians, public health teams, programme managers, and community and outreach workers. They cover the full pathway from raising awareness and improving access to services, through to diagnosis and treatment.

What actions have Leeds and Bradford undertaken to reduce the incidence of TB?

Leeds since early 2016 has continued to establish a LTBI testing and treatment programme linked to areas with high numbers of new arrivals from countries with a high number of TB cases. Initially targeting a small number of GP practices and in collaboration with the TB screening service hosted by NHS Leeds Community Healthcare, a number of screening hubs were established.

Some success was seen with screening rates but the need for greater engagement was required with targeting vulnerable communities. To assist with the goal to increase community awareness Leeds Council has pioneered a community based communications approach of "TB Champions" from under-served populations. This approach is increasing awareness of LTBI.

Bradford has focused on the Substance Misuse Service with the development of integrated care planning, to align treatment interventions for TB and substance misuse to ensure outcomes are optimised. The individuals care plan is reviewed at least six weekly.

The Kirklees partnership acknowledged that the need to improve access to health services for migrants to improve outcomes for the most vulnerable migrants. A task and finish group has been set up to work in a coordinated way to engage with providers, service users and the wider community. This has strengthened the joined up approach between CCG's, Kirklees Council Public Health, Public Health England, Healthwatch and Providers.

TB Nurse Workforce

One of the 'areas for action' in the TB Strategy is to "ensure an appropriate workforce to deliver TB control"

The staffing structure of the TB Specialist Nursing Service within Locala is:

Team Leaders – 2 whole time equivalent (WTE)
TB Specialist Nurses – 2 WTE
Health Support Worker – 0.5 WTE
Administrative Support – 1.5 WTE

This is in line with the Royal College of Nursing published document "Tuberculosis case management and cohort review" in collaboration with the British Thoracic Society.

2. Information required to take a decision

The panel receive the report and action plan (appendix) on the work being undertaken in Kirklees to reduce the high levels of TB in the borough

3. Implications for the Council

3.1 Early Intervention and Prevention (EIP)

There is no impact arising

3.2 Economic Resilience (ER)

There is no impact arising

3.3 Improving Outcomes for Children

There is no Impact arising.

3.4 **Reducing demand of services**

There is no impact arising

3.5 **Other (e.g. Legal/Financial or Human Resources)**

People in Kirklees are as well as possible for as long as possible – prevention of avoidable infection/diseases.

4. **Consultees and their opinions**

This report is submitted for information only.

5. **Next steps**

- To continue to address TB in under- served populations.
- The CCGs to commission TB services in line with NICE guidance and the national TB service specification.
- Ensuring LTBI screening is in place for all new migrants (asylum seekers and refugees).
- Maintain TB as a locally recognised priority.
- Continue to utilise Kirklees TB Strategy group to co-ordinate a multi-agency approach to, both address the high levels of TB seen locally, and implement new architecture as recommended in the Collaborative TB Strategy for England 2015-2020.

6. **Officer recommendations and reasons**

The report is received and noted.

7. **Cabinet portfolio holder's recommendations**

Not applicable.

8. **Contact officer**

Jane O'Donnell Head of Health Protection

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9. **Background Papers and History of Decisions**

In October 2013, an overview of TB in Kirklees was provided to the panel by the Consultant in Communicable Disease Control for Kirklees and the Council's Head of Health Protection.

10. **Service Director responsible**

Rachel Spencer- Henshall, Strategic Director Corporate Strategy and Public Health

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Appendix A			
Action Plan to reduce incidence of TB in Kirklees			
Action	Progress	Time frame	Complete /Update
CCG Commissioning intentions to ensure service specification in line with NICE guidance on Tuberculosis. 2016 (NG33), National Clinical Policy and National TB Commissioning Specification	PH lead for Health Protection working with CCGs to agree specification.	April 2018	Final draft to go to joint CCG Clinical Strategy Group in January 2018.
Raising awareness of TB <ul style="list-style-type: none"> - Brunswick Centre - With non-qualified primary care staff - With qualified primary care staff 	<p>Locals and University Practice colleagues delivered a session in November 2017.</p> <p>In conjunction with NHS England delivered a session to primary care staff on LTBI programme</p> <p>Session delivered at practice protected time. Information cascaded via CCG networks website</p>		Complete. Task and Finish Group now established to identify areas within the LTBI programme to raise awareness.
Audit of TB testing and contact screening practice in Calderdale, Kirklees and Wakefield	Audit undertaken in September 2017 by Public Health England registrar. A set of audit questions was devised based on key relevant national standards to map practice and pathways		Report to be received at Kirklees TB Strategy Group.
A Kirklees Task and Finish Group established for Kirklees LTBI programme	Key partners invited: <ul style="list-style-type: none"> - Council (Early Intervention and Prevention) - Healthwatch 		Actions to date: <ul style="list-style-type: none"> - Social media-campaign to raise awareness. - Eden Foundation - Gambian Community event

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	<ul style="list-style-type: none"> - Providers 		<ul style="list-style-type: none"> - Stall at Batley Markets, Huddersfield. - Thornhill Lees Community ESOL Class - Mosques – Friday prayers - GP Receptionist training. - World TB Day promoted across primary care, secondary care and communities. - Information on CCG intranets
Paper to CCG Clinical Strategy Group(CSG) on improving quality of care – not referring individuals over 35 years if asymptomatic for chest x-rays	<ul style="list-style-type: none"> - This is not in line with NICE guidance - Appropriate use of screening and use of hospital services - Closes risk on governance 		Paper discussed at Joint CSG 6.12.17. For final sign off at CCGs Quality Committees
Primary Care newsletter article (Kirklees Infection Prevention and Control Team)	Hot topic TB	August 2017	Complete
Business case to be developed to screen asylum seekers that arrive from incidence areas <150 cases per 100,000 population.	Providers to submit information to CCGs to inform business case.		Ongoing
To improve the pathway for migrant health.	Undertaking a needs assessment on migrant health needs (all health requirements)	January 2018.	Public Health England – a full migrant health needs audit, 100 (under section 95) individuals patient records reviewed