

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: Thursday 26 September 2019
TITLE OF PAPER: Health Protection Board update
<p>1. Purpose of paper</p> <p>This report is to provide an annual overview of the current health protection activities within Kirklees, highlighting key achievements and areas for further improvement. This is a planned update to the Health and Wellbeing Board on the work of its sub- committee, the Health Protection Board.</p>
<p>2. Background</p> <p>The role and core purpose of the Health Protection Board is to provide robust governance arrangements for the local authority via the Director of Public Health to undertake the planned duties under the Health and Social Care Act 2012, to protect the health of the population. In particular the role of the Board is to;</p> <ul style="list-style-type: none"> • 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 scrutiny of the commissioning and provision of all health protection duties across Kirklees. <p>The Board continues to routinely monitor incidence of communicable and non-communicable disease, key performance indicators utilising the Health Protection Assurance and Performance Dashboard and Health Protection Risk Register</p> <p>The Health Protection Board takes a system wide overview of stakeholders contributing to Health Protection in Kirklees. The board ensures that local Health Protection arrangements are effective to minimise risk and progress in minimising threats to local health.</p>
<p>3. Proposal</p> <p>The report will focus on the following areas:</p> <ul style="list-style-type: none"> • Emergency Preparedness Resilience and Response • Screening (cervical, breast and bowel screening) and Immunisation Human Papillomavirus Vaccine Programme (HPV) Measles, Mumps and Rubella (MMR) and Influenza Vaccination Programme. • Environmental Health (Air quality, pollution and noise control, food safety and infectious diseases, FINE team, Health and safety and animal health and licensing) • Infection Prevention and Control • Tuberculosis <p>Emergency Preparedness Resilience and Response</p> <p>Over the past year there has been one health incident in Kirklees (a cluster of Meningococcal B cases in the same year group at a High School). An Incident Group was established by Public Health England and the control measures implemented were:</p> <ul style="list-style-type: none"> • Antibiotic prophylaxis to all in pupils in that year group, with follow up vaccination – two doses of Meningitis B vaccine (Bexsero).

- Communication with parents and pupils was managed at a school level, this approach seemed to work well with any concerns being quickly dealt with. A debrief was held after the incident, with two main recommendations identified (A Patient Specific Direction in place for administration of ciprofloxacin and a standard operating procedure for Clinical Commissioning Groups) in the event of a public health incident/outbreak. These actions have been completed.

During the course of the year, Emergency Preparedness, Resilience and Response work has focused on improving and testing incident plans. Partners continue to apply lessons identified from national incidents such as Grenfell, Salisbury and the Manchester Arena to ensure plans are robust and fit for purpose.

In 2017, the West Yorkshire Local Health Resilience Partnership participated in a national audit on health protection outbreak response. One of the main learning points from the national audit was the coordination of a timely response to outbreaks or other types of public health incidents to minimise the risk of avoidable delays (which may impact on people's health or cause avoidable fatalities). Also, the additional costs incurred in an outbreak or incident response. Nationally Public Health England (PHE) and NHS England (NHSE) advised it was for local determination. Therefore, a Memorandum of Understanding (MOU) was developed Public Health, Health Protection Team and signed off by all key partners in 2018. This provides an agreed way of working across organisations. This clarifies roles and responsibilities to assist in a successful response to outbreaks or other types of public health incidents across Kirklees whereby safeguarding the reputations of those involved in the response. The MOU will be tested by exercising public health outbreaks or incidents.

Screening Programmes (cervical, breast and bowel)

Cervical Screening

The Screening and Immunisation Team (SIT) continue to work closely with Kirklees Public Health and NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups to improve the uptake of NHS Screening and Immunisation Programmes. Working together with other stakeholders and providers to focus on ensuring the eligible population of Kirklees are aware of, and able to access, these programmes.

Kirklees Public Health has been working in partnership with NHS England to gain approval from the GP Federations in North Kirklees and Greater Huddersfield CCG (Curo and My Health Huddersfield) for cervical screening to be built into the extended access hubs. Primary Care Networks and GP Federations aim to provide more choice and appointments outside of working hours, with the intention of improving uptake. The federations have agreed to this and work is ongoing to establish a model for the clinics for each CCG.

Public Health has been working with the CCGs to gain approval for costings to cover a text message which is triggered by the third reminder letter sent by GPs. This has been approved and all practices have been sent instructions on how to set this up.

Public Health is working in partnership with NHS England and have engaged with South Asian community centres in North Kirklees and Greater Huddersfield to try and understand the issues around the promotion of breast and cervical screening and the religious and cultural factors that may play a role in decisions around screening. Several community screening events have been held across both areas to understand the barriers to screening for the South Asian community and have involved Imams and Scholars. The findings have been useful in understanding the multi-faceted barriers and the influences relating to these.

In 2016, the UK National Screening Committee recommended that the Human Papillomavirus (HPV) test should replace cytology as the first stage in cervical screening following evidence showing that HPV testing is a better way of identifying women at risk of cervical cancer than the cytology (smear) test that examines cells under a microscope.

National implementation of HPV Primary Screening is planned for December 2019. This is one of the biggest changes the cervical screening programme has experienced. There will be significant changes in the way Laboratory services are configured and as a result there are high levels of uncertainty regarding the security of roles and positions within Laboratories. This uncertainty has led to Laboratories across the country struggling to retain and recruit staff.

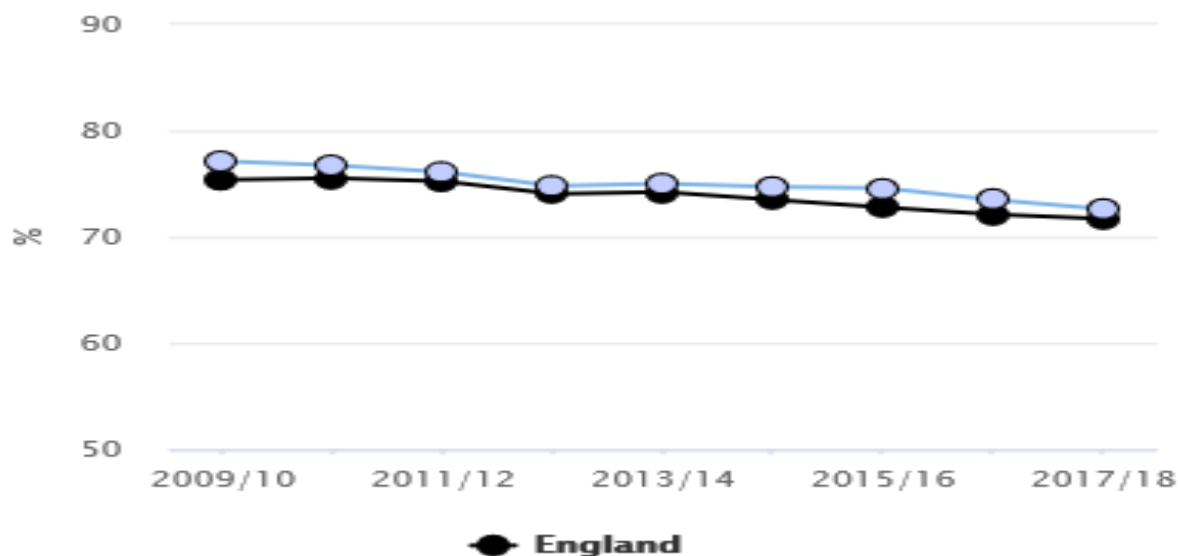
Issues with staffing and an increase in the number of samples received has meant that the laboratories in our region have been unable to meet the national target of 14 days to turnaround samples. This means that women are currently not receiving letters within 14 days of having their sample taken. This delay in result letters does not delay the referral of women with abnormal screens for further investigation and treatment. It is the women with a normal result that are experiencing the delay and whilst this delay is unsatisfactory for a variety of reasons there is no clinical risk attached.

NHS England (NHSE) and Public Health England (PHE) have worked hard to support a reduction in the current laboratory backlog and improve turnaround times. The capacity issues and the needs of individual trusts are discussed monthly at national level and the local NHSE Commissioning Team and PHE SIT are meeting on a monthly basis with laboratories to monitor performance and support the development of mitigating actions. Close links with Primary Care and relevant stakeholders are being maintained to ensure that cervical sample takers are fully informed of the delay in result letters. The aim of this is to ensure consistent communication with women who may be affected.

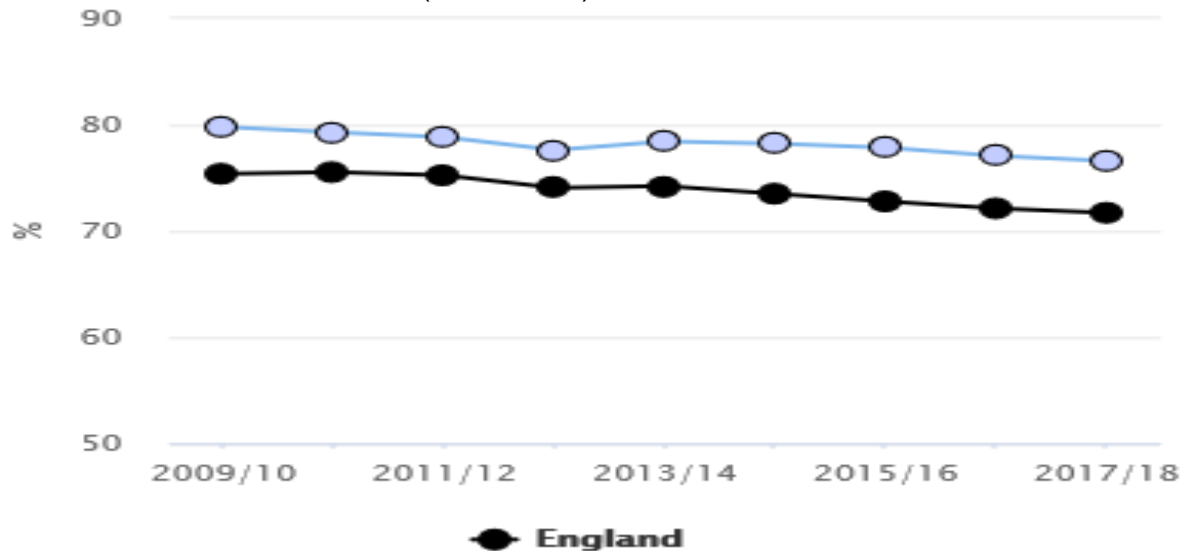
Females 25-64 attending cervical screening within target period (3.5 or 5.5 year coverage)

England Average	Greater Huddersfield	North Kirklees
71.7%	76.6%	72.6%

NHS North Kirklees trend (2017/2018)



NHS Greater Huddersfield trend (2017/2018)



The tables below break down further, the cervical screening uptake in North Kirklees and Greater Huddersfield CCG, for two age cohorts (25-49 and 50-64).

Greater Huddersfield CCG has a 73.87% coverage in the 25-49 year cohort, highlighting there are 2463 screens required for Greater Huddersfield CCG to meet the 80% national target. There is a similar picture in North Kirklees CCG, they have a 68.99% coverage for cervical screening in the 25-49 year cohort, highlighting there are 3588 screens required to meet the 80% national target.

For 25 to 49 age group - Standard: 80% of eligible women to have adequate screening test within previous 3.5 years

Performance statistics for 25 to 49 age group:-	Eligible women on last day of review period	No. with adequate screen in previous 3.5 years	3.5-year coverage %	Screens needed to meet 80%	RANK of 207 CCGs
NHS North Kirklees CCG	32,578	22,475	68.99	3,588	141
NHS Greater Huddersfield CCG	40,181	29,682	73.87	2,463	33

In the 50-64 age cohort North Kirklees CCG has a 79.08% coverage for cervical screening, highlighting they require 132 screens to meet the national target of 80%. Greater Huddersfield CCG has an 81.15% coverage in the 50-64 age cohort and have therefore met the national target.

Performance statistics for 50 to 64 age group:-	Eligible women on last day of review period	No. with adequate screen in previous 5.5 years	5.5-year coverage %	Screens needed to meet 80%	RANK of 207 CCGs
NHS North Kirklees CCG	14,375	11,368	79.08	132	19
NHS Greater Huddersfield CCG	20,679	16,781	81.15	n/a	2

The figures above highlight a need to increase cervical screening particularly in the younger cohort (25-49).

Breast Screening

Kirklees Public Health has worked with Community Plus under the 'reduce, prevent, delay' banner, to address low uptake of breast screening in low uptake communities, prior to the screening van arriving. Community Plus provided some education and engagement in the community as well as heightening awareness prior to the van arriving. Engagement events were held in drop in centres, and school coffee mornings and lunch clubs. Information was also distributed regarding the breast screening service and the importance of screening via schools as community hubs.

Public Health is also working closely with Pennine Screening to provide the low uptake communities with 'open days' where they can look around the van prior to attending an appointment.

Females, 50-70 years of age, screened for breast cancer within 6 months of invitation in 2017/2018

England Average	Greater Huddersfield	North Kirklees
71.7%	70.8%	71.2%

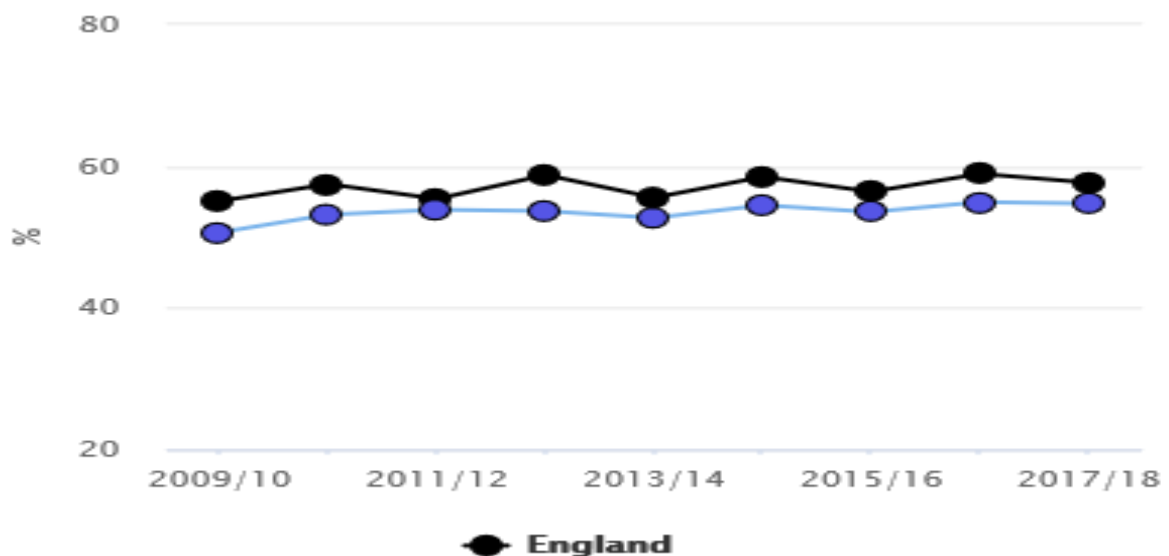
Bowel Screening

'Call for Kit Clinics' have proven to be a successful initiative within practices in North Kirklees and Greater Huddersfield, with attendance being between 70-100 %. Clinics will now be on hold until the introduction of the Faecal Immunochemical Test (FIT), with clinics expected to recommence in September/October 2019. There is the potential to use flu vaccine clinics as an opportunity to promote bowel screening to patients in the age cohort for bowel screening.

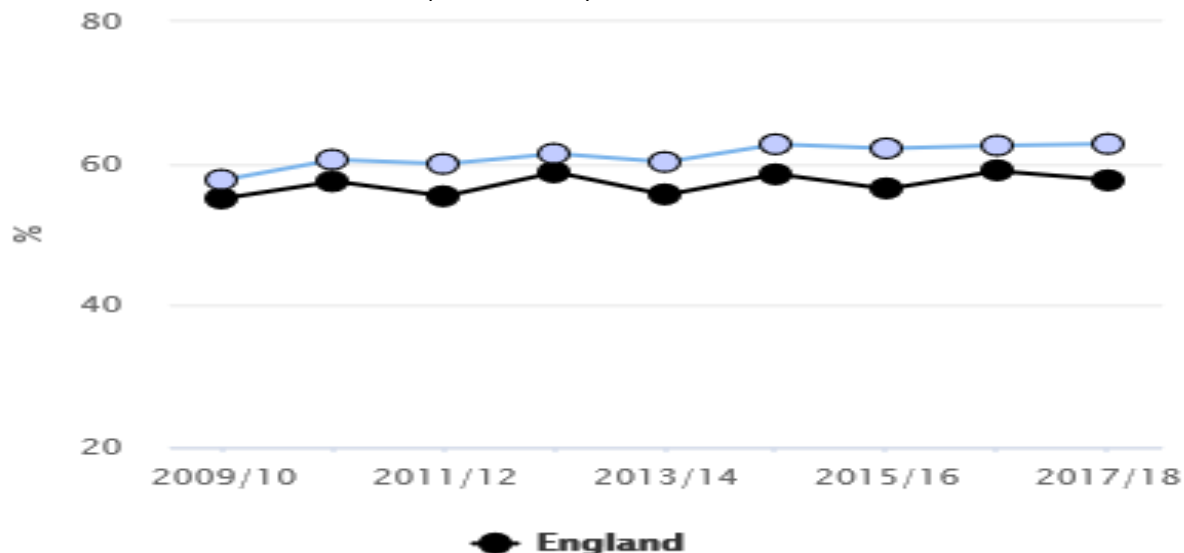
Persons, 60-74, screened for bowel cancer within 6 months of invitation in 2017/2018

England Average	Greater Huddersfield	North Kirklees
57.7%	62.8%	54.8%

NHS North Kirklees trend (2017/2018)



NHS Greater Huddersfield trend (2017/2018)



Immunisation Human Papillomavirus Vaccine Programme (HPV) Measles, Mumps and Rubella (MMR) and Influenza Vaccination Programme

MMR Vaccination Programme

In light of recent Measles outbreaks in neighbouring Local Authority Areas. The Calderdale, Kirklees and Wakefield (CKW) Immunisation Operational Group created a separate MMR task and finish group which includes colleagues from PHE/NHS SIT, Local Authorities, CCGs and PHE Health Protection Team. The remit of the group is to understand MMR coverage and uptake locally and an action plan has been formulated to monitor vaccination uptake and provide focus for targeted initiatives.

MMR first dose immunisations at 24 months

England	Kirklees	Lower National Threshold
91.2%	94.7%	90%

MMR first dose for children at 5 years

England	Kirklees	National Standard Threshold
94.9%	97.5%	95%

MMR first and second doses for children at 5 years

England	Kirklees	Lower National Threshold
87.2%	93.8%	90%

Influenza Vaccination Programme

Due to the number of reported influenza like illness in residents within Kirklees care homes in 2017/18 and the low uptake of the flu vaccination in front line social care workers, this cohort were identified as a priority to improve flu vaccine uptake in 2018/19.

The IPC team reviewed infection prevention and control (IPC) audits, outbreak reports and engagement forum discussions. The partnership group in 2018 identified common barriers to improving coverage; attitudes and beliefs; access and mixed delivery models; leadership and training. The multi-agency group explored potential models of provision and incentive schemes.

As a pilot Locala and Employee Healthcare were commissioned to attend care homes, to directly proactively engage with and coordinate flu vaccination clinics within care home settings. Monitoring systems captured key performance indicators, facilitated weekly by the IPC Team in addition to the provision of education and awareness raising. Across care homes participating in this model Kirklees had an uptake of 36%.

For the forthcoming programme the clinical at risk group (six months to two years) will be a key focus for the Kirklees partnership. The partnership will aim to understand the reasons for low uptake and identify actions to improve vaccine uptake.

Population Vaccination Coverage Influenza (ages 2-4)

England	Kirklees
38.1%	30.9%

Population Vaccination Coverage Influenza (age 65+)

England	Kirklees
72.6%	73.3%

Population Vaccination Coverage Influenza (at risk)

England	Kirklees
48.9%	51.5%

HPV Programme

HPV vaccination uptake is low in a number of schools, particularly faith schools. Gaining access to these schools has been problematic. Public Health has been working in partnership with Locala Community Partnership and NHS England to increase the uptake of the HPV vaccination. The partnership developed a survey and distributed this to parents who had refused the HPV vaccination for their child, to try and understand the reasons behind the decision. The main concern identified was why their child was offered the vaccine at such a young age.

The partnership will also begin preparation for the vaccination of boys, which will commence in September 2019.

HPV coverage in Kirklees for 12-13 year olds between September 2017 and August

2018

Dose	England	Kirklees
Dose 1	86.9%	89.4%
Dose 2	83.9%	85.8%

Environmental Health (Air Quality)

Kirklees Council, along with more than half the UK's principal local authorities, have now declared a climate emergency, making it one of the fastest growing environmental movements in recent history. Measures to improve air quality are a key strand of this work and a number of activities have gained system wide support in Kirklees, to reduce carbon and other harmful emissions. Contributing to improving health and environmental outcomes for all who live, work and visit our area.

Kirklees Council monitors air quality at around 80 sites across the district. Ten individual sites where pollution levels have been breached have been identified. As a result, the Local Authority is duty bound to declare these areas as Air Quality Management Areas (AQMAs), which then requires the Local Authority to produce an action plan setting out the measures to reduce emissions and improve air quality in those areas. The action plan is a statutory document required by law and is submitted to the Government for review and acceptance.

Local Authorities are also required by law to submit an annual report to Government setting out the previous year's monitoring activity, report on progress of any action plan which is in place, and its intention to declare or remove any AQMAs. This is the Annual Status Report (ASR) and is a statutory document.

Kirklees has taken forward a number of measures detailed in the appended report.

Infection Prevention and Control

Locally, both providers and commissioners across the health and social care economy have aligned efforts on key infections which benefit from a 'joined up' approach to prevention, recognition and management. These include:

- Systems to manage and monitor the prevention and control of infection
- Antimicrobial Stewardship
- Education and training
- Protection of people from communicable diseases

A multi-disciplinary approach across the health and social care economy has resulted in a number of local improvements and the continued drive to reduce antimicrobial resistance (AMR) and implement infection prevention and control outcomes as a measure of quality and safety across Kirklees.

E. coli BSIs increased by a fifth in the last five years and the trend is increasing upwards. Public Health England (PHE) set a target for reduction of 50% by 2023/2024.

GHCCG end of year cumulative total stands at 156 against a target of no more than 117 cases in 2018-19, this is a 20% reduction on baseline data of 2016/17. This has received

national recognition from NHS Improvement. For NKCCG the cumulative total stands at 149 cases against a target of 126 in 2018-19, this is a 20% reduction on baseline data of 2016/17.

A whole Health and social care approach is required to achieve a reduction going forward. The IPC team is working closely with CCG's partner organisations across the footprint. The SystmOne and EMIS clinical templates have been developed by the Kirklees IPC team in conjunction with the CCGs and are now in use throughout the CCG's to gather the risk factors on cases.

Kirklees IPC team has reviewed all the cases assigned to the CCGs following the national definition for healthcare involvement and noted that a large proportion of cases have no health or social care interaction.

The IPC team contacted NHS Improvement for comment on the action plan who provided positive feedback on work undertaken on:

- A new and improved catheter record which includes a section on hydration.
- Targeted work on hydration and sepsis within all Kirklees and Wakefield care homes.
- Increasing awareness of the UTI TARGET initiatives (RCGP) and sharing of resources with GP's, care homes and domiciliary care providers.
- Planned IPC training with domiciliary care providers to include hydration and sepsis
- Participation in the AMR sub group and AMR learning and development group

There has been extensive engagement within the community, through membership in the Kirklees Black and Minority Ethnic (BAME) Network and representation at key community events and locations. The annual 'Let's Unite' event in Dewsbury, run by Kumon Y'all, has been particularly successful for engaging with members of the public and community organisations.

Kirklees has been successful in increasing percentage uptake of tests from those who are invited for treatment (Table 1). The number of tests performed, and percentage positivity has also increased (Table 2). Local stakeholders work closely with regional colleagues to share and learn from best practice and work to continue improvement.

Table 1: LTBI testing invitations, number of tests and percentage uptake

	Number of invitations	Number of tests	Percentage uptake from invitation to appt
2016/17	969	623	64%
2017/18	950	632	66.5%
2018/19	941	757	80%

- Source national LTBI programme data

Table 2: LTBI testing activity and positivity rates

CCG	No. tests 2017/18	No. positive 2017/18	% positivity of those tested 2017/18	No Tests 2018/19	No positive 2018/19	% positivity of those tested 2018/19
Greater Huddersfield	469	73	15.5	516	86	17
North Kirklees	163	21	13	241	33	13.7
Kirklees total	632	94	14.9	757	119	15.7

- Source local LTBI programme data

The CCG and Public Health are seeking to work more closely with organisations supporting under-served populations and are now working with Citizen's Advice and managers on the Kirklees EU Settlement Programme.

The current NHS England five year TB Strategy is due to end in March 2020. NHS England has indicated that there will be continued support for LTBI programmes in areas where they are operating successfully. Kirklees is recognised as having a well-established and successful LTBI programme. Kirklees anticipates a further three to five years of funding from March 2020 and await confirmation of this in November 2019.

Future challenges

- There is an urgent need to protect antibiotics. Antibiotic resistance remains a grave concern. In recent years in West Yorkshire there have been cases of highly resistant bacteria identified, including within Kirklees. There is, therefore, an urgent and immediate need to protect the effectiveness of our existing antibiotics through rational use.
- Vaccine-preventable diseases remain ongoing threats both locally and nationally. Continued efforts are required to maintain high levels of vaccine coverage to protect the individual vaccinated and wider community.
- Improving uptake of national screening programmes remain vital in detecting cancers earlier and saving lives, working towards the NHS Long term Plan of preventing early death and diagnosing cancers earlier.

4. Financial Implications

No financial implications.

5. Sign off

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

Date

6. Next Steps

The Health Protection Board plans to continue to meet quarterly in order to maintain an overview and gain assurance of Health Protection issues in Kirklees on behalf of the Health and Wellbeing Board. This also facilitates working relationships across organisations and enables partners to progress work more effectively.

7. Recommendations

The Health and Wellbeing Board notes the information within the report and further

detailed information in the appended report.

8. Contact Officer

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