

Kirklees Health Protection Annual Report 2018/19

Introduction.....	2
Emergency Preparedness and Resilience.....	3
Screening and Immunisation Programmes.....	4
Cervical Screening.....	5
Breast Screening.....	8
Bowel Screening.....	9
Measles, Mumps and Rubella (MMR) Vaccination.....	10
Influenza Vaccination Programme.....	11
Human Papillomavirus Vaccination Programme.....	12
Environmental Health.....	13
Pollution and Noise Control.....	13
Air Quality.....	14
Food Safety and Infectious Disease.....	15
Food Initiative and Nutrition Education Team (FINE).....	16
Health and Safety.....	17
Animal Health and Licensing.....	18
Infection Prevention and Control (IPC).....	18
Local Context.....	19
Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia Cases.....	19
Clostridium Difficile Infections (CDI).....	20
E-coli Bloodstream Infection Trajectories.....	20
Infection Prevention and Control Team Activity.....	21
Care Homes.....	22
Activity within General Practice.....	22
Tuberculosis.....	22
Kirklees Latent Tuberculosis Infection (LTBI) Programme.....	23
Future Challenges.....	24

Introduction

Kirklees Health Protection Board (a Sub Group of the Health and Wellbeing Board) was first established in April 2013, to provide a forum to undertake the health protection responsibilities set out in the Health and Social Act 2012. The Board continues to meet quarterly and is chaired by the Director of Public Health, with membership comprising of commissioners, providers and specialist agencies.

The role and core purpose of the group 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;

- 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.

Although the scope of health protection agenda is very broad, there are a number of key health protection work streams which include:

- Infection Prevention and Control (including Healthcare Associated Infections)
- Environmental hazards and control (biological, chemical, radiological and nuclear, including air quality and food safety).
- Emergency Preparedness, Resilience and Response
- Vaccine Preventable Diseases and Immunisation Programmes
- National Screening Programmes
- Communicable Disease Control (including outbreak management)
- Sexually Transmitted Infections and HIV

The Board continues to routinely monitor incidence of communicable and non-communicable disease and key performance indicators, utilising the Health Protection Assurance and Performance Dashboard and the Health Protection Risk Register.

The purpose of this report is to provide an annual overview of the current health protection activities within Kirklees, highlighting key achievements and areas for further improvement.

Emergency Preparedness Resilience and Response

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:

- 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.

During the last 12 months the Kirklees Emergency Planning Group that reports to Kirklees Health Protection Board has met at four monthly intervals to collectively horizon scan and discuss key risks, issues and national policy changes such as Brexit. Kirklees has an EPRR exercise planned for October 2019 and are currently rolling out the use of Resilience Direct for strategic on-call staff – an exercise is planned as part of this.

Following the events of the Manchester Arena attack an independent review took place led by Lord Kerslake. From the Kerslake Report, learning that was identified could be applied and embedded into emergency preparedness, response and recovery within Kirklees. Some examples of areas we are looking at include; longer term care of victims and families, establishment of an emergency donation fund and issues around media management following an emergency.

Following the severe winter weather of 2017/2018, a large scale multi-agency debrief was held in April 2018, to ensure that actions/lessons identified were included in the forthcoming planning for severe weather in 2018/19. The Winter Planning meeting of 2018/19 was arranged to bring services and partners together to gain assurances that plans were in place across health and social care.

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/incident response. Nationally Public Health

England and NHS England advised it was for local determination. Therefore, a Memorandum of Understanding (MOU) was developed and signed off by all key partners in 2018, to provide an agreed way of working across organisations. This helps clarify 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/incidents.

Kirklees Council has carried out its fifth detailed audit of the arrangements it has in place around Emergency Preparedness, Resilience and Response (EPRR). Whilst this is an NHS standard the council chose to align itself to both the EPRR Core Competencies Framework and the Civil Contingencies Act 2004 (as a minimum) along with supporting national guidance and best practices for specific areas.

The audit carried out identified that Kirklees Council has a RAG status of **LOW** with a compliance level of “substantial” compared to last years “full”. This is due to under the new criteria (of which there are 47 relevant to the Council) we fully comply with 46 areas and partially comply with the remaining one. In previous years the criteria (52 in total) have been different, with this year’s putting a new focus onto business continuity related areas in particular. Actions have been identified to achieve full compliance for the 2019 assessment.

NHS England deep dive topic for 2018 was related to command and control. Kirklees Council measured fully compliant against the deep dive topic. The Council has achieved a great deal in bringing plans and arrangements into line with the core competencies, whilst still maintaining compliance with other statutory requirements.

In July 2018 the UK Cabinet Office’s Civil Contingencies Secretariat published a number of National Resilience Standards, which set out the expectations of good and leading practice for responding agencies. Local plans and arrangements will seek to align to the standards to ensure compliance.

Screening and Immunisation Programmes

NHS England is responsible for the commissioning of immunisation and screening programmes nationally under the Public Health Functions Agreement (Section 7A).

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.

A screening and immunisation action plan was developed by the partnership following a review of screening and immunisation data.

The following priorities are identified for the partnership:

- Halt the decline in uptake in the Breast and Cervical Screening Programmes and work towards achieving target;
- Maintain the rise in Bowel Screening uptake with a view to achieving target;
- Continue year on year increase in HPV with a view to bringing Kirklees in line with other West Yorkshire CCGs;
- Improve uptake in the seasonal flu vaccination programme, including a focus on frontline social care staff.

For the purpose of this report three screening programmes are highlighted (cervical, breast, and bowel) and three national immunisation programmes (Influenza, MMR and HPV). Health Protection Board receives assurance on all commissioning arrangements for the national screening and immunisation programmes, including information when programmes are breaching or not achieving targets and the actions undertaken.

Cervical Screening

Women between the ages of 25 and 64 years are invited for regular cervical screening under the NHS Cervical Screening Programme. Coverage is defined as the percentage of women eligible for screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64).

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.

Statistics in Kirklees are similar to those reflected across the UK, highlighting a reduction in uptake in the 25-49 year age groups rather than the 50-64 year olds. The introduction of the third reminder letter distributed to patients who miss the first two appointments for their cervical screening has now been adapted to an easy read letter, following feedback from various community events and stakeholders. This is now available on practice systems as a letter template for ease of access to practice staff and also encourages consistency in communication to Kirklees patients.

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.

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.

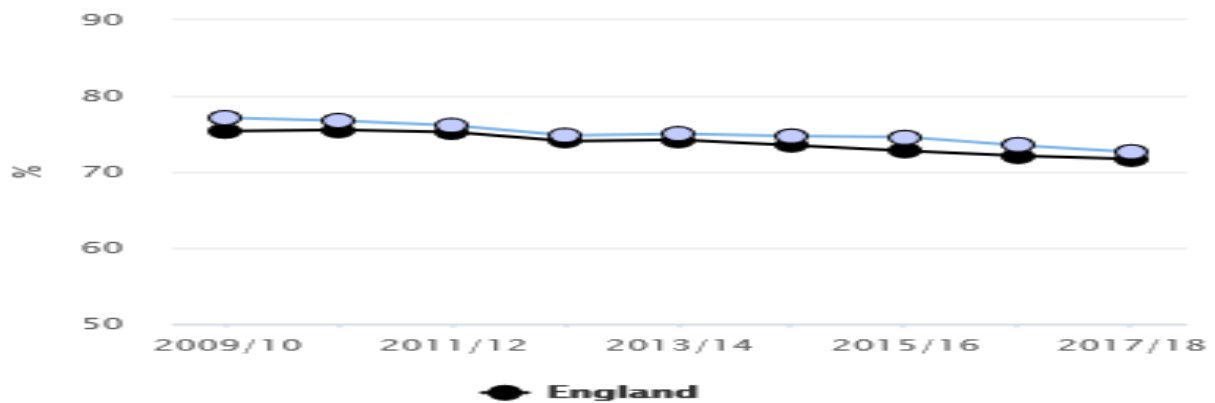
NHS England (NHSE) and Public Health England (PHE) have worked hard to support a reduction in the current laboratory backlog and improve turnaround times. The capacity issues and the needs of individual trusts are discussed monthly at national level and the local NHSE Commissioning Team and PHE SIT are 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.

Breast and cervical screening has received more resistance from South Asian communities, due to cultural and religious sensitivities. 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. From patients that cite religion as a barrier to screening overarching and most significant issue appears to be whether Muslim scholars consider exposure of sensitive body parts to be permissible in a non-diagnostic scenario. In order to increase understanding around this issue future work will highlight the importance of screening in the prevention and early detection of disease, i.e. the difference between symptomatic and screening.

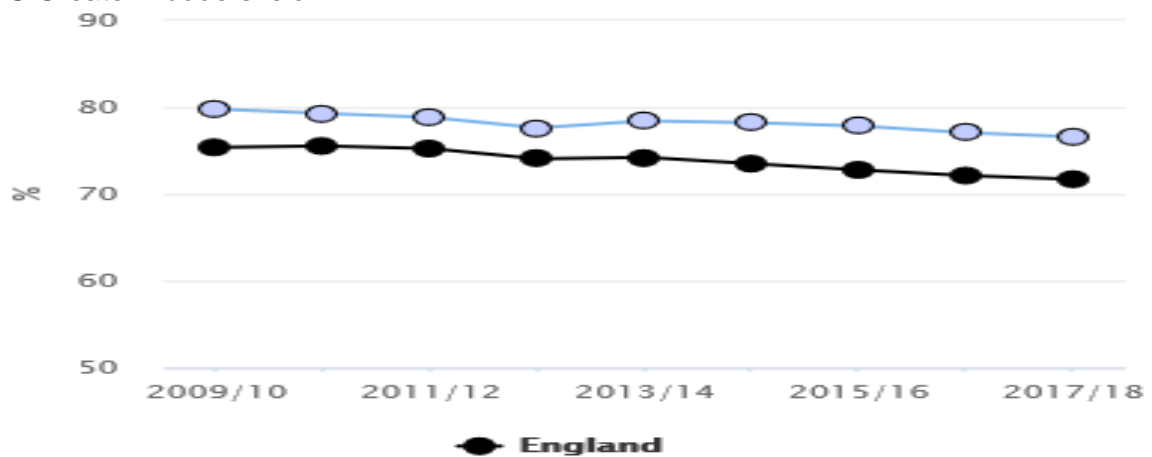
Females 25-64 attending cervical screening within target period (3.5 or 5.5 year coverage) 2017/2018

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

NHS North Kirklees



NHS Greater Huddersfield



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

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

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

Breast Screening

Eligible women, aged from 50 to their 71 birthday, are invited to participate in the programme. They can expect their invitation within 3 years of their 50th birthday. Women cannot walk in and request breast screening. Women in England who are aged 50 to 70 and registered with a GP are automatically invited for screening every 3 years, those over 71 can request screening via their GP.

In some areas, women aged 47 to 49 and 71 to 73 receive invitations for screening. This is part of a study looking at whether to extend the breast screening age range. 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

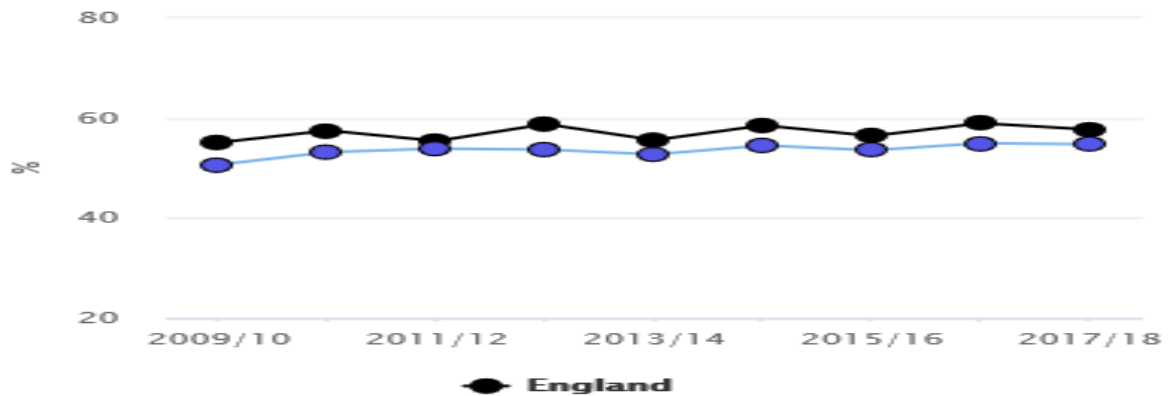
People aged 60 to 74, are invited to take part in bowel cancer screening every 2 years. It also recommends bowel scope screening, a one-off flexible sigmoidoscopy offered to people aged 55 years.

Work has been ongoing since 2015 to increase bowel screening uptake across Kirklees. Kirklees used a community engagement approach to increase bowel screening in areas of high risk and low screening adherence 'Call for a Kit Clinics' (CFAKC) has been developed in Kirklees. CFAKC are specific clinics where patients who have not completed the Bowel Cancer Screening Programme (BCSP) kit are contacted by phone call and invited to the surgery by their GP practice to meet a member of the BCSP. (A Bowel Cancer Screening Nurse is provided to the practice free of charge for the clinic) '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.

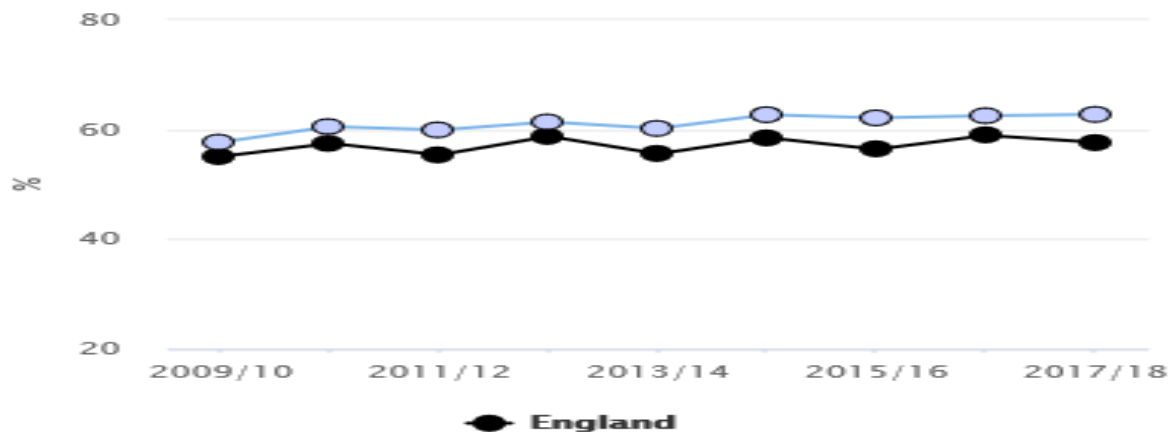
Persons, 60-74, screened for bowel cancer within 6 months of invitation in 2017/2018

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

NHS North Kirklees Trend 2017/2018



NHS Greater Huddersfield Trend 2017/2018



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.

PHE Field Epidemiology Department has provided MMR uptake data at GP level by CCG, so targeted initiatives with those practices can be undertaken.

MMR first dose immunisations at 24 months (2017/2018)

England	Kirklees	Lower National Threshold
91.2%	94.7%	90%

MMR first dose for children at 5 years (2017/2018)

England	Kirklees	National Standard Threshold
94.9%	97.5%	95%

MMR first and second doses for children at 5 years (2017/2018)

England	Kirklees	Lower National Threshold
87.2%	93.8%	90%

Influenza Vaccination Programme

Each year the national flu immunisation programme outlines a number of measures aimed at reducing the impact of flu and to directly protect those at a higher risk of flu associated with morbidity and mortality. Eligible groups include individuals over 65 years of age, clinical at risk groups, pregnant women, frontline health and social care workers and carers.

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 2019/20 Kirklees IPC team will pilot the community pharmacy model within care homes. Planning for the forthcoming programme is progressing.

In Kirklees the routine school based programme is delivered by Locala, the following table presents data for 2017/2018

Population Vaccination Coverage Influenza (ages 2-4) (2017/2018)

England	Kirklees

38.1%	30.9%
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Population Vaccination Coverage Influenza (age 65+) (2017/2018)

England	Kirklees
72.6%	73.3%

Population Vaccination Coverage Influenza (at risk) (2017/2018)

England	Kirklees
48.9%	51.5%

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.

Human papillomavirus vaccination Programme (HPV)

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.

There seems to be a misunderstanding in terms of why the vaccination is offered at a young age and clear explanations are needed as to why the vaccination is more effective within this age cohort. Whilst the national information and resources need to be reviewed to take this into consideration, Locala developed a presentation which has recently been adapted to address this and some of the other common themes identified via the engagement exercise. A link to the presentation is incorporated in the invite letter and these issues and the presentation are provided and discussed at parent's evenings where Locala attend.

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%
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Environmental Health

Environmental Health which is in the Public Protection Service aims to improve and protect public health, public safety and reduce health inequalities within both a regulatory and non-regulatory framework. Environmental Health regulates and supports businesses in meeting their legal obligations and to promote good practice in order to protect the health, safety and wellbeing of local residents. External to the Service, West Yorkshire Trading Standards deliver official controls in relation to animal feeds and food standards, including labelling. There is some cross-over work with respect to allergens; the primary responsibility sits with West Yorkshire Trading Standards, but food safety officers also make an assessment during routine inspections. Environmental Health Functions cover the following, broad areas:

Pollution and Noise Control

The team covers a range of statutory duties and also works closely with planning services to ensure safe and sustainable development across Kirklees. The team investigates statutory nuisance complaints, of which, almost 4,000 were received in 2018/19. The team seized noise equipment from 8 premises, served 44 abatement notices and undertook 15 prosecutions.

The team also contributed significantly in the local plan exercise, commenting on the suitability of development sites with respect to noise, contaminated land, light nuisance and odour issues – this crucial, and early engagement ensures that the developments are safeguarding public health and sustainable with respect to surrounding land use and potential nuisances. As a matter of routine, the team is consulted on planning applications; in 2018/19, almost 900 planning applications were commented on. Similarly, in order to prevent nuisance complaints and to balance needs of the local business and residents, the team also consults on, and provides advice routinely for licensing applications.

The team also deals with industrial permits and inspects 113 permitted sites periodically to ensure they comply with environmental conditions. Furthermore, the team also investigated, and where necessary, undertakes enforcement for Clean Air Act violations.

The team works closely with social services, fire and KNH colleagues in supporting vulnerable people and protecting public health when dealing with filthy & verminous properties - a challenging work area to balance need of a private life, capacity, self-neglect and the need for healthy safe, living environments.

A key public health area which is also a statutory duty that the team deals with is 'private water supplies'. There are approximately 261 registered private water supplies, sources for which are varied and include surface run off/land drains. Naturally, there is a high risk of contamination and the team has a 5 year programme of risk assessment, advice regarding treatment and protection of such supplies.

Where advice fails to secure compliance, the team takes enforcement action to safeguard the health of residents.

Air Quality

Air pollution is now ranked the fifth cause of reduced lifespan in UK towns and cities and 11th cause of disease in Western Europe. There are no safe levels of the main pollutant of concern, Particulate Matter (PM).

It is estimated that around 4,000 people died as a result of the Great Smog of London in 1952. That led to the introduction of the Clean Air Act in 1956. In 2008, 4,000 people died prematurely in London from air pollution and 30,000 died prematurely across the whole of the UK.

Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society; children and older people, and those with heart and lung conditions. There is also often a strong correlation with equality issues, because areas with poor air quality are also often areas of deprivation.

The annual health cost to society of the impacts of PM alone in the UK is estimated to be roughly £16 billion. Kirklees Council is committed to reducing the exposure of poor air quality to people, in order to improve health.

In 2018 the Government published its Air Quality Strategy outlining the ambitions relating to reducing air pollution, making air healthier to breathe, protecting nature and boosting the economy. This strategy is one of many which influences the development and delivery of local and regional action plans. Air Pollution is a significant issue in relation to the health of our residents in Kirklees.

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 as part of the Air Quality Action Plan in pursuit of improving local air quality.

- Redevelopment of congested junctions
- Installation of Split Cycle Offset Optimisation Technique (SCOOT)
- Traffic management systems across the district
- School Bike-ability Scheme
- Calder Valley Cycle Scheme
- Free parking for Ultra Low Emission Vehicles (ULEV)
- City Car Club
- Deep clean of AQMA 2
- Electric Vehicle charging point installations across the district
- Joint working to tackle the air quality issue regionally
- More closely aligned policies for Local Authorities such as development control and Local Development Frameworks (LDF), and mutual support in policy development
- Development of emission standards for vehicles dealt with on a regional level compatible with METRO and the Local Transport Plan
- Development of a Low Emission Vehicle (LEV) and Infrastructure strategy.
- Health information awareness. Further DEFRA funding has been received to take this forward and a Health Improvement Specialist Research Fellow (Air Quality) has recently been appointed.
- Fleet Management and Procurement, including LEV and Infrastructure purchasing and public/private partnerships. Kirklees is taking the lead on this work stream.
- Waste Management, including potential to produce sustainable, LEV energy.
- Air Quality Management, including low emission strategy promotion / increasing public awareness, development of best practice emission schemes in partnership with the private sector.
- Climate change and sustainability, including road transport emission reduction.
- Economic development, including public private partnerships.

In order to be successful in reducing pollution the Local Authority needs to work with members of the public and businesses.

There are very limited legislative tools available to the Local Authority.

Food Safety and Infectious Disease

The Food Hygiene Rating Scheme (FHRS) continues to be a key driver for raising standards in the food sector and will continue to be promoted across Kirklees. This requires businesses to be inspected periodically and a score to be issued to secure compliance where appropriate. As of 1 April 2019, there were 5,342 food businesses registered with Kirklees. The service ensured that high risk premises (due to process/rating or both) were inspected on time. In 2018/19, ten premises were closed as these presented an imminent risk to public health, typically due to rat/mice/cockroach infestations.

Overall compliance with food hygiene standards remains high across the district, with food businesses found to be 'satisfactory' (FHRS rating of 3 or above). This resulted in a Food Standards Agency Performance Indicator score of 0.86 (out of a possible 1) and this was an improvement over the 2017/18 figure of 0.83. In 2018/19 there was a significant improvement in performance, recording a figure of 95% of the programmed inspections, up from 75% in 2017/18.

Under the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010, the Council has a responsibility to respond to notifications of potential outbreaks, confirmed or suspected food poisoning cases in collaboration with PHE. Evidence shows that the incidence of food poisoning notifications remains broadly similar to previous years, with *Campylobacter* consistently the highest reported causative organism for food poisoning, which is in line with the national picture.

In 2018/19 the service dealt with two infectious disease related events which required significant investigation and resource allocation. The service worked closely with PHE and Public Health IPC colleagues.

Food Initiatives and Nutrition Education Team (FINE)

The aim of FINE is early intervention, education, training and awareness, resulting in long term change to habits/practices and diets and aims to increase nutrition literacy across the life course. Key areas covered to date are:

- Provides nutrition/hydration advice in elderly settings, introduced as a result of work done by Healthwatch which highlighted concerns about nutritional standards within residential care settings
- Training and advice to under 5's, nutrition and general key messages for adults as a result of the national child measurement programme
- Pregnancy nutrition and pre-conceptual health training
- Generic food business masterclass
- The Healthy Choices Award which recognises businesses that provide healthier alternatives to customers
- Healthy Holidays training package, developed for clubs as part of the holiday hunger programme to ensure those delivering the programme are aware of healthy eating principles
- Whole place approach for healthy communities including the development of a multi-agency task group which was created after the local head teacher raised concerns regarding obesity
- Supporting Kirklees School Meals Service for the introduction of meat free days

Health and Safety

The team undertakes proactive inspections of high risk premises and Health and Safety Executive (HSE) directed project work, or projects and issues which are considered important locally. In addition, the team also investigate workplace accidents, incidents and complaints made by employees and Kirklees residents. The team has investigated a number of legionella cases and worked closely with PHE and Public Health colleagues in identifying potential sources/necessary corrective measures and in dealing with affected residents.

A key area the team is currently investigating is 'Cupping'. This is a practice which uses small glass or rubber cups as suction devices that are placed on specific sites on the skin. Different methods are used to create suction ranging from the igniting of alcohol to the use of two-way valves which are connect to a vacuum pump. A haematoma is created within the cup, with the location of the cup being dependant on the patient's symptoms and the practitioner's beliefs.

There are two types of cupping, with dry cupping being seen as more therapeutic in the promotion of muscle relaxation and doesn't involve incisions into the patient's skin.

Wet cupping or also known as blood cupping or Hijama starts with the same method as dry cupping. Once the cups have been removed multiple small superficial incisions of 3-4 mm are made into the skin using a sharp instrument (usually a scalpel or razor blade). The cups are then replaced and suctioned over the bleeding area to encourage the drawing of blood out of the skin. Commonly between 6-8 cups can be placed per session.

The treatment is being sold as an alternative therapy to help with muscle pain, cellulite reduction and dealing with depression. Wet cupping is associated with a significant risk of exposure to other people's blood. This means that there is a risk of exposure to blood borne infections, including hepatitis B and C. There is also an increased risk of wound infection due to the invasive procedure of making incisions into the skin.

Other possible hazards associated with this activity are uncontrolled bleeding due to the patient being on anti-coagulants such as warfarin, pain relief and the illegal us of injectable local anaesthetic by non-medically trained practitioners.

The activity of wet cupping falls within a legislative gap, The Medicines and Healthcare Products Regulatory Agency (MHRA) and Care Quality Commission (CQC) have confirmed the activity doesn't fall under their remits.

The Health and Safety at Work Act 1974, could be used to address risks in commercial premises, however, there are no approved codes of practice concerning wet cupping. If the practice was being operated at home the enforcement of this activity would fall to the HSE. Wet cupping is not a listed activity under the Local Government Miscellaneous Provisos Act 1982 (as amended) and so cannot be used to require practitioners to be registered with the Local Authority. Less intrusive procedures such as skin piercing are a listed activity under this Act and the registration process does ensure best practice is being followed.

In June 2018, PHE informed that an investigation into a case of Hepatitis B, had identified that the individual had recently undergone wet cupping. Following an intervention by Environmental Health (Health and Safety team) the practitioner was found to be operating at home, however, practices observed were found to be satisfactory. Kirklees has identified five establishments that appear to be offering this activity, with two operating from home. Once identified the health and safety team provide advice or enforce good practice to ensure citizens' health and well-being is maintained.

Nationally PHE Teams are becoming aware of the dangers associated with wet cupping. A national toolkit is being developed to enable Local Authorities to apply best practice.

Animal Health & Licensing

The team inspects high risk farms to ensure the health of animals on site and to ensure that the correct paperwork is in place with respect to animal movements, so as to ensure disease control and the premises have the necessary prevention measures in place.

Furthermore, in accordance with the new animal licensing regulations, the team issues licenses for riding schools, animal boarding establishments, pet shops and those home boarding to ensure the premises are suitable and the safety and wellbeing of animals is being managed. There is also one zoo in Kirklees that is inspected annually to ensure it complies with legal requirements. The team also works with Animal and Plant Health Agency (APHA) and Department for Environment, Food and Rural Affairs (DEFRA) to identify and ensure systems are in place for new diseases and disease vectors; currently working in partnership with the IPC team to develop an action plan for vector borne diseases.

Infection Prevention and Control (IPC)

The prevention of infection is a challenge and a key priority for the NHS, as set out in "The Five Year Forward" and it is central to reducing the need and demand for antibiotics, the main driver for antimicrobial resistance (AMR). "Greater investment in the prevention of infection from a public health and infection prevention and control perspective offers one solution to the challenges faced by the NHS and offers part of a solution to enable best use of NHS budget, through improved productivity and efficiency" (RCN 2016).

Reducing health and social care associated infections remains a priority on the government's safety agenda and in the general public's expectations for quality of care. Since 2008, there has been a legal requirement on the NHS and on all health and social care organisations, to implement the Health and Social Care Act 2008 and to meet the standards of the Code of Practice within the Act (DH 2015).

The final report and recommendations by Lord O'Neill (May 2016) "Tackling Drug Resistant Infections globally", included the importance of infection prevention by:

- Governments, insurers, regulators and other healthcare system leaders should embed infection prevention and control as a top priority at all levels within healthcare systems, using defined healthcare-associated infection (HCAI) reduction goals as the basis for targets, incentives and other performance management measures.
- Public and philanthropic funding bodies to support improvements in funding for studies that demonstrate the effectiveness and cost-effectiveness of novel infection prevention and control interventions in health and care settings, and measures to induce positive behaviour change by clinicians and other healthcare workers.
- Governments of low and middle-income countries should ensure that the benefits of improved public health and reduced antimicrobial resistance are properly factored into investment decisions about improved access to water and sanitation infrastructure.

In recent years, the prevention and management of health and social care associated infections has evolved to become integral to NHS and Social Care structures. The NHS England 'Sign up to Safety' campaign and the development of national patient safety expert groups/collaborative and quality improvement initiatives are an example of positive steps forward and support the ongoing improvements and learning in infection prevention and control.

Local Context

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.

MRSA Bacteraemia Cases

Tackling preventable healthcare associated infections, such as MRSA bacteraemia cases, is one of the Government's key priorities. Nationally there is a zero-tolerance approach to avoidable MRSA bacteraemia cases. Post infection reviews (PIRs) are undertaken on all cases to identify how a case occurred and to identify actions that will prevent similar cases reoccurring in the future. The outcome of the PIR determines the clinical learning and attribute responsibility. The PIR relies on strong partnership working by all organisations involved in the patient's care pathway. NHS Improvement has updated guidance on MRSA post infection reviews. From April 2018 the requirement for a PIR has been modified so that formal reviews must only be undertaken for organisations with the highest rates of infection (excluding specialist trusts).

This change has been made to refocus Trusts and CCGs on infection prevention and control and to focus teams' attention on Gram-negative infections and antibiotic resistance.

All MRSA bloodstream infections should still be subject to robust clinical review, regardless of the requirement for PIR. Trusts and CCGs should continue to undertake patient safety reviews on all cases to identify best practice and areas for improvement/learning.

PIRs will only be required for organisations above a certain MRSA BSI rate threshold, set to capture approximately the top 15% of CCGs and non-specialist NHS trusts. For 2018/19 based on the previous year's data, CCGs with a rate of 1.6 or more community onset MRSA BSI per 100,000 population and trusts with a hospital onset MRSA BSI rate of 1.7 per 100,000 bed-days or more, will still be required to complete and submit nationally a formal PIR. During 2018/19 GHCCG, NKCCG, CHFT and MYHT did not have to complete formal PIRs.

Clostridium difficile Infections (CDI)

The 2018/19 targets primarily focused on encouraging organisations to look at each CDI case individually, so that lessons could be learnt, in order to improve safety for patients. An assessment takes place by a panel acting on behalf of the commissioner, which involves input from a qualified IPC clinician and a pharmacist, to establish whether the case was linked with a lapse in the quality of care.

The local health economy has made considerable improvements in reducing the number of CDIs; however, the rate of improvement has slowed, therefore CDI summits were held to consider the strategic approach required across CHFT and MYHT footprints to reduce CDI and ultimately harm to patients. Speakers at the summit provided a local and national perspective. The CCGs, MYHT and CHFT are not outliers in terms of their CDI rates compared to surrounding CCGs and acute trusts. A number of actions that could be implemented across the health economy were discussed and are now being taken forward.

E. coli Blood Stream Infection (BSIs) Trajectories

E. coli bacteraemia is the largest most prevalent group of Gram Negative Blood Stream Infections. The reporting of E. coli BSI is already mandatory (via the PHE Data Capture System).

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. 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
- Involving community equipment stores personnel to distribute leaflets on hydration to patients in their own homes.

It has been acknowledged nationally that work undertaken to reduce MRSA and CDI is not effective at reducing E. coli.

IPC Team Activity

The following information demonstrates some of the activities of the IPC Team: -

- Continue to work with multi-disciplinary working group across Calderdale, Kirklees, Wakefield and Bradford on the AMR agenda, to reduce unnecessary prescribing of antibiotics by raising the awareness of the risks or over-prescribing and antimicrobial resistance.
- Reports are presented to CCGs, to share information, provide assurances and highlight risks associated with the IPC agenda;

- Surveillance of alert organisms.
- Following surveillance of alert organisms, geographical mapping of cases of infection by GP postcode and care home/residential postcode (if relevant) is undertaken to identify clusters of infection;
- Contribute to work streams across the health economy to action gaps identified from PIR/RCA investigations;
- The IPC Team facilitate link worker sessions – sepsis, outbreaks, and catheter care and urinary tract infections.
- Infection prevention and control quarterly Primary Care and Care Home Newsletters were distributed.
- Contributed to patient safety walkabouts within MYHT and CHFT.

Care Homes

The IPC Team conduct comprehensive audits and support visits to care homes in line with the CQC registration requirements. During 2018/19 there have been a total of 70 audits undertaken within Kirklees Care Homes and 26 self-assessment audits. IPC concerns following the audit are shared at the Care Homes Early Support and Prevention Meeting, which is attended by CQC, Council Contracting Team, Locala and CCG colleagues.

- The Team attends Serious Incident meetings as required and completes Notification of Concern when issues are identified at Care Home visits.
- The team supports/facilitates care homes to safely and appropriately manage outbreaks of suspected gastrointestinal infections and provide training sessions.

In 2018/19, there have been 43 outbreaks of suspected gastroenteritis, one scabies outbreak and three influenza like illness outbreaks within Kirklees. Compared to 58 outbreaks of suspected gastro enteritis and three outbreaks of scabies in 2017/18.

Activity within General Practice

IPC has been raised in a number of CQC inspections under the question “Are they safe?” Intelligence on a number of practices has been provided to CCGs.

Tuberculosis

The Collaborative Tuberculosis Strategy for England 2015-2020 aims to achieve a year on year decrease in tuberculosis (TB) incidence, reduce inequalities and ultimately eliminate TB as a public health problem in England.

The three year average number of reported new cases in Kirklees is 13.3 per 100,000 population (2016-18), with an average annual number of 72 cases. Overall

the rate in Kirklees has shown a downward trend since the peak in 2011 at 29 per 100,000 population.

As part of the implementation of the strategy, NHS England funds systematic screening in 59 of the 209 CCG areas in England; this is for new entrants aged 16-35 who have been in England less than five years, coming from countries with an incidence of TB of over 150 per 100,000 population or from sub-Saharan Africa.

In Yorkshire and the Humber, Greater Huddersfield CCG and North Kirklees CCG are amongst six CCG areas receiving funding for this national Latent Tuberculosis Infection (LTBI) screening programme.

Kirklees LTBI Programme

The Kirklees LTBI programme works on a hub and scope model, supported by two providers; Locala and The University Health Centre. Locala TB Nurses operate across Kirklees at clinics in Dewsbury Hospital and Princess Royal CHC. The University Health Centre operates in Greater Huddersfield. Providers and CCGs have worked with Primary Care to ensure pathways are in place for eligible new registrations to be sign-posted to TB clinics. Providers also use retrospective new patient registration data to catch any eligible patients who have not been picked up at registration.

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 TB Project Manager continues to work with PHE national team to acquire improved data for treatment uptake and completion rates, which would provide a better understanding of how effective current pathways and services are working, and highlight areas for further improvement.

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.