

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	11 June 2019
Subject:	Health Protection Board Assurance for 2018/19

Summary:

The Health and Social Care Act (2012) mandated a role for the Directors of Public Health of upper tier local authorities to provide assurance that arrangements for protecting the health of local people were safe and effective.

Local mechanisms have been put in place to provide this assurance and bring together the various organisations with a role in commissioning or delivering this function. Two key parts of this assurance mechanism are the Local Health Resilience Partnership (LHRP) and the Health Protection Board (HPB).

The functions and services covered, and the responsible bodies are:

- Community Infection Prevention and Control County Council
- Screening and Immunisation Programmes NHSE/PHE
- Communicable Disease Control PHE
- Emergency Planning, Preparedness and Response CCGs

This report seeks to provide assurance to the Health and Wellbeing Board that these mechanisms are in place and that where there is a need for improvement in performance of the services which protect people's health, that these are being managed appropriately.

The report provides evidence that both main assurance boards are in place and effectively managing the services and programmes within their remits. It identifies some challenges to delivery to local people for the HWB to note and look for progress on in future assurance reports. These might be summarised for 2018/19 as:

- The continued challenges with the uptake of immunisation programmes, especially those for children under 5 years;
- The challenge to cervical screening turnaround times during the preparation for transition to HPV first screening methodology;

- A range of 'slow burn' outbreaks of communicable diseases.
- Cyber resilience issues following attacks or accidental disruption of infrastructure within the NHS.

Actions Required:

1. To note the governance and assurance arrangements in place for the protection of the health of people in Lincolnshire.
2. To note the challenges within the health protection programmes in Lincolnshire, and the plans in place to address them.
3. To approve the plan to report to the Board twice yearly on this area of service.

1. Background

Overview of Roles and Governance Arrangements

The 2012 Health and Social Care Act divided the responsibilities for commissioning and provision of a range of functions which serve to protect the population from a range of hazards such as chemical, biological, radiological and nuclear (CBRN) threats; communicable diseases and the late detection of cancers and other diseases through the commissioning of screening programmes.

It also placed a duty on the Director of Public Health of upper tier local authorities to support the prevention and control of infection in 'the community'.

Whilst each of these functions has a designated accountable body, the DPH has an overarching responsibility to provide assurance to the local authority that these programmes are delivered effectively to the local population. This assurance function is provided by the DPH deploying local authority officers to work with accountable bodies to provide assurance to a number of governance groups.

These governance groups and their primary roles are:

The Health Protection Board	Immunisation and vaccination programmes. Screening Programmes. Community Infection Prevention and Control. Oversight of Communicable Disease Control outbreaks and incidents
Local Health Resilience Partnership	Oversight of Emergency Planning, Preparedness and Response.

Immunisation and Vaccination Programmes

2018/19 Summary

The national schedule of immunisation and vaccination programmes can be divided up summarily as programmes for: 0-5 year olds, school age children, young people and

adults. The performance of the Lincolnshire system in delivering immunisations across these broad programmes continued to be varied in 2018/19.

Overall, uptake in Lincolnshire is comparable to the rest of the country, although below the uptake rate required to achieve herd immunity for most of the diseases covered. There are a number of 'forces' at play which affect the delivery and uptake of vaccines which include: population trust in the safety and efficacy of vaccines; public perception of the risk of acquiring vaccine preventable illnesses and barriers to access to the 'outlets' where vaccines are on offer to local people.

One of the more significant areas of concern for the Health Protection Board was the 0-5 year old programme and this has been the focus of the development of an improvement plan by the Immunisation Programme Board partners. This plan is being implemented and will continue to be a significant challenge in 2019/20.

A Look Forward

The focus for 2019/20 will be the 0-5 year old programme. Table 2 below provides a guide to the focus for this work programme, with the interventions agreed in the Improvement Plan being rolled out sequentially to each CCG population based on inequalities in coverage. This work has begun in Lincolnshire East and will progress to Lincolnshire West and then to South and Southwest Lincolnshire.

The ultimate objective of the improvement plan is to increase coverage across the whole programme to 95%, with improvements toward that being the measure of success of the Improvement Plan.

Table 2

Vaccine	Year	Uptake
Dtap / IPV / Hib (One year old)	2017/18	93.5%
MenC (One year old)	2015/16	96.8%
Hib / MenC booster (2 years old)	2017/18	91.3%
MMR for one dose (2 years old)	2017/18	91.2%
Dtap / IPV / Hib (2 years old)	2017/18	95.0%
Hib / MenC booster (5 years old)	2017/18	90.2%
MMR for one dose (5 years old)	2017/18	93.9%
MMR for two doses (5 years old)	2017/18	85.2

From September 2019 the HPV vaccine programme which has been available to girls will extend to cover boys of the same age as a key step towards eradicating this cause of cervical abnormalities in women.

Communicable Disease Control

2018/19 Summary

The Health Protection (Notification) Regulations (2010) legislate that Registered Medical Practitioners notify PHE on suspicion and/or confirmation of a number of notifiable diseases that may present a risk to the wider public health. This allows for relevant public health action to prevent and control the spread of these infections. Where two or more cases are linked in time and place the PHE Health Protection team will declare an outbreak and convene (and lead) a multi-agency outbreak/incident meeting. If there is a single case of a serious/rare disease warranting an extended public health response, then PHE will lead a multi-agency incident response.

Within Lincolnshire there are a number of formal multi-agency networks delivering a health protection function. For example, with Tuberculosis (TB) there is a Lincolnshire TB network which reports to the East Midlands TB Board, which in turn is linked to the national TB Strategy Group. This is mirrored for all major communicable disease hazards. There are clear links to, and communication with, national expert teams and reference laboratories which provide support and oversight of all major incidents and outbreaks.

During 2018-2019, the Health Protection Team managed 1610 individual cases of communicable disease in the county, responded to 264 enquiries and dealt with 193 situations/incidents. These annual figures are fairly typical, with the numbers of cases, situations and enquiries remaining largely stable over the last few years. Table 1 shows a number of notifiable diseases managed during 2018-2019.

Table 1: Notable infections managed in 2018/19

Notifiable Diseases	Count
Scarlet Fever	267
Influenza A, Seasonal	196
Salmonellosis	81
Hepatitis B	56
Mumps	54
iGAS (Invasive Group A Streptococcal) infection	46
Cryptosporidiosis	39
E.coli infection, VTEC	15
Meningococcal infection	14
Influenza B	10
Legionellosis	10

Communicable Disease Control Incidents and Outbreaks

A number of incidents and outbreaks were managed in Lincolnshire during 2018/19. Some of these were within the 'normal' range of what might be expected, for example:

- A cluster of legionnaire's disease cases in the Gainsborough area which on investigation appeared to be a cluster of cases unlinked to a single source of infection, rather than an outbreak.

- A public health response to the death of a prisoner following a legionella pneumophilia infection to investigate the source of infection and devise and implement control strategies with HMP Prison Service.
- A number of 'slow burn' TB outbreaks associated with food and horticultural production plants in the south of the County requiring immediate risk and treatment management and a longer term approach to screening and awareness in cooperation with the employers affected.

Some less usual incidents included:

- In 2018 there were two applications to serve Part 2A Orders (The Regulations of the Public Health Act include legal powers such as Part 2A Orders, available to enforce actions to protect public health) against two individuals with multi-drug resistant Tuberculosis infection who were not complying with treatment and therefore presented a risk to the wider public health.
- A case of a bat infected with European Lyssavirus-2, the first ever in Lincolnshire, where a number of people were exposed to the bat and required support to risk assess and plan for protection from disease.
- A historic case of Mycobacterium Leprae referred for advice by a housing provider considering the housing needs of a person with a history of this rare infection.

A Look Forward

In January 2019 the government published a 20-year vision and 5-year national action plan on to tackle Antimicrobial Resistance (AMR). The national action plan builds upon the UK 5-year AMR strategy (2013 to 2018) and sets out the first step towards the UK's vision for AMR in 2040. Control of anti-microbial resistance is a national priority for the UK government and local frameworks and multi-agency co-ordination will be key in supporting this agenda.

Community Infection Prevention and Control

2018/19 Summary

2018/19 was a year of consolidating baseline systems of community infection prevention and control within the priority services for this year, residential care environment for vulnerable adults. That is not to infer that this is the only area of work undertaken, but this was the core work of this part of the health protection programme in 2018/19

Notable activities included:

- Strengthening of the reactive systems of support to care settings experiencing outbreaks, agreeing role protocols with other agencies and improving the communication of outbreak information and setting status to key system players. The team concerned with this work supported management of 98 outbreaks during the last year across a number of providers.
- Supporting commercial team quality and safety systems in settings of concern.
- Developing and implementing a programme of prospective support visits to settings to support best practice and strengthening the network of Infection Prevention Control (IPC) 'link' practitioners in residential settings.

- Supporting urgent care and patient flow decisions when IPC concerns are slowing progress.
- Supporting the outbreak and incident management roles of other bodies where additional capacity was required.

A Look Forward

Having consolidated existing core programmes in 2018/19 development areas for the coming year include:

- Extension of the core offer already available to adult settings to children's settings.
- Extension of the adult core offer into domiciliary care provision.

Screening Programmes

2018/19 Summary

The range of screening programmes available to Lincolnshire people perform broadly in line with expectations and national performance levels. The two most problematic programmes in 2018/19 were breast and cervical programmes and both were the subject of national level 'incidents' and now there is a government review over this period.

Within Lincolnshire the breast programme has had severe difficulties in maintaining its performance as a result of the problems of staffing the programme, which has also been a feature of the onward diagnosis and treatment pathways. Despite this fragility performance has been maintained and the additional activity resulting from the national incident absorbed and managed.

The cervical programme has not met its performance targets for results turn around for some time now. The efforts of laboratories to overcome this delay, which resulted from a workforce problem with screeners, was hampered by the planned roll out of a new screening methodology involving initial screening of samples for human papilloma virus (HPV). This roll out expected to see a reduction in the need for microscopists and hampered recruitment and retention. This programme is beginning to recover now as the expected benefits from the new 'HPV first' begin to be realised.

A Look Forward

The main area of focus going forward will be to: sustain the generally positive performance of these programmes in Lincolnshire, to track the impact of changes to the location of the breast screening service and to ensure that the benefits of the new approach to cervical screening are realised in Lincolnshire.

Emergency Planning, Resilience and Response (EPRR)

2018/19 Summary

The Lincolnshire Health Resilience Partnership is co-chaired by the DPH and a senior manager from NHS England and the Lincolnshire Partnership is well regarded. This good standing comes from effective approaches to EPRR being in place and evidenced by:

- High levels of compliance with national core standards by local NHS bodies and effective methods for developing and tracking improvements where necessary.
- A fully completed action plan following a national audit of health protection arrangements carried out in 2017.
- Very well embedded relationships with the Lincolnshire Local Resilience Forum (LRF) and a full programme of relevant exercising of plans delivered.

A Look Forward

EPRR is by its nature reactive, although much of the need to react can be predicted and planned for. Priorities for the coming year include:

- Pandemic Influenza.
- Cyber resilience as a national threat with growing profile and attack rate.
- The joint exercising of Major Casualty and Mass Fatality plans.

2. Conclusion

Lincolnshire has strong and effective partnerships and governance in place to oversee and seek improvement in the health protection offer to the public. Self-assessment and external verification processes indicate that whilst there are some challenges to these programmes, the County is generally in a strong place:

- The NHS Organisations in Lincolnshire are all either fully or substantially compliant with the core standards for EPRR set by NHS England and annually assessed.
- Performance of the majority of screening programmes is at the national standard despite some significant challenges linked to the overall health and care challenges in the County.
- Relationships with partners in the complex systems for communicable disease control are strong, with rapid and appropriate reactions to outbreaks and incidents which put public safety first.
- Immunisation programmes which perform as well as comparator authorities in most areas and better than comparator authorities in, for example, NHS staff flu immunisation.

Where we have challenges we work effectively to overcome them and improve services for local people, including:

- Implementing HPV first methodologies for cervical screening programmes which have started to improve women's experiences of turn-around times for their results.
- Developing and delivering a multi-agency improvement plan for 0-5 immunisations to bring our performance at least to equivalence with comparator authorities.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Joint Strategic Needs Assessment for Lincolnshire offers insight into a range of health topics of interest when considering health protection issues. Not least of these are the cancer and immunisations topics where the health protection services described in this report make an important contribution to prevention, detection and successful treatment.

The Joint Health and Wellbeing Strategy is not explicit in describing health protection as a priority, but by any measure, freedom from harm from CBRN threats to wellbeing makes a significant contribution to the wellbeing of local people.

4. Consultation

Not applicable.

5. Appendices

None

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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