Leeds Health and Wellbeing Board

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Report of: The Director of Public Health

Report to: Leeds Health and Wellbeing Board

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Subject: Leeds Health Protection Board – Annual Report

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

Summary of main issues

1. This paper provides the Health and Wellbeing Board with the third annual report of the Health Protection Board since it was established in June 2014. The paper sets out progress made on the six 2017/18 priorities and other key areas including significant infectious disease outbreaks experienced in the city.

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

3. In addition, the Leeds Health Protection Board has worked to ensure that arrangements are in place to protect the health of communities, meeting local health needs across Leeds through the development of robust assurance frameworks. This includes a health protection indicators report, associated reporting systems, strengthened governance arrangements, development of the Leeds outbreak and pandemic plans and weekly updates to system leaders on surveillance of circulating infections.

4. The Health Protection Board discussed and reviewed the priorities identified by the Board in 2017 at the October 2018 Board meeting.

5. The Board identified that good progress had been made in all priority areas identified in 2017; this is a positive step forward for health protection in Leeds. The Board recommended that as a result, the priority 'to develop an outbreak plan', could be closed from the priorities list, due to the development and sign off of an outbreak plan for Leeds being completed. In addition, the Board recommended one new priority to be added. To increase uptake of childhood vaccinations in areas of low uptake. This was due to increased levels of risks associated with low uptake rates.

6. Health Protection Board priorities for 2018-2020:

    - Tackling antibiotic resistance.
    - Addressing air quality and impact on health.
    - Reducing seasonal deaths from severe temperatures.
    - Reducing the incidence of TB.
    - Reduce the incidence of health care associated infections across the Leeds.
    - Increase uptake of childhood immunisations in areas of low uptake.
    - Refresh and exercise the overarching Leeds Pandemic Influenza Plan.

Recommendations

The Health and Wellbeing Board is asked to:

- Endorse the Health Protection Board's Annual report.
- Note and discuss the key progress made against the priorities identified in the Health Protection Board Annual report 2017.
- Support the new priorities identified by the Health Protection Board for 2018/20.
- Consider and comment on how the HWB can support the new emerging health protection priorities in relation to underserved populations, particularly those living in the most deprived 10% parts of the city.

1. Purpose of this report

The purpose of this report is to update the Health and Wellbeing Board on progress made on the Health Protection Board priorities and other key areas including significant infectious disease outbreaks experienced in the city.

The Health Protection Board first identified health protection priorities in 2015 for Leeds and reviews these regularly to ensure that partnership activity remains focused. A work plan and dashboard have been developed and endorsed by members of the Board. This report does not cover all areas under the jurisdiction of the Health Protection Board but only those that have been identified as priorities. The Board does however gain assurance from lead organisations on all health protection priorities and monitors performance through a health protection indicators report. A summary of this report, based on national outcomes indicators, is provided as (Appendix 1).

2. Background information

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

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

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

The Board is chaired by the Director of Public Health. Members represent Leeds City Council services including Environmental Health, Resilience and Emergency, and Adults and Health. Other organisations represented include Public Health England, NHS Leeds CCG, Leeds Teaching Hospitals (LTHT), Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Health Trust (LCH), and NHS England. Each organisation has a responsibility and accountability for the city's health protection risks and the key performance indicators. Regular updates are provided on key areas;

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

In addition, the Board identified seven priorities in 2014, which were reviewed and refreshed in 2017 and again in 2018. These priorities require focused partnership activity to improve performance in Leeds. Subgroups have been developed for each

priority and progress reports to the Health Protection Board have been submitted and reviewed.

The Health Protection Board has been working to get beneath the headlines to better understand the real areas of concern for Leeds. The Board continues to monitor the health status of our population in relation to health protection priorities. The emerging health protection priorities that require focused attention disproportionately affect those people living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics and the impact of health inequalities when planning programmes and monitoring progress on priorities.

The priorities identified in 2017 by the Board were:

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

3 Main Issues

Progress on priorities identified by the Health Protection Board (2017)

3.1 Reducing the incidence of Tuberculosis

Tuberculosis (TB) rates are declining both regionally and nationally. Leeds identified 83 active TB cases in 2016 which is a reduction from the 93 average number of cases between 2010 and 2016, and significant reduction from 123 average number of cases between 2004 and 2008. Leeds TB treatment completion rate in 2015 was 88% (target 85%). However, Leeds has the second highest local authority rate in Yorkshire and Humber of 10.6 per 100,000 (Yorkshire and Humber 7.8 per 100,000).

The reduction in numbers of TB cases in the past year has occurred in both the non-UK born population and the UK born populations. However, the regional incidence rates were nearly 21 times higher in those born outside the UK compared to the UK born population and 69% of all TB cases notified in the local population in 2016 were born abroad (where country of birth is known). The regional non-UK born rate (54.2 per 100,000) exceeds the national average (49.1 per 100,000). Incidence in recent migrants is decreasing more quickly than the incidence in established migrants. For example, 57% of regional non-UK born TB cases have lived in the UK for more than six years.

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

A priority for the Health Protection Board continues to be Latent TB Infection (LTBI). Latent TB Infection means a person has been infected with TB but is not infectious and has no signs and symptoms. However, the identification and treatment of people with LTBI is an important part of managing the disease. The main risk of latent TB is that 10% of people go on to develop active TB. Leeds had 174 cases of Latent TB Infection (LTBI) in 2016 compared to 120 in 2015. This increase in numbers is a positive reflection of the success of the LTBI public awareness and screening programme.

Key achievements for TB:

- NHS Leeds CCG with support from LCH and LCC Public Health have been successful with securing continued funding from NHS England to provide a targeted and enhanced screening and diagnosis service across Leeds for LTBI. The focus is to deliver the three stages of a successful LTBI programme – access, testing and treatment. The city wide service identifies people registering at GP surgeries for the first time, who have visited or have moved from countries with high incidences of TB. This service has been in operation for two years and has been successful in detecting previously undiagnosed LTBI, as a result an increased number of people have been identified as positive for LTBI and have been referred for treatment. Between January to October 2018, 474 people were screened, 74 people were found to be positive for LTBI. This is a 15.6% positivity rate and excellent value for money in reducing treatment costs for future active TB cases.

- Leeds has seen a number of highly complex active TB patients recently who have been diagnosed with complex active TB with no money, no housing and no recourse to public funds. To date there has been no agreed approach to support these vulnerable patients. This year the LCC Health Protection team led the development of a partnership TB housing pathway to support patients in accessing housing and subsistence to enable them to continue with their treatment in the community. This innovative approach has been developed with Leeds City Council's Housing Options, Adults and Health, Leeds Teaching Hospitals and Leeds Community Healthcare NHS Trust. The Leeds TB Housing Pathway has been recognised at national and international level as best practice to support treatment compliance.

- LCH's Community TB Service continues to deliver an excellent service with above average treatment completion rates and community awareness activities.

3.2 Air Quality

Air quality monitoring in Leeds shows NO2 remains the pollutant of concern with the main source being vehicle emissions. Whilst levels have reduced overall across the city in recent years, measurements have identified locations at which air quality objectives have been exceeded and where there is also prolonged exposure.

For Leeds, an estimated 4.3% of all-cause mortality is attributable to air pollution. However, the impact is better understood in terms of lifetime lost to the population, currently estimated at around 6 months on average for each person in the UK. It is

not currently known how this effect is distributed across the population, although much of the impact is linked with cardiovascular deaths, and it is likely that air pollution places an additional burden on many people, being a contributory factor in bringing deaths forward, rather than being the sole cause of death for individuals.

There are no safe levels of the main pollutants of concern, meaning that any reduction will achieve health benefits. There is a clear public health case for continued action to improve air quality in Leeds.

The Health Protection Board has been fully engaged in the support of national guidance on the role of Public Health in improving health outcomes in relation to air quality by:

- Being active in the leadership and planning for achieving improvements in air quality. This has included connections to active travel and reviewing the NHS vehicle fleet to identifying pollution reductions.

- Initiating work to gain a greater understanding of the local air quality profile between air quality monitoring, traffic flow modelling and Public Health Outcome Framework indicators. The Board has developed a Leeds Atlas of the Strategic Health Asset Planning and Evaluation (SHAPE). SHAPE is a web enabled, evidence based application which informs and supports the strategic planning of health services and physical assets across the NHS health economy. The Leeds SHAPE Atlas supports the planning and monitoring as well as forming part of the evaluation of the Leeds Clean Air Zone (CAZ) and additional measures being put in place to drive health improvement. The engagement with SHAPE has been identified as good practice at a national and regional level.

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

Members of the Health Protection Board, including the organisations that they represent, will continue to engage with the CAZ and additional measures to deliver a number of benefits across the city, the key one will be compliance with air quality standards for NO2. However, it will also reduce Particulate Matter and CO2 emissions. This will lead to an improvement in public health and a reduction in hospital admissions related to poor air quality.

3.3 Leeds Outbreak Planning

The Leeds Outbreak Plan has been developed and signed off by the Health Protection Board and ratified by the System Resilience Assurance Board. In addition, the Health Protection Board has overseen the agreement of roles and responsibilities of key partners in responding to a range of outbreak scenarios, applying an agreed set of principles. The system has agreed that outbreak

management should operate under the Leeds EPRR (emergency preparedness, resilience and response) system, and identified who pays, who the lead commissioners are, how to mobilise services and who the primary responding services are in the event of a specific outbreak.

The Outbreak Plan and the supporting roles and responsibilities in an outbreak document were tested at the live Leeds Outbreak Exercise – Bevan in September 2018. The exercise was well attended and involved 40 senior colleagues from across the Health and Social Care system. The exercise demonstrated excellent engagement, commitment to joint working and provided assurance that the arrangements agreed would provide a fast, effective and safe response. The Outbreak Plan is to be updated in light of learning from the exercise and this will also be shared at the Health Protection Board to ensure continuous improvement and learning.

3.4 Health care associated infections

In Leeds, as in other areas, there is an ongoing challenge regarding Health Care Associated Infections (HCAI). The key HCAIs that present a potential risk to the health of the population are Meticillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C.diff). The NHS also launched a new target in 2017/18 relating to the reduction of blood stream infections caused by gram negative bacteria initially focussing on E coli blood stream infections. The NHS sets targets each year for the Clinical Commissioning Groups and for the acute Trusts. The target for MRSA is zero tolerance and C.diff thresholds are set each year by NHS England to reflect an improvement trajectory and therefore these relate to the previous year's performance.

NHS Improvement issued updated guidance regarding post infection reviews of MRSA bacteraemia cases in 2017. Post Infection Reviews (PIRs) now only need to be conducted in CCG and NHS Trusts with an infection rate within the top 15% across England. Leeds is included in this 15% therefore continues to be required to conduct PIR's for all MRSA cases. The root cause analysis seeks to identify the cause of the infection and where a lapse of care may have occurred. This helps to inform future practice and ensure that identified learning is disseminated across the health care economy. In Leeds this process involves all stakeholders including Leeds City Council, Leeds Community Healthcare, Leeds Teaching Hospital, NHS Leeds CCG, primary care and the private sector care homes and hospitals.

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

The key achievements in 2017/18 include:

- Significantly improved collaborative discussions, decisions and channels of communication.
- Improved engagement of primary care for post infection reviews.

- Development of a localised Post Infection Review process following the national changes by NHSI.
- Development of collaborative city wide patient information and leaflets.
- Support for city wide HCAI campaigns (e.g. I spy E coli).
- Improved process/templates/information for decolonisation practice between acute trust and primary care.
- Development of a gram negative reduction strategy focussing initially of E coli blood stream infections.
- Development of a proposal for mutual aid arrangements to improve Infection Prevention resilience across the Leeds provider organisations.

Current position:

Clostridium difficile infection (CDI) numbers have improved within Leeds since mandatory reporting by the NHS began in 2009. During 2017/18 Leeds Teaching Hospital and NHS Leeds CCG achieved the nationally set NHS targets and overall the trend across the city is an improving one. A key priority for Leeds next year is to review and address the issue of CDI across the whole health economy to provide assurance that there is a robust system is in place to prevent infection and where unavoidable manage the risk effectively.

From April 17 – April 18 Leeds had a total of 13 cases of MRSA bacteraemia, this is a reduction of 50% on the previous year. Of the 13 cases 7 were identified as a lapse in care having taken place contributing to the infection. 6 other cases were successfully submitted to a panel at NHS England who agreed with the local investigation that no lapse in care had taken place and assigned the cases to 'third party'. NHSE withdrew the third party option this year therefore since April the assignment is based on time of onset regardless of whether any lapse in care is identified. However this information continues to be recorded within the newly developed local PIR process.

The work plan for 2018/19 has been agreed and will be reported on in due course.

3.5 Tackling antibiotic resistance

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

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

Antimicrobial stewardship is a national programme to take action to address drug resistant infections. Leeds is fortunate to have national leaders in tackling antibiotic

resistance working in Leeds Teaching Hospitals, Public Health England, Leeds CCG, Leeds University and LCC. Led by the Deputy Director of Public Health, these partners are working collaboratively and proactively to ensure that antimicrobial resistance is a priority locally.

Key achievements include:

- Leeds University has secured funding to develop a point of care test in primary care to enable fast and accurate testing of infections to inform more appropriate prescribing of antibiotics. This is in development and will be piloted locally in the next two years.
- Through the AMS group a joint programme by Leeds University, LCC Healthy Schools team and Public Health has been developed to target 47 primary schools in areas of high antibiotic prescribing and deprivation. The aim is to raise awareness of school children and their families of the importance of protecting antibiotic effectiveness through age appropriate activities.
- NHS Leeds CCG and Public Health England with support from partners continue to improve appropriate antibiotic prescribing by GPs and non-medical prescribers through education and training sessions. As a result the prescribing data collected locally indicates that the prescribing of broad spectrum antibiotics continues to reduce and is below the national target which is an important positive indicator for reducing the burden of drug resistant infections.
- Yorkshire and Humber Public Health England working with partners has developed and disseminated two local resources for GPs and non-medical prescribers outlining local resistance patterns to ensure effective prescribing focusing on urinary tract infections and COPD. This resource has received excellent feedback and is being used in practices to inform prescribing decisions.
- A local antibiotic campaign ‘Seriously resistant’ has been implemented by NHS Leeds CCG and LCC targeting the general public. Specific campaigns have taken place in Leeds schools and universities to increase awareness in children and young people. This campaign has been very well received and has been replicated across the country. Insight work has been carried out to understand how effective these messages are and to establish the level of understanding of the public on this issue. The findings of this work will be used to inform future campaigns.

3.6 Tackling seasonal deaths

The Health Protection Board has made significant progress towards reducing seasonal deaths and supporting the wider system pressures during winter. In Leeds, as in the rest of the country, more people die in the winter than in the summer. Many of these deaths are avoidable and are primarily due to heart and lung conditions rather than hypothermia.

Modelled figures show that Leeds has seen a continued decrease in numbers of people dying from the effects of living in cold conditions, with a reduction in excess winter deaths to 350 in 2015/16 compared to 470 deaths in 2014/15.

There have been cross organisational efforts to address the negative impacts of cold weather in Leeds, work programmes are well established and embedded in

services to protect the most vulnerable in the city. The Health Protection Board has endorsed prevention and preparedness programmes contributing to the Leeds System Resilience Plan. These will ensure that vulnerable people stay well and warm over the winter months, supporting the system to achieve its objective of managing demand and improving patient flow during the winter period.

The work has focused specifically on reducing infections and outbreaks in the community, reducing the hazardous impact of cold on vulnerable people, preventing falls and injuries in vulnerable people, improving respiratory pathways and tackling social isolation.

3.6.1 Increasing uptake of influenza vaccination

A system wide partnership approach has been implemented this year to target priority groups and low uptake areas in Leeds. For the first time Leeds has achieved the national target of 75% uptake for flu vaccination in over 65s for NHS Leeds CCG. Uptake for flu vaccination for other target groups was also higher than last year.

Flu vaccination levels were also increased on last year in LCH (77%), LTHT (80%), LYPFT (65%) and Leeds City Council (911 Leeds City Council members of staff received their seasonal flu immunisation - an increase of over 300 from the previous year).

The Leeds Flu Group received a highly commended award by the national NHS Flu Fighters Awards scheme 2018– Digital and Innovative Campaign.

3.6.2 Reducing impact of cold on vulnerable people

A range of LCC and Leeds CCG funded winter warmth services have been delivered across the city:

Warmth for Wellbeing Service (part of Home Plus as of 1st October 2018): Since the contract started on the 1st of October 2015, 2877 clients have been visited with around 5700 beneficiaries (as on average there are two people per household), exceeding annual targets for two consecutive years. The Service is receiving excellent feedback from clients and referral agencies.

Winter Wellbeing Small Grants Scheme Leeds Community Foundation (LCF) delivered a Winter Wellbeing small grants scheme for the 6th year running in 2017 and grants have just been allocated for 2018. In 2017, 20 community groups were awarded a total of £58K worth of grants. Projects to keep people well and warm this winter were completed by April. A summary of End of Grant Reports, indicating outputs and impact, is now available.

Leeds City Council's Warm Well Homes project provides funding for large scale heating and insulation measures to low income private sector households suffering from cardio-vascular, respiratory or mental illness, many of whom are in crisis due to being without heating or hot water. Households in need can be referred by front line staff and volunteers through the Warmth for Wellbeing scheme.

Winter Friends programme: Public Health has reviewed and relaunched the Winter Friends programme. The programme now has an e-briefing package to promote the scheme to organisations and the public. LCC workforce have been provided with training, including social care, housing and Children's Services staff, from service delivery manager level to frontline staff. 122 organisations have signed up as Winter Friends. 100% of participants in Winter Friends evaluation said they would recommend becoming a Winter Friend to others. Over 85% said they experienced people using the Winter Friends resources and 53% of winter friends referred vulnerable people into services for them.

Met office alerts and cascade of information: When trigger criteria are met the Leeds City Council Resilience and Emergencies Team (RET) cascade severe weather warnings received from the Met Office to LCC services via the LCC Severe Weather Group distribution list. All services are requested to ensure that staff act in accordance with the LCC Severe Weather Plan, local service plans and procedures and business continuity\prioritised service plans. Where relevant staff are advised to refer to the Department of Health and Social Care (DHSC) Cold\Heatwave Plans highlighting the serious impact of cold\ hot weather on vulnerable people and advising how best to support service users during periods of cold\hot temperatures. Warning and informing messages are sent out via Leeds Alert when Met Office medium impact levels forecasted\DHSC level 3 cold and heat warnings are received.

3.6.3 Preventing falls and injuries amongst people living with frailty to improve independence and reduce vulnerability to winter

As part of the Leeds Health and Care Plan work stream on supporting people living with frailty, funding was secured Improved Better Care Funding (iBCF) to continue and expand falls prevention programmes to April 2020.

Work has progressed to deliver a specialist falls services single referral pathway with a single triage directing patients to the most appropriate service, reducing waiting times for the medical falls clinic service in LTHT.

The single point of urgent referral (SPUR) pathway has been opened up to facilitate clinician to clinician discussions and referrals from Telecare for fallers to support following a fall and support the prevention of unnecessary A&E attendances.

3.7 Improving respiratory pathways

The aim of this programme of work is that people living with severe breathing difficulties will know how to manage anxiety issues due to their illness and have a supportive plan about what's important to them

As part of the Leeds Health and Care Plan ambition for people with respiratory conditions to be supported to manage their condition Leeds took up the NHSE offer of 3,200 MYCOPD licences. With additional training for key staff and support to roll-out, the App is now live within two LCH settings, Pulmonary Rehabilitation and Chronic Disease Management. 18 free licences have been awarded within the first week.

British Lung Foundation commissioned to develop 10 sustainable Breathe Easy peer support groups and exercise classes in areas of high COPD prevalence over a 2 year period. Six groups established to date.

3.8 Tackling social isolation

The aim of this programme is to ensure that vulnerable people who are socially isolated or at risk of social isolation are provided with appropriate support.

SWIFT – iBCF funding and CCG funding was been agreed to provide funding for the service to continue past October 2018. The projects worked with 394 clients and 46 volunteers (approx. 1576 hours) in total since the start date.

The Big Lottery funded Time to Shine programme, managed by Leeds Older People's Forum, aims to reduce loneliness and social isolation in people over the age of 50. Between 2015-end 2017 nineteen projects were commissioned to address social isolation in priority groups, with approximately 1500 older people participating in the commissioned projects this year. Evaluation of the programme has shown that activities have reduced both loneliness and social isolation for beneficiaries and volunteers.

3.9 Children and families

Work has been developed to increase awareness of high impact interventions to keep families well and warm in their homes. An increased number of family outreach workers have attended training and have now become Winter Friends. Leaflets and resources have been developed specifically targeting children, to promote flu immunisation have been distributed to Health Centres and Children's Centres. A winter checklist has been produced and disseminated focussing on issues for children and families, these have been distributed to Early Start Teams and some winter friends.

3.10 Notifiable infectious disease management

Despite advances in the control and prevention of communicable diseases including vaccination programmes some infections still occur and require a public health response. During 2017/18 there were 3158 notifications of Infectious disease reported to Public Health England. These range from Campylobacter, a self-limiting gastroenteritis infection, to Meningococcal meningitis which can be fatal and requires a range of control measures to be implemented for each case. In addition there are a range of infectious incidents that required a routine response such as norovirus in a school or influenza within a care home. Systems are in place in Leeds to ensure these incidents are reported quickly and managed appropriately.

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

- There were a total of 16 care homes in Leeds which closed in 2017/18 due to an outbreak of Influenza. The care homes are supported by PHE and the LCH

infection control team to ensure appropriate control measures are implemented. These include standard infection control practices such as good hand and respiratory hygiene and may also include a recommendation from PHE to ensure all residents receive anti-viral medication. In addition, proactive infection control audits have been undertaken in over 50 Care Homes in the last 12 months (152 care homes in total) providing support and advice to prevent outbreaks occurring. Quarterly educational sessions covering a range of topics have been delivered to all Care Homes and a dedicated Leeds Community Healthcare infection control website was made available, to ensure best practice guidelines. Work has commenced to establish clear decision making processes regarding bed closures due to infections.

- There were a total of 19 confirmed meningococcus cases in 2017/18 compared to 25 cases in 2016/17. Due to the unpredictability of all infections it is difficult to speculate as to why there has been this slight drop in cases, however over the last few years, changes to the UK vaccination schedule has meant that more people are protected against more strains of meningococcal.

- The number of reported whooping cough cases in Leeds in 2017/18 reduced by over 50% from the previous year. In 2012 there was a marked increase in the number of whooping cough cases notified. This resulted in PHE declaring a national outbreak and introducing the whooping cough vaccine for all pregnant women in order to protect their infant from birth.

- By contrast scarlet fever notifications in Leeds have increased from 437 cases in 2016/17 to 664 notified cases in 2017/18. This is reflective of a national rise seen since 2014. It is not known why the number of cases has risen and though easily treated with antibiotics there is no vaccine available.

It is essential that Leeds is able to respond to local, national and international incidents such as the recently emerging Monkey Pox virus in Nigeria and the continued threat of Middle Eastern Respiratory Syndrome. Any new or emerging infection can cause a real or potential threat to the health of the population. The threats from communicable disease are varied and unpredictable and strong local networks ensure information is shared quickly and appropriately therefore providing assurance that actions can be implemented to address future public health challenges.

3.11 Significant outbreaks requiring a system wide response

Overall

A number of significant outbreaks have been effectively managed over the winter period affecting nurseries, schools, care homes and the community. These have included IGAS (invasive group A streptococcal), Hepatitis A in a group of farm workers and a measles outbreak affecting communities living in LS7 and 8. The wider system response was mobilised effectively.

3.11.1 Invasive Group A Streptococcal Infection in a Care Home (June 17)

Group A streptococcus infections (IGAS) are spread through close contact between individuals through respiratory droplets and direct skin contact. It can also be spread through contact with contaminated objects such as towels or bedding. Spread within a care home environment is not common hence the public health response which aims to prevent further spread. Most Group A streptococcus infections are relatively mild illnesses such as tonsillitis, scarlet fever or a skin infection such as impetigo. On rare occasions, these bacteria are invasive and can cause severe and even life-threatening diseases such as pneumonia, rheumatic fever and sepsis.

A Leeds care home reported in June 17 that 2 residents had died from IGAS 1 month apart and had been cared for in the same room at the home. PHE led an incident team and recommended that approx. 30 residents and 35 staff within the unit receive antibiotics to prevent further spread. The arrangements for the prophylaxis were be made via GPs, and all those identified to be at risk received antibiotics. A letter was also provided for relatives and staff. The home was very helpful and cooperative, ensuring control measures were implemented including improvements to infection control measures. There have been no further incidents of infection reported.

3.11.2 Hepatitis A (Sept 17)

Hepatitis A virus infection causes a range of illness from mild, non specific nausea and vomiting, through to hepatitis (liver inflammation and jaundice) and rarely liver failure. It is normally spread by the faecal-oral route but can also be spread occasionally through blood. Good hygiene including safe drinking water and food handling and good handwashing practice prevents infection. In September 2017 three confirmed cases of Hepatitis A were reported to Environmental Health and Public Health England. Prior to this there had not been a case in Leeds since April 17, it was therefore concerning to have 3 cases reported within 1 month. Contact tracing of the cases revealed no known links between the cases. However all were in the same postcode area and 1 case worked as a seasonal fruit picker on a local farm. An inspection of the fruit picking operation was made by environmental health officers and a specialist infection control nurse. Hygiene standards at the site were found to be satisfactory and no risk of contaminated fruit entering the food chain was identified.

As a precaution PHE recommended offering Hepatitis A vaccine to all remaining fruit pickers on site. However as it was the end of the season very few remained and 41 contacts of the index case were vaccinated. There have been no further issues identified.

3.11.3 Measles Outbreak (October 17)

Measles is a highly infectious virus and can be severe, particularly in immunosuppressed individuals and young infants. The MMR (Measles, Mumps and Rubella) vaccine is a safe and effective vaccine and generally across Leeds MMR uptake is good. In September 2017 the World Health Organisation announced the UK had achieved measles elimination in 2016. However there continues to be a risk of imported cases from other countries and in late 2017 there were large outbreaks

with over 100 cases of measles in 15 European countries. Leeds had an outbreak of Measles from November 17 - January 18 with 36 confirmed cases. There were concurrent outbreaks in other parts of the country including Liverpool, Birmingham, Manchester and Bradford.

In response to the outbreak a multi-agency team led by Public Health England and including partners from across the health and care worked together to contain the outbreak. The following control measures were implemented –

- Awareness raising and promotion of the MMR vaccine through various channels including –
  - MMR promotion posters and letters to all schools and children's centres.
  - Letters to GP's, A&E's and other healthcare providers.
  - Launch of a social media campaign.
- An additional 750 children and young adults were given the MMR vaccine through a combined approach of MMR vaccine sessions in schools, community venues and clinics within GP practices.
- Approximately 150 suspected cases were investigated and nearly 400 contacts traced.

The outbreak concluded in January 2018 and partners continue to work together on a task and finish group, led by Public Health England Screening and Immunisation Team, to ensure MMR vaccine rates are sufficient in all parts of the city to prevent another outbreak. The response and learning from the outbreak has been shared across the UK including the delivery of a session at the Annual PHE conference in September 18 and the inclusion as a case study of the work undertaken in a document entitled 'Measles: resources for local government':

www.gov.uk/government/publications/measles-resources-for-local-government

3.11.4 Pandemic Flu planning

Pandemic Influenza continues to represent the most significant civil emergency risk to the UK. The Local Authority has led on the development of an overarching Pandemic Influenza Plan for the city. This wider document links the plans of each individual organisation across the city clearly outlining the roles and responsibilities of each organisation during a pandemic response.

Following on from the development and sign off of the Leeds Outbreak Plan the Leeds Outbreak Planning Group will turn its attention back to review and exercise the overarching Leeds Pandemic Influenza Plan. The updated plan will address outstanding issues such as local, regional and national Command and Control arrangements\structures, access to Personal Protective Equipment and the inclusion of Third Sector support. The review will consider: the evaluation report and detailed lessons from the Public Health England led Exercise Cygnus – 2016; the Yorkshire and Humber Local Resilience Forum; and Local Health Resilience Partnership Pandemic Influenza Framework (version 0.3); the Ministry of Housing, Communities and Local Government (MHCLG) Pandemic Influenza local Tier workshop – Jan 18; and the MHCLG Pandemic Influenza Standard due to be released in Autumn 2018. The group will also consider learning from the West Yorkshire Local Resilience Forum Gold Exercise – Brisbane held in May 2018.

3.12 Health protection planning for large city events

The Leeds City Council Safety Advisory Group (SAG) is now well established. The group is co-ordinated by the Local Authority (LA) and made up of representatives from the LA and the emergency services. The role of the SAG is to take a lead in ensuring the safety of all events held in the Leeds area. Each event is RAG rated against the National Purple Guide and ranked as either low, medium or high risk. Those events which meet the medium\high risk criteria are incorporated into the formal SAG process requiring the production and circulation of Event Management Plans including Medical provision (scrutinised by Yorkshire Ambulance Service and the Emergency Planning Officer, Health Protection), the organisation of Multi agency meetings (MAMs) and attendance at a formal SAG meeting. (http://www.leeds.gov.uk/leisure/Pages/Organising-Events.aspx)

Leeds is currently seeing an increase in the number of large events coming to the city, these include: World Triathlon, Tour de Yorkshire, high profile concerts and the UCI World Cycling Championships, these are alongside our regular large scale events such as the Leeds Carnival and Black Music Festival, Leeds Festival, Leeds Pride and the Leeds 10K. All of these events have the potential to disrupt the delivery of health and social care services across the city therefore the links with the SAG, the event organisers and with key colleagues (e.g. Highways are critical to ensure the continuity of services when these events take place).

3.13 Screening and Immunisation programmes

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

Progress on performance is considered at the Health Protection Board for the following screening and immunisation programmes; cervical, breast, bowel, AAA (Abdominal Aortic Aneurysm), diabetic retinopathy, new born blood spot, ante-natal infectious diseases, Down's syndrome, Thalassemia, sickle cell, new born hearing, the childhood immunisation programme, seasonal influenza programme and the adult immunisation programme including Pneumococcal (PPV) vaccine and shingles vaccine, Where there are concerns within immunisation and screening programmes, these are addressed through the West Yorkshire screening and immunisation oversight group (WYSIOG). Any risks are discussed at the Health Protection Board and addressed as required.

For the purpose of this report four areas of concern are highlighted – cervical, breast, and bowel cancer screening and immunisation programmes in particular childhood immunisations.

NHS England has established a Leeds plan to improve uptake and coverage; this involves all stakeholders across Leeds. This includes the three cancer screening programmes and childhood vaccines, in particular MMR vaccine (Measles, mumps and rubella) and Pre School Booster uptake. There is a particular focus on addressing inequalities in terms of access of defined at risk group, for example raising awareness of the Equality Act within Primary Care.

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

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

Childhood vaccination coverage across Leeds fluctuates between 88% and 94% and has remained static within this range for all childhood vaccines for a number of years. This is consistent with the national picture of vaccine uptake. However, it is important to recognise that Leeds has a high population of new migrants many of whom experience difficulties with engagement of primary care health services.

Following the Measles outbreak in 2017 a review of the vaccination offer within primary care was identified as a need. Based on the NICE guidance an audit tool was launched results for review will be available by December 2018 with the overarching aim of influencing the primary care offer.

3.14 Health Protection Priorities going forward

The Health Protection Board has regularly discussed and reviewed the priorities first identified in 2015, these priorities were most recently reviewed at the October 2018 Board meeting.

The Board identified that good progress has been made in all priority areas; this is a positive step forward for health protection in Leeds. The Board recommended that as a result, the priority ‘to develop an outbreak plan’, could be closed from the priorities list, due to the development and sign off of an outbreak plan for Leeds. The Board recommended one new priority to be added; to increase uptake of childhood vaccinations in areas of low uptake. This was due to increased levels of risks associated with low uptake rates.

Health Protection Board priorities for 2018-2020:

- Tackling antibiotic resistance.
- Addressing air quality and impact on health.
- Reducing seasonal deaths from severe temperatures.
- Reducing the incidence of TB.
- Reduce the incidence of health care associated infections across the Leeds.
- Increase uptake of childhood immunisations in areas of low uptake.
- Exercise and refresh the overarching Leeds Pandemic Influenza Plan.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

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

4.2 Equality and Diversity / Cohesion and Integration

While there are no direct Equality/Diversity/Cohesion or integration implications of this paper, all organisations concerned are actively involved in work in this area, and the raising of the standard of quality care in the city contributes directly to access and equality issues. In addition, some migrant population groups can bear a disproportionate burden of infectious diseases, particularly TB, HIV, hepatitis A and B. The Health Protection Board has ensured that programmes are designed to meet the specific needs of migrant population groups in Leeds working with the Leeds Migrant Health Board, third sector, interpreting services and specialist services.

4.3 Resources and value for money

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

4.4 Legal Implications, Access to Information and Call In

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

4.5 Risk Management

The Health Protection Board works to ensure that they continually strengthen their approach to understanding the health protection risks in Leeds. The Health Protection Board, as a sub-group of the Health and Wellbeing Board, has an assurance role to ensure that the city identifies health protection risks across the system and agrees plans to mitigate against these risks. The Board ensures that the system is prepared to respond to health protection risks, for example, infectious disease outbreaks. The Board utilises a robust evidence base to inform the health protection system when managing risk and tackling health and wellbeing inequalities.

5 Conclusions

This paper provides the Health and Wellbeing Board with the third annual report on the progress of the Health Protection Board since the last report in 2017. The Board identified that good progress had been made in all priority areas; this is a positive step forward for health protection in Leeds. The Board recently reviewed the priorities and recommended that a new priority was added ‘to increase uptake of childhood vaccinations in areas of low uptake’. This was due to increased levels of risks associated with low uptake rates. The Health Protection Board has been

assured to date that robust arrangements are in place to protect the public from health protection threats.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Endorse the Health Protection Board's Annual report.
- Note the key progress made against the priorities identified in the Health Protection Board Annual report 2017.
- Support the new priorities identified by the Health Protection Board for 2018/20.
- Consider and comment on how the HWB can support the new emerging health protection priorities in relation to underserved populations, particularly those living in the most deprived 10% parts of the city.

7 Background documents

7.1 None.

How does this help reduce health inequalities in Leeds?
The growing health protection challenges such as emerging infectious diseases, air pollution and antimicrobial resistance are driven by a diverse range of factors from environmental change, urbanisation and the widening gaps between the least and most deprived communities. These health protection threats to health are not equally shared; marginalised populations experience extremes of poor health due to a combination of poverty, social exclusion and increased burden of risk factors.

The Health Protection Board has been working to focus on the emerging health protection priorities that require focused attention and which disproportionately affect at risk groups and those living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics and the impact of health inequalities when planning programmes and monitoring progress on priorities.

How does this help create a high quality health and care system?
The Health Protection Board works to create a high quality health and care system through an established assurance framework and health protection dashboard where risks and gaps are addressed; through the provision of leadership to deliver a one system approach; coordination of the health protection system to establish clear roles and responsibilities and assessment of emerging trends which can be assessed and communicated to system leaders to inform priority setting.

How does this help to have a financially sustainable health and care system?
The Health Protection Board helps to have a financially sustainable system through ensuring there is emphasis on collaboration between organisations when commissioning and planning health protection programmes, promoting cross-sectoral partnerships that help create healthy and resilient people and communities and agreeing joint priorities, gaps, risks and plans to address.

Future challenges or opportunities

- Tackling antibiotic resistance.
- Addressing air quality and impact on health.
- Reducing seasonal deaths from severe temperatures.
- Reducing the incidence of TB.
- Reduce the incidence of health care associated infections across the Leeds.
- Increase uptake of childhood immunisations in areas of low uptake.
- Exercise and refresh the overarching Leeds Pandemic Influenza Plan

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	x
An Age Friendly City where people age well	x
Strong, engaged and well-connected communities	x
Housing and the environment enable all people of Leeds to be healthy	x
A strong economy with quality, local jobs	x
Get more people, more physically active, more often	
Maximise the benefits of information and technology	x
A stronger focus on prevention	x
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	x
A valued, well trained and supported workforce	x
The best care, in the right place, at the right time	x