

4.2.01 Health Protection

Introduction: why is this important?

Health protection is one of the four domains described in the Public Health Outcomes Framework (PHOF) ¹. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. As well as major programmes such as the national immunisation and screening programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.

Responsibilities for health protection are shared between local authorities, Public Health England (PHE), NHS Clinical Commissioning Groups (CCGs), NHS England Area Teams and the providers of health and social care services. Local Authorities have, for decades, had, and still do have, statutory health protection functions and powers, principally in the area of environmental health, such as ensuring good food hygiene, workplace safety, decent housing, and reducing the impact of environmental hazards. However, the Health and Social Care Act 2012 placed a new statutory duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health (DPH) who is responsible for ensuring that the CBMDC and partners, including PHE and the NHS, plan for, and respond to incidents that present a threat to the public's health.

The Public Health team works closely with Council colleagues and with PHE who provide a specialist health protection response to protect the population of Bradford district from infectious diseases and other non-communicable health threats.

What do the facts and figures tell us?

- Low adult cancer screening coverage and uptake continues to be a major issue across various parts of the Bradford district, namely those areas served by Bradford City and District CCGs. Local data for Bradford indicate that breast cancer and cervical screening uptake has been declining for all Bradford CCGs which mirrors a national picture. Bowel cancer screening has a low uptake and the worst performing area (based on CCG) in West Yorkshire is Bradford City CCG
- The uptake of diabetic eye screening in Bradford during 2012/13 was 77.2%, which meets the acceptable standard as set by the programme (70%), but falls short of meeting the achievable target (80%)
- The Newborn Blood Spot Screening Programme coverage for 2013/14 for Bradford district (90.3%) was below the acceptable target of 95% for screening by day 17. NHS England reported in early 2015 that the coverage may be falling short due to high repeat rates, transfused babies, pre-term babies needing a repeat, babies moving around/no access. NHS England has confirmed that all babies are accounted for and electronic failsafe is in place in every trust to ensure no baby is missed (though not all captured by day 17). In terms of regional performance, Bradford district is not an outlier here. All trusts and CCGs are reporting similar performance against these indicators
- Air quality within Bradford district, along with the West Yorkshire region, is known to have the third worst air quality in the country. With a strong correlation between air pollution and mortality, with 222 attributable deaths annually linked to particulate air pollution across Bradford district ⁴, there is a continued need to focus resources on addressing atmospheric pollution at a local level. The CBMDC is driving forward this agenda through development of a Low Emission Strategy and a Low Emission Zone feasibility study
- Chlamydia detection rate is below what is achieved nationally. There is a need to seek assurance that the provider of the screening programme is addressing this and is able to demonstrate an improvement in performance
- Over the past 12 months, uptake of the seasonal flu vaccine has varied within target groups and across CCG areas. Although in some cases seasonal flu vaccination uptake is meeting national

targets and exceeds regional or national uptake levels, there is a need to strive for improved performance with regard to influenza vaccination uptake across all cohorts

- Number of local HIV diagnoses made at a late stage of infection is nearly 10% higher than the national average. There is a need to consider the future direction of prevention and testing for HIV across the district
- Tuberculosis (TB) remains a major public health challenge for Bradford and Airedale. The incidence of TB in Bradford and Airedale is higher than the national and regional averages and is amongst the highest rates in the UK, outside London - although recent data suggests a decline, both nationally and locally
- Ongoing scrutiny in relation to the provision of comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies is of vital importance. This relates to incidents such as pandemic Influenza, Ebola and severe weather. Work has been undertaken at a local and regional level during the past 12 months to ensure that plans and systems are fit for purpose and appropriately tested.

More information relating to health protection performance in Bradford is available in the [Public Health Outcomes Framework](#).

What strategies, policies and best practice have been developed locally and nationally?

The following strategies and guidance are relevant to the protection of public health:

- Collaborative TB Strategy for England 2015-2020, Public Health England and NHS England
- Collaborative TB Strategy: Commissioning Guidance, Public Health England and NHS England, 2015
- Latent TB Screening – A Practical Guide for Commissioners and Practitioners, Public Health England and NHS England, 2015
- Tuberculosis NICE Guideline (NG33), National Institute for Health and Care Excellence, 2016
- Bradford Tuberculosis Health Needs Assessment 2012, NHS Bradford and Airedale
- Hepatitis C - Annual review of the epidemiology of Hepatitis C in Yorkshire and Humber 2014, Public Health England, 2015
- Hepatitis C in the UK 2015 Report, Public Health England, 2015
- Hepatitis B & C Testing: People at Risk (PH43), National Institute for Health and Care Excellence, 2012
- Flu Plan - Winter 2015/16, Public Health England, NHS England and Department of Health
- The National Flu Immunisation Programme letter 2015/16
- Immunisation & Screening National Delivery Framework & Local Operating Model 2013, NHS England & Public Health England
- Immunisations against infectious disease (The Green Book), Department of Health and Public Health England
- The Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections and related guidance, Department of Health, 2015
- Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infection from April 2014 (Version 2), NHS England, 2014
- *Clostridium difficile* infection objectives for NHS organisations in 2015/16 and guidance on sanction implementation, NHS England, 2015
- Communicable Disease Outbreak Management: Operational Guidance, Public Health England, 2014
- West Yorkshire Gastro-Intestinal Disease Management Protocol, West Yorkshire Local Authorities and PHE, 2014
- Health Protection Legislation (England) Guidance 2010, Department of Health, 2010
- NHS England Emergency Preparedness, Resilience and Response Framework, NHS England, 2015

The PHOF includes a number of health protection related indicators, within the 'health protection domain', which we examine to understand trends in relation to aspects of health protection – please

see [here](#). There are also a number of indicators captured within other PHOF domains which are also relevant to health protection, including KPIs relating to noise and screening programmes.

What challenges have been identified in a local context?

The 2014/15 Annual Report of the Bradford and Airedale Health Protection Assurance Group² identified a series of key health protection associated challenges (please refer to table below for key issues). Future challenges are discussed in more detail under each health protection domain in the main body of the report. Additional specific detail can also be found in other sections of the JSNA, including 3.4.1 (The Environment), 5.3.3 (Cancer Services) and 5.3.4 (Sexual Health).

The Director of Public Health has chosen health protection as the subject of their Annual Report during 2016. The report, although not comprehensively describing all health protection work which is being undertaken, highlights some key areas of importance.

Domain	Future Challenges
Communicable disease (Tuberculosis)	The rate of Tuberculosis (TB) is high in Bradford when compared with most other areas in England - although recent data suggests a decline, both nationally and locally – Need to maintain TB as a locally recognised priority, seeking assurance from responsible bodies that services are fit for purpose to address, and reduce the high incidence of TB seen locally.
	Continue to utilise the local TB Network to co-ordinate a multi-agency approach to, both address the high levels of TB seen locally, and implement new architecture as recommended in the Collaborative TB Strategy for England 2015-2020 ³ , such as LTBI screening in primary care. There is also a need to understand the future role of the Network with the newly developed Yorkshire and Humber and North East TB Control Board.
	CCGs, as the main commissioner of TB services, must work with commissioned TB providers to ensure that they are able to meet the standards of national NICE guidance ⁶ and services are fit for purpose for the needs of Bradford district.
	Identifying the extent to which TB is present in local, highly mobile populations, such as the homeless and those engaged in alcohol and drug misuse, and ensuring that service pathways are fit for purpose in order that identified cases receive appropriate treatment and care.
	Improving the number of confirmed TB cases that complete recognised treatment programmes
	Developing a specialised service or pathway for the management of the social aspects of TB care, which should consider the provision of housing and associated support for those with no recourse to public funds.
Communicable disease	Continue to ensure that robust and tested plans and systems are in place in the event of a large scale communicable disease outbreak such as Ebola and pandemic Influenza.
Infection prevention and control	Ensure CCG partners and GPs are fully engaged with the HCAI agenda, particularly the analysis of cases through employment of a robust Post Infection Review (PIR) and Root Cause Analysis (RCA) process. It is vital that the PIR/RCA process be implemented and lessons learned be used to inform improved care provision.
	Priority must be given to both to sustaining the progress made on reducing some of the existing HCAIs and on collaboration across healthcare commissioners and providers to tackle new and emerging infections, especially having regard to antibiotic resistance and stewardship.
Environmental	Achieving the required improvements of the districts private water

health	supplies has proved challenging and continues to be a priority for the Environmental Health Service.
	Air quality continues to be a major challenge for the City. Continued partnership working both across West Yorkshire and within the Council and the District is essential to achieve the required changes. The health costs and the loss of life quality continue to be a major concern.
	A continued approach to tackle the shisha premises in the district. Although the number of premises has fallen there are still a number of premises regularly operating and openly offering shisha for use in an enclosed premise.
	Building closer relationships with neighbouring authorities to further facilitate closer joint commissioning.
Emergency preparedness	CBMDC need to strive to continue to receive appropriate assurance from NHS England in relation to Emergency Preparedness Resilience and Response (EPRR) capability and local arrangements across NHS bodies with specific reference to the EPRR Core Standards ⁵ . CBMDC must ensure that they receive appropriate assurance via the Local Health Resilience Partnership (LHRP) and other local mechanisms as appropriate.
	With the backdrop of reducing capacity across the public sector it is vital that the multi-agency Bradford District Resilience Forum (BDRF) provides a robust and co-ordinated approach to integrated emergency management and thus maintains strong links with the LHRP and West Yorkshire Resilience Forum (WYRF).
	Ensuring that CBMDC and multi-agency partners e.g. CCGs understand the importance of maintaining and testing business continuity management plans.
	Ensuring ongoing local resilience with regard to communicable disease outbreaks is a key part of health emergency preparedness e.g. pandemic Influenza and Ebola. CBMDC must continue to work with partners, through local resilience mechanisms (Bradford District Resilience Forum) and regional mechanisms (LHRP and WYRF) to ensure plans are fit-for-purpose and appropriately tested.
Immunisation	There is a need to strive to see continued improved performance within some of the vaccination programmes e.g. Men C, Hib Men C and PCV and also not rest on our laurels with regards to those programmes performing well. CBMDC, CCGs, GPs and other providers must support NHS England, as commissioners and system leaders, to improve performance across the immunisation programmes.
	There is a need for further assurance in relation to BCG administration to neonates. This is a key element of the Collaborative TB Strategy for England 2015-2020. Improved data capture mechanisms are needed across Bradford district (including both acute trusts) and assurance is to be sought from NHS England and via regional and local mechanisms, such as the West Yorkshire Screening and Immunisation Oversight Group (WYSIOG)
	Although in some cases seasonal flu vaccination uptake is meeting national targets and exceeds regional or national uptake levels, there is a clear need for improved performance with regard to influenza vaccination uptake across all cohorts. This cannot be achieved in isolation and requires joined-up working across NHS England, CCGs, PHE, CBMDC, GPs and other providers, including pharmacists and health and social care providers e.g. acute, community and care home providers

	It is evident that uptake of the Fluenz nasal flu vaccine is impacted by the fact that certain faith groups view the vaccine as not being permissible. There is therefore work to be done on a national and local level to better understand the barriers and determine what approach needs to be taken to see increased uptake of the flu vaccine
Screening	Local concern around screening programmes relates, primarily, to the uptake and coverage of adult cancer screening. The development of the screening improvement plan is a positive step, but there is a need to ensure that the actions as detailed within the plan are taken forward. It has been recognised that partners across the health economy, under the leadership of NHS England, can play a key role in improving screening uptake and coverage.
	There is a need to ensure that non-cancer screening programmes, such as Newborn Bloodspot Screening Programme and the Diabetic Eye Screening Programme (DESP) receive appropriate attention and that NHS England seeks assurance around sub-standard programme performance. The failure to identify a DESP provider across West Yorkshire will require suitable management of the current provider contracts and it is vital that any ongoing provider is able to deliver a fit-for-purpose service able to meet the needs of the people of Bradford and the appropriate national KPIs.
Sexual health	The introduction of a new Integrated Sexual Health Service will present challenges in terms of ensuring continuity of a fit-for-purpose sexual health service for service users. The Public Health department will require that assurance be provided around the delivery of the service and its contribution to meeting the health needs of the people across Bradford district.
	Currently the Chlamydia detection rate is below what is achieved nationally, thus there is a need for sexual health colleagues to seek ongoing assurance that the provider of the screening programme is addressing this and is able to demonstrate an improvement in performance.
	Key strategic priorities relating to HIV are to reduce the proportion of late HIV diagnoses and increase the proportion of HIV infections diagnosed. With the number of local HIV diagnoses made at a late stage of infection nearly 10% higher than the national average, there is a need to consider the future direction of prevention and testing for HIV across the district. Working with the new Integrated Sexual Health Service provider and implementing any recommendations from the HIV needs assessment will be a key element in addressing these strategic priorities.

What do our stakeholders tell us?

Partnership working between the local authority, NHS Bradford City and Districts CCGs, Public Health England and Bradford District Care Foundation Trust resulted in a successful application for national NHS England and Public Health England funding focused on the implementation of Latent TB Infection (LTBI) screening programme. This programme aims to screen 16 to 35 year olds who recently arrived to the UK from high incidence countries.

In order to promptly recognised and trace TB cases, the local authority and Public Health England facilitated some joint working across TB nursing and substance misuse services which aimed to focus on empowering those at risk of TB and health professionals to recognise signs and symptoms of TB and improve awareness of referral pathways. This was achieved primarily through joint working and cross-training between local authority, TB service and substance misuse services such as Bridge Project and Project 6. A key element of this work involved the development of an Integrated Care Pathway in order that services users and their treatment team have a shared and clear understanding through an integrated care package.

NHS England, as commissioners of the NHS screening and immunisation programmes, provide regular intelligence regarding local uptake and coverage across the above programmes, including the three cancer screening programmes (bowel, breast and cervical), and the childhood and adult immunisation programmes, including seasonal flu. Work being led by NHS England and supported by CBMDC, CCGs and Cancer Research UK, is ongoing to revise the Bradford Screening and Immunisation Improvement Plan. This aims to address the poor uptake and coverage across some of the screening programmes, with a primary focus on cancer screening, and will better inform the way in which the health economy can meet the needs of our diverse communities.

This agenda is further supported through the West Yorkshire Screening and Immunisation Improving Coverage Group, which enables partners across the health economy to come together to share good practice and intelligence with a view to striving for improved uptake across the abovementioned programmes.

Following liaison with stakeholders via the Bradford District Resilience Forum, work is ongoing to refine planning in relation to the management of a communicable disease outbreak. Key to this is identifying roles and responsibilities in the event of such an outbreak.

Recommendations: What do we need to do? How do we ensure this remains a priority?

There are a number of key actions being undertaken to protect the health of the people of Bradford district, and where there are gaps identified, these are being addressed and monitored through relevant leads and/or groups. A number of achievements, as well as key challenges, as described in this report have been identified (please see below), and the CBMDC Public Health department will continue to work with partners across the health economy and continue to seek assurance that these matters are being appropriately addressed.

Key areas of work across health protection for the next 12 months include:

- Partners across the health system should work collaboratively to explore how the Collaborative TB Strategy for England 2015-2020 can be implemented locally, including but not limited to:
 - the development of Latent TB Infection (LTBI) screening in primary care⁷
 - exploring how the Bradford TB Network will work in conjunction with the Yorkshire and Humber TB Control Board to drive forward improvements in timely identification of TB cases, treatment outcomes, contact tracing
 - supporting the review of the TB service specification against the national service specification
- Ensure our population receives the maximum benefit from immunisation programmes, including universal childhood vaccinations, and targeted vaccinations such as Hepatitis B and influenza.
- Sustaining the progress made on reducing some of the more common HCAs and on collaboration across healthcare providers to tackle new and emerging infections.
- Continue to raise profile and keep on agenda management of healthcare associated infections and appropriate antimicrobial prescribing.
- Ensure fit for purpose, high quality immunisation and screening programmes are in place in order to reduce the impact of infectious diseases on our population. Assurance on this work will continue to be sought from NHS England / Public Health England through the West Yorkshire Screening and Immunisation Oversight Group.
- Improved engagement with communities is required to increase vaccination uptake rates where these are substantially below the national 95% uptake target. Uptake should be increased further because high uptake (over 95%) means that children are at a low risk of infection but also ensures continued protection for those persons who cannot be vaccinated for medical reasons.
- Targeted work needs to be carried out to increase seasonal flu vaccination uptake in pregnant women, those clinically at risk (including children) and front line health and social care staff. This should include identifying and supporting underperforming practices. Linked to this is the need to increase pneumococcal immunisation uptake, for people aged 65 years and over.
- A key priority in relation to hepatitis is to improve access to testing and treatment for viral hepatitis, especially within high risk groups, such as people who inject drugs (PWID). Continued information and education should be made available for the public to avoid high-risk behaviours that may contribute to the transmission of blood borne viruses such as hepatitis.

- Achieving the required improvements of the districts private water supplies has proved challenging and continues to be a priority for the EHS.
- Continued partnership working both across West Yorkshire and within the Council and the District is essential to achieve the required changes with regard to air quality and the associated health costs and impacts on quality of life.
- Ensuring on going local resilience with regard to communicable disease outbreaks. Key to this is co-ordinated multi-agency preparedness work through local resilience mechanisms.

References

1. Public Health England (2016) Public Health Outcomes Framework, Available at: <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000032> [Accessed 14 March 2016]
2. Hargreaves, P. (2015) CBMDC Bradford & Airedale Health Protection Assurance Group 2014/15 Annual Report. Unpublished, CBMDC.
3. Public Health England and NHS England (2015) Collaborative TB Strategy for England 2015-2020.
4. Public Health England (2014) Estimating Local Mortality Burdens Associated with Particulate Air Pollution.
5. NHS England (2015) Core Standards for Emergency Preparedness Resilience and Response. Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/06/nhse-core-standards-150506.pdf> [Accessed 14 March 2016]
6. National Institute for Health and Care Excellence (2016) NICE Guideline – Tuberculosis ng33
7. Public Health England and NHS England (2015) Latent TB screening – a practical guide for commissioners and practitioners