

Health and Wellbeing Board			
Title:	An overview of Health Protection in Lewisham and proposed future arrangements		
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Class:	Part 1	Date:	16 th June 2013

1. Purpose

1.1 In April 2013, the London Borough of Lewisham acquired additional mandated duties with respect to the control of infectious diseases (including healthcare associated infections) in the population.

1.2 The purpose of this paper is to brief the Health and Wellbeing Board on key health protection issues and to advise on the most appropriate arrangements for health protection in Lewisham. The Board is asked to support the recommendations for action listed below.

2. Recommendations

The Health and Wellbeing Board is asked to:

- Agree to the establishment of a Lewisham Health Protection Strategy Group, reporting to the Health and Wellbeing Board. The terms of reference should be consistent with the outline provided in appendix A and agreed by the group
- Request that the first key task of the new group is to review health protection plans already in place locally and identify any additional plans needed.
- Organise a workshop in September 2013 for stakeholders involved in health protection in Lewisham to ensure all understand their roles and responsibilities within the new arrangements. Membership of the Health Protection Strategy group can be finalised at the workshop.
- Support the development of a TB action plan for Lewisham based on recommendations in the TB JSNA (Autumn 2013).

3. Policy context

New health protection duties for local authorities

3.1. Recently mandated health protection responsibilities for preventing, planning and responding to incidents require the local authority to oversee local issues and ensure arrangements are fit for purpose.

3.2 These are in addition to long standing health protection statutory functions largely centred around environmental health.

3.3 Several organisations have a role to play, in particular Public Health England, Environmental Health Services and the local Public Health Department. The roles and responsibilities of these agencies are complex and sometimes overlap.

3.4 Department of Health recommend that local authorities set up a health protection forum, chaired by the Director of Public Health, to provide an overview of health protection issues and ensure co-ordinated, close working arrangements between key agencies^{1,2}.

4. Background

4.1 Health protection is a specialist area of public health consisting of 2 main elements – infectious disease (including healthcare associated infections) and non-infectious environmental hazards.

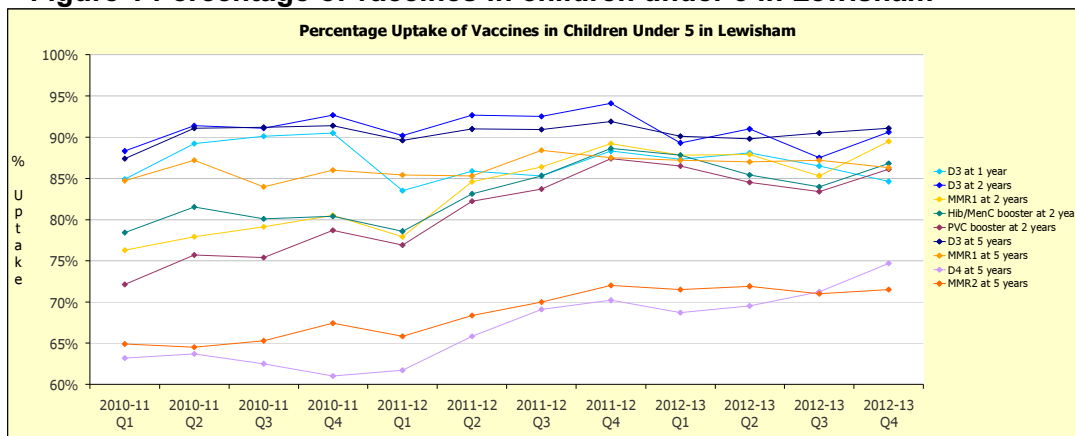
4.2 Lewisham faces some considerable health protection issues. This report briefly describes some of the key challenges in the borough and current plans to tackle them.

Immunisations and vaccine preventable disease

4.3 Uptake of childhood immunisations has been below the national target for some time and as a result, significant numbers of children have not been protected against potentially serious infections.

4.4 However, over the past four years, the borough has seen a broadly sustained upward trend in the proportion of children immunised at all ages (figure 1).

Figure 1 Percentage of vaccines in children under 5 in Lewisham



4.5 Uptake of influenza immunisation also falls short of national targets. Although Lewisham achieved national targets for influenza uptake in the elderly, uptake of influenza vaccine in other groups remains an issue.

4.6 The Director of Public health chairs a bi-monthly immunisation strategy group meeting which provides a forum to develop local strategies and monitor progress.

4.7 Monthly immunisation working group meetings are held to review work streams and check progress against the local action plan.

4.8 High numbers of confirmed measles cases in England were reported in the first 3 months of 2013, reaching 587 by end of March, following a record annual high of almost 2,000 cases in 2012.

4.9 Experts believe the rise in measles cases can be mostly attributed to the proportion of unprotected 10-16 year-olds who missed out on vaccination in the late 1990s and early 2000s when concern around the discredited link between autism and the vaccine was widespread.

4.10 As part of Department of Health measles catch-up programme, Lewisham is working in collaboration with other local authorities in South London to develop a programme to deliver immunisations to 10-16 year olds during August 2013.

Sexually transmitted infections (including HIV)

4.11 Sexual health is a local priority due to high rates of teenage pregnancy, abortion, sexually transmitted infections and HIV.

4.12 One in 10 young people aged 15-24 have chlamydia infection, a further 1 in 50 have gonorrhoea.

4.16 The rate of HIV infection in Lewisham is 7.8 per 1,000 population with the average for London at 5.2 per 1,000. This is the 8th highest prevalence in the UK. In Lewisham around 60% of HIV infection is acquired through sex between men and women.

4.17 HIV infection in Lewisham mainly affects the Black African community and men who have sex with men. Late diagnosis is more common in Black Africans and in particular Black African heterosexual men.

4.18 In 2009 a London target was introduced to reduce very late diagnosis of HIV infection by 15% by 2010/11. At baseline 31% of infections were diagnosed very late. In 2011, 35% of HIV infections were diagnosed very late, although the proportion that were 'late' had reduced. Lewisham is rated 'red' against this target.

4.19 A roll out of HIV testing in primary care is planned from 2013 onwards. Opportunities to increase HIV testing in other settings such as hospitals and in primary care is also a priority.

Tuberculosis in Lewisham

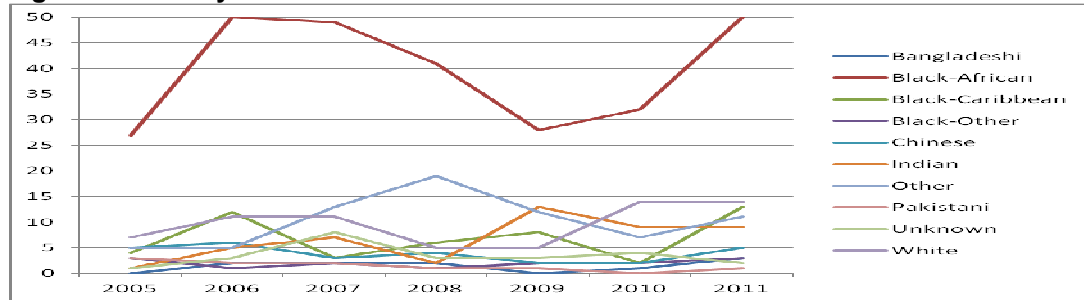
4.20 TB notification rates in South East London have remained fairly steady at around 30 annual notifications per 100,000 (the UK average at around 13 per 100,000).

4.21 However, notified cases increased in Lewisham in 2011 to 111 cases (40.5 per 100,000), an increase on 73 cases in 2010 (27.4 per 100,000) and on the 85 case-per-annum average for 2002-2010 (33.3 per 100,000).

4.22 The majority of cases occur in people of Black-African origin, more than double any other ethnic group, partly because people of Black-African origin make up a significant minority of the Lewisham population.

4.23 Therefore although the largest numbers of TB registrations are in this group, the rate of TB cases is similarly high in people of Bangladeshi, Indian and Chinese origin (figure 4).

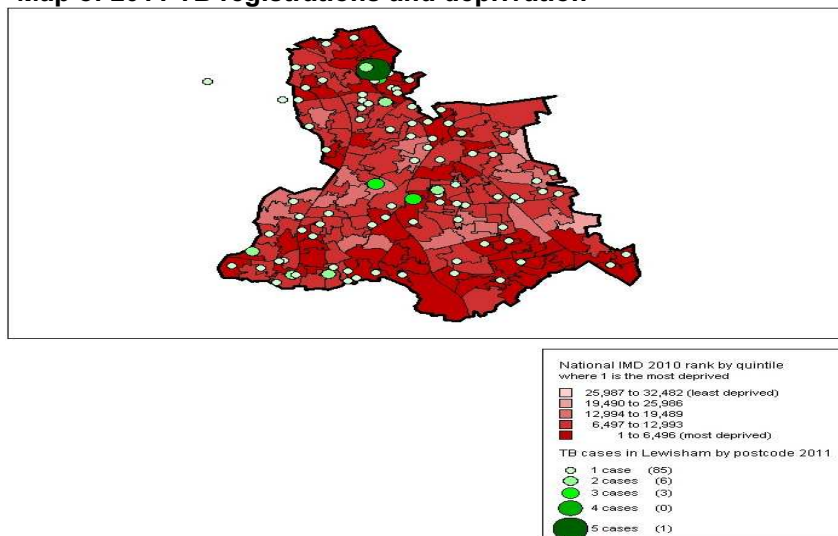
Figure 4 Ethnicity of TB cases in Lewisham 2005-2011



Source: Lewisham JSNA

4.24 TB is closely associated with deprivation. The majority of cases are in more deprived areas, with a concentration of cases in 2011 in the north of the borough (figure 5).

Figure 5 – Map of 2011 TB registrations and deprivation



4.25 The Public Health Department is currently undertaking a TB JSNA to measure current need, map service provision and identify any gaps. A TB action plan, based on the recommendations in the JSNA will be developed by autumn 2013.

5. Financial implications

None

6. Legal implications

National policy recommends formation of local health protection forums as best practice^{1,2}.

7. Crime and disorder implications

None

8. Equalities

Health protection is an issue relevant to all working and living in the borough of Lewisham. Issues such as TB and abortion disproportionately effect some of our minority groups and has higher rates in areas of higher deprivation.

9. Environmental implications

None

10. Conclusion

10.1 This report summarises the key health protection challenges in Lewisham, particularly in relation to vaccine preventable diseases, sexual health (including HIV) and tuberculosis and the work underway to tackle these issues.

10.2 The board is asked to support the formation of a local health protection group, chaired by the Director of Public Health, to provide an overview of health protection issues and ensure co-ordinated, close working arrangements between key agencies are developed and maintained.

Background documents

¹Department of Health (2012) Health protection and local government @
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

²Health protection and local government @
http://www.local.gov.uk/c/document_library/get_file?uuid=123d1fe3-eb7a-44a0-9083-3aa481c6cb5b&groupId=10171

If there are any queries on this report, please contact

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Appendix 1

LEWISHAM HEALTH PROTECTION COMMITTEE Terms of Reference

1.0 INTRODUCTION

Aim

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.

The Health Protection Committee will provide a forum to assess health protection risks to the local population. Chaired by the Director of Public Health, the committee will act as the central group to view and monitor health protection activity. It will provide a forum to discuss, prioritise and monitor issues and manage them where possible. Issues will be escalated to the Health and Wellbeing Board as appropriate.

The Health Protection Committee will provide assurance to the Health and Wellbeing Board in Lewisham about the adequacy of prevention, surveillance, planning and response with regard to health protection issues.

The committee will work closely with other partners including the local Clinical Commissioning Group and environmental health colleagues to draw on existing experience and statutory powers.

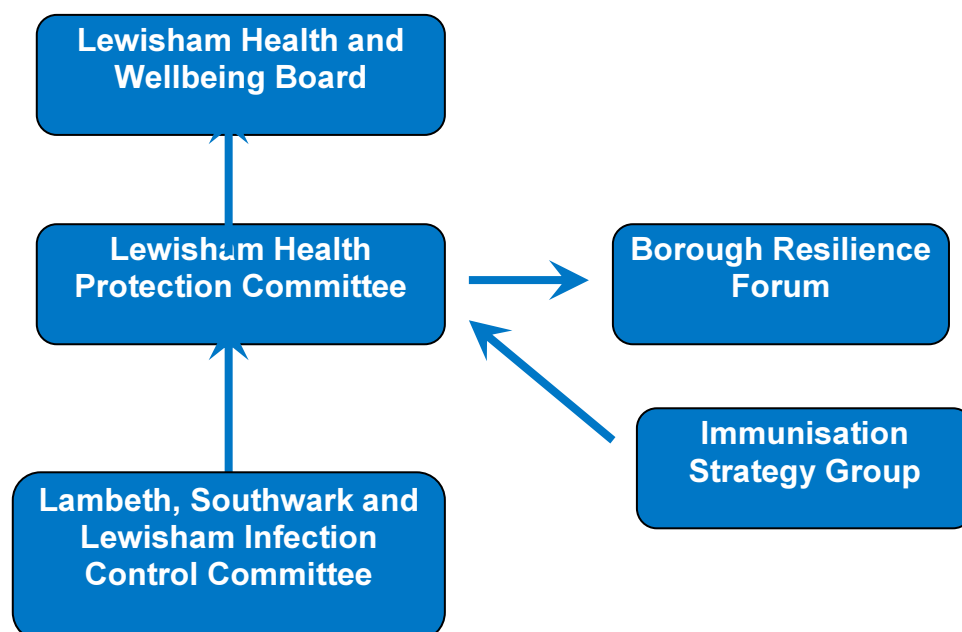
2.0 DUTIES

1.	Working with the London Borough of Lewisham and its NHS partners, monitor planning and co-ordinate activities to prevent, reduce or manage health protection risks to the local population
2.	Oversee the continual improvement and development of health protection in Lewisham
3.	Working with Public Health England and NHS England, act as the principle group convened in Lewisham to provide support in response to local health protection issues
4.	Receive regular reports from Lambeth, Southwark and Lewisham's Infection Control Committee
5.	Report regularly to the Lewisham Health and Wellbeing board
6.	Ensure Health Protection issues are raised in the appropriate internal and external forums
7.	Ensure clear lines of communication in planning and response with multi-agency partners in relation to health protection
8.	Ensure appropriate communication with all staff and the local population as necessary
9.	Report regularly to the local resilience forum
10.	Present annual report to the Health and Wellbeing Board

3.0 ACCOUNTABILITY

The Health Protection Committee will act as a sub-committee of the Health and Wellbeing Board (see figure 1 below). The chair of the Health Protection Committee will raise issues with to the Board as appropriate. The Committee will present an annual report to the Health and Wellbeing Board.

Figure 1



4.0 KEY RELATIONSHIPS

Chair – Director of Public Health, Lewisham

Members – Consultant in Public Health Medicine, Public Health, Lewisham
Health Protection Programme Lead, Lewisham
Consultant in Communicable Disease Control, Public Health England, South East London
Lead Environmental Health Officer, Lewisham
Sexual Health Commissioner, Lewisham
Quality Lead, Clinical Commissioning Group, Lewisham
Primary Care Commissioner, NHS England
Lewisham Lead, Sector Resilience Forum
Communications Team, London Borough of Lewisham
Strategy and Policy Unit, London Borough of Lewisham

Other members will be co-opted to advise on different areas of work as appropriate.

5.0 REQUIRED FREQUENCY OF ATTENDANCE (BY MEMBERS)

Members who are unable to attend meetings are required to nominate a representative to attend in their absence.

6.0 REPORTING ARRANGEMENTS INTO THE COMMITTEE (FROM A SUBCOMMITTEE)

1. To receive, on a quarterly basis, minutes and actions from the Lambeth, Southwark and Lewisham Infection Control Committee.
2. Sign-off relevant actions from the LSL Infection Control Committee as appropriate.
3. To receive, by exception, update reports on Health Protection issues.

7.0 QUORUM RULES (REQUIREMENT FOR A QUORUM)

50% of current membership. Vacant posts to be noted and excluded from quorum.

8.0 FREQUENCY OF MEETINGS

Quarterly

9.0 PROCESS FOR MONITORING THE ADHERENCE TO THE RULES SET OUT IN THESE TERMS OF REFERENCE

Monitoring adherence to the rules set out in the terms of reference will be carried out periodically by the Chair of the Committee.

10.0 REVIEW

The terms of reference (including membership) of this committee will be reviewed on a yearly basis