

REPORT FOR: Health and Wellbeing Board.

Date of Meeting: 7 January 2016

Subject: **INFORMATION REPORT – Annual Health Protection Profile for Harrow, 2014**

Responsible Officer: Dr Andrew Howe, Director of Public Health

Exempt: No

Wards affected: All

Enclosures: Annual Health Protection Profile for Harrow, 2014

Section 1 – Summary

This report presents a profile of health protection issues in Harrow. It covers the local incidence of a number of communicable diseases and the actions being undertaken to address them.

FOR INFORMATION

Section 2 – Report

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 programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, health surveillance and response to incidents and outbreaks.

The new health protection duty of local authorities under regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006 (“NHS Act 2006”) (as inserted by section 18 of the Health and Social Care Act 2012), which came into force on the 1st of April 2013 (“6C effectively for the protection of the Regulations”)³

The 6C Regulations provide for each local authority to “provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to the authority’s area, with a view to promoting the preparation of appropriate local health protection arrangements (“health protection arrangements”), or the participation in such arrangements, by that person or from body”.

This report gives an annual update on health protection issues facing Harrow. It gives a snapshot of four topics:

- Infectious diseases and outbreaks;
- Immunisation;
- TB;
- Sexually Transmitted Infections; and
- HIV.

Infectious Diseases and Outbreaks

The most noticeable increase in infections occurred in the number of scarlet fever cases, which increased three fold. This increase mirrors that seen in the country as a whole.

Immunisation

Immunisation rates for childhood diseases are generally better than the London average but slightly lower than the national average. The exceptions are Pneumococcal vaccination (PCV) in children aged 24 months and the Diphtheria, Tetanus and Pertussis plus Polio (DTaP/Pol) booster in 5 year olds.

Flu immunisation was similar to the national rates with the exception of pregnant women where rates were lower. Human Papilloma Virus (HPV) immunisation in girls between 8 and 13 remains one of the highest in London.

NHSE are responsible for the delivery of the immunisation programmes and have agreed an action plan with the council, CCG and community nursing. They will report on Immunisation at a HWB meeting in 2016.

Tuberculosis (TB)

Harrow has one of the highest rates of TB in the country. 148 new cases were identified in 2013. Rates were highest in areas where the proportion of the population are from BAME groups is highest.

Actions on TB have previously been brought to the HWB. They include:

- Prompt identification of active and latent cases of disease
 - Awareness of TB in the communities
 - Awareness of TB by council staff
 - We worked closely with TB Alert!, a national charity.
 - Small grants for community groups
 - World TB Day in March
- Supporting patients to successfully complete treatment
 - Commissioned by CCG
 - Completion of treatment: local rates are good and those in greater need get additional supervision.
- Preventing new cases of disease occurring:
 - Contact tracing of cases of TB
 - High risk groups: mobile x-ray unit visits the drug and alcohol service
 - CCG has applied for funding for latent TB screening of new registrations from high risk countries

Sexual Health and HIV

Sexually Transmitted Infection (STI) and HIV rates in Harrow are low and are more comparable to the England rates than the London average. HIV prevalence rates (i.e. the total number of people currently living with HIV) are the third lowest in London. The majority of these cases are heterosexually acquired.

The commissioning and procurement of sexual health services is being led by Harrow on behalf of 29 London Boroughs. A paper on this will be presented to the board at a later date.

Section 3 – Further Information

An annual update of health protection issues will be presented to the board.

Section 4 – Financial Implications

The local authority has responsibilities to act on food borne communicable disease outbreaks. This is funded through the Environmental Health team budget and remains available to enable the LA duty to be discharged.

The responsibility for immunisation programmes lies with NHS England and the council's role is one of assurance only.

Action on TB awareness has been funded from the Public Health ring fenced grant.

Sexual health promotion and HIV prevention is to be procured as part of the London wide programme and funding will come from the Public Health ring fenced grant.

The Comprehensive Spending Review on 25th November announced reductions in public health funding, a continuation of the grant ring fence until 2017/18 and consulting on options to fully fund local authorities public health spending from their retained business rates receipts, as part of the move towards 100% business rate retention.

In this respect, the impact of any changes in expenditure required to address any local authority responsibilities will need to be contained within the commissioning intentions and annual grant amount.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No
This is an information report and there are no proposed changes to services.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Infectious diseases can affect anyone in the community but some groups are at higher risk either because they have a higher risk of developing the infection (e.g. TB is most likely in people coming from a country where the disease burden is high) or because the consequences of the infection can have a more serious effect (e.g. meningitis or measles which can lead to disability or death in children). The report therefore incorporates the administration's priorities of

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 30 November 2015		

Ward Councillors notified:	NO
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Section 7 - Contact Details and Background Papers

Contact:

Dr Claude Seng, Consultant in Communicable Disease Control, NW London
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Background Papers: None