

APPENDIX 1

**Public Health in
Lambeth and Southwark**

Director of Public Health Report

July - September 2014

Introduction

This is the quarterly report of the Director of Public Health for Lambeth and Southwark for the second quarter of 2014-15. The report is for the London boroughs of Lambeth and Southwark and Lambeth and Southwark Clinical Commissioning Groups as well as for all Health and Wellbeing Boards partners.

The aim of the quarterly reports is to update partners on the activities of the Lambeth and Southwark specialist public health team and work being done in partnership; and to provide information about current public health issues relevant to Lambeth and Southwark, including alerting people to areas of concern or risk.

This quarter summaries are health protection work streams including the local response to Ebola in West Africa, Pandemic Flu planning, Flu Immunisation Campaign, an first year update on the L&S immunisation programmes, infection control across Lambeth, Southwark and Lewisham, Cancer Screening and SH24 update.

Comments and ideas for future topics are welcome. Please contact PHAdmin@southwark.gov.uk

1. Ebola

Background

Ebola virus disease is a severe infection, which occurs in humans and other primates. The disease emerged in 1976 in central African countries – Democratic Republic of Congo, Uganda and Sudan. The natural reservoir has not been identified.

The largest outbreak to date is currently occurring in West Africa – Liberia, Sierra Leone, Guinea and Nigeria.

The first human case in an outbreak of Ebola is acquired through contact with blood, secretions or other bodily fluids from an infected animal. People can also be infected through contact with objects such as needles or soiled clothing that has been contaminated with infected secretions. Outbreaks have been extended by traditional burial practices where mourners have direct contact with the bodies of the deceased. Acquisition through sexual contact of a convalescent case is also possible as the virus remains in the semen for up to 7 weeks after recovery.

Diagnosis and Management

The incubation period is between 2 and 21 days and the disease is manifest with sudden onset of

fever, headache, joint and muscle pains, sore throat and intense weakness. This is followed by diarrhoea, vomiting, rash and impaired kidney and liver function. Some patients develop a rash, red eyes, internal and external bleeding. Ebola is fatal in between 50-90% of clinically ill cases. Diagnosis of Ebola at the early stage is difficult due to the non-specific symptoms which are similar to many other diseases, e.g malaria.

There is no specific treatment or vaccine currently available for Ebola. Patients require intensive support including rehydration, and monitoring of oxygen and blood pressure.

Prevention of Ebola requires great care during nursing of an Ebola patient to avoid contact with bodily fluids. Isolation and strict barrier nursing with personal protective equipment is essential. Those that have died from Ebola must be buried safely and promptly.

Local Arrangements

Lambeth and Southwark have the largest resident West African communities in London. Many of these residents will have family and friends in affected countries. The risk of cases in the UK is extremely low, however Public Health has undertaken preparation in the unlikely event of local transmission.

In Lambeth and Southwark, the Public Health Team have been responding to queries and communicating with local colleagues to allay anxieties, including the following:

1. Information to the public via the Southwark Council Website. Lambeth Council do not include advice to the public on their site.
2. Letters to Head Teachers, Child Care Providers, and Further Education Establishments with links to national guidance on where exclusion is required.
3. Development of awareness display boards for display in public spaces across the two boroughs.
4. Development of Workplace algorithm for employers to assess risk which has been circulated within both local authorities and CCGs (contact Lambeth and Southwark Public Health for a copy).
5. Considering plans for a helpline should it be required locally.

In the UK, case management and containment will be led by Public Health England and acute trusts. Existing isolation facilities are being reviewed in order that expansion will be possible if required.

Locally, response plans will be based on existing pandemic arrangements:

- Encouraging patients to remain at home and contact services by telephone, and not by visiting their local GP surgery or A&E.
- Ensuring GPs refer patients into hospital through appropriate routes e.g. not via A&E. PHE have

developed information for primary care that summarises guidance for General Practice, including referring patients to hospital, infection control, personal protective equipment and decontamination. This is detailed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349981/Information_for_primary_care_01092014.pdf

- Access existing supplies of personal protective equipment (PPE) from the NHS England stockpile
- Rolling out PPE specific infection control training
- Working closely with CCG and NHSE colleagues to ensure primary care services can respond

2. Pandemic Influenza Planning

The most recent meeting of Lambeth and Southwark Pandemic Flu Planning Group was on Monday 15th September. It focused on those aspects of planning pertinent to Ebola e.g. raising public awareness, infection control (including availability of personal protective equipment - PPE), assurance of business continuity plans in all local providers. This group includes members from Lambeth and Southwark councils and both CCGs to develop a coordinated local pandemic flu plan in line with NHS England (London) requirements. The Lambeth and Southwark Public Health Service are currently supporting both CCGs to develop their own plan ahead of a recent request by an NHS England to have a Pandemic Flu Plan in place. This CCG specific plan has been drafted to enable it to be slotted in to the multiagency one already being developed locally.

3. Lambeth and Southwark Immunisation Annual Report 2013/14

Lambeth and Southwark Immunisation Steering Group has produced it's first annual report to provide local stakeholders with a summary of local programmes. This report will soon be available on the Southwark Council website.

Immunisation service delivery and commissioning responsibilities:

- NHS England is responsible for commissioning the delivery of immunisation programmes. However their role is very contractual and not strategic.
- GSTT Community Services Support the local Lambeth and Southwark Immunisation Programmes by providing support to GPs, the delivery of a local helpline, verifying data and chasing up where immunisations have been missed.
- CCGs are responsible for ensuring quality of services is appropriate.

- Local authority Directors of Public Health are responsible for assuring themselves that immunisation services are being delivered and address gaps where possible.

Lambeth and Southwark stakeholders have made remarkable progress with improving immunisation uptake.

4. Local Flu Immunisation Campaign

The responsibility for ensuring flu immunisation delivery sits with NHS England. Directors of Public Health have a responsibility to assure themselves that local immunisation services are being delivered effectively and efficiently. Where they feel they are not, they should work with stakeholders to address the gaps. Locally uptake has not reached the national target and needs to be improved. In particular the uptake by people with long term conditions is about half the national target rate of 75%.

Therefore this year in Lambeth and Southwark, we have set aside some Public Health resource to support a two-borough flu immunisation campaign. The target groups will be people 65 years old and over, those in at risk groups (long term conditions e.g. chronic heart and lung disease), and health and social care staff. The campaign includes:

- Posters in Bus Shelters and on Buses
- Leaflets in pharmacy bags
- Council website information for staff and the public
- Immunisation of senior health and social care leaders
- Messages to health and social care staff

Immunisation of front line staff protects them, their family and protects those who they look after.

5. Infection Control

Responsibility for infection control is the responsibility of providers (delivery) and CCGs to ensure (quality). The Lambeth and Southwark Specialist Public Health Services deliver the CCGs' responsibilities locally. This includes ensuring the following services:

- Audits and training for General and Dental Practices
- Post Infection Reviews for MRSA (Meticillin Resistant Staphylococcus Aureus) bacteraemias attributed to the community

- Review of all community *Clostridium difficile* (CDI) cases to address learning
- Management of the Lambeth Southwark and Lewisham Infection Control Committee, which reports to both CCGs.
- Support community policy development where required.

Following transition to local government, the infection control team are working more closely with social care commissioners and care home commissioners in LAs and CCGs. This includes joining up local work streams through SLIC (Southwark and Lambeth Integrated Care). Infection control is now being included in local training for care homes. Statements about legal requirements for infection control need to be included in all contracts with providers. This work will aim to reduce the spread of infectious diseases (e.g. Norovirus, influenza, MRSA, CDI) in the community and between organisations. Some challenges have arisen as a result of the transfer to local government. Public health infection control staff require access to patient notes as part of their responsibilities reviewing MRSA and CDI. Some NHS organisations have not provided this access on the grounds of information governance and have insisted on getting patient consent before allowing access. This consent is often not possible as a consequence of the nature of the patients concerned. However this is a national health protection requirement. The Lambeth and Southwark Director of Infection Prevention Control has raised this at the national, regional and local level and is awaiting a resolution.

6. Cancer Screening

There are three cancer screening programmes currently running in England:

- Breast cancer screening (women aged 50-70 every 3 years)
- Cervical cancer screening (women aged 25-49 every 3 years and 50-64 every 5 years)
- Bowel cancer screening (people aged 60-69 every 2 years)

Attendance at these helps detect cancers or abnormal changes so they can be treated early. Further information about all the programmes can be found at <http://cancerscreening.nhs.uk>

Performance in the cancer screening programmes

One way of measuring performance in the cancer screening programmes is to look at uptake (the proportion of people invited for screening for whom a test result is recorded) or coverage (the proportion of people eligible for a particular screening programme who have had a test).

Table 1 shows coverage data for the cervical and breast screening programmes and uptake for bowel screening. Uptake in bowel cancer screening is particularly low in Lambeth and Southwark.

Table 1: Coverage and Uptake in the Cancer Screening Programmes

	% Cervical Screening Coverage in last 3.5/5.5 yrs (25-64 yr olds) Nov 13	% Breast Screening Coverage in last 3 year period (50-70 yr olds)* Nov 13	% Uptake in Bowel Screening (60-69 yr olds) Feb 14
National target	80%	70%	60%
Lambeth	71.0%	58.3%	38.7%
Southwark	72.3%	60.5%	35.0%
London total	69.1%	63.4%	47.9%

Source: NHS England London Cancer Screening Coverage & Uptake July 2014

* might include open episodes

Some of the challenges for the screening programmes include:

- High population mobility leading to incorrect patient contact details on GP records
- Low uptake and coverage, leading to inequalities in outcomes for screening.
- Unlike the cervical screening programme, the programme structure for breast and bowel is not embedded within primary care
- Ensuring all cervical sample takers undertake regular update training.

Changes to the National Programmes

- Bowel cancer screening is being extended to include 70-74 year olds. This is being rolled out in stages and so far about 40% of the new age group in South East London have been invited. By the end of 2015 all 70-74 year olds will be included in the programme.
- Bowel Scope Screening (BSS) is being introduced across the country. This involves a one-off test at age 55, with 56-60 year olds being able to opt in if they wish. In Lambeth and Southwark this is expected to be implemented in 2016.
- The age range for breast screening is being extended to include all women between 47 and 73. A

random sample of women aged between 47-49 and 71-73 are being invited and full roll-out of the age extension is expected to be completed after 2016.

Current local activity

We are working closely with local CCG leads in Lambeth and Southwark to try and improve performance, coverage and uptake in all the cancer screening programmes, including:

- An audit of cervical sample takers in primary care and their training history, with a view to targeting specific practices and putting on further update training.
- Following on from a telephone intervention pilot conducted recently, we are proposing to undertake a project to improve bowel cancer screening uptake by asking volunteer GPs to invite those patients who do not return their bowel test kit to come into the practice to discuss screening. There is evidence to suggest that people are more likely to return the test if they have a conversation with their GP about it.
- Holding some BSS workshops for general practice during 2015 to ensure GPs are aware and fully informed of the new programme.

7. Sexual Health 24 (SH24) Update

SH24 has now established a multi-disciplinary team to develop its first minimum viable product (MVP) – a website residents will be able to use to order a sexually transmitted infection (STI) test online, return samples, receive their results and be referred to relevant services if they are positive. The team includes SH24's digital partner (Unboxed Consulting) and branding partner (MultiAdapter) who were commissioned during the spring.

Following the identification of a laboratory (TDL) to support MVP1 and an N3 host, the alpha phase of SH24 (the first stage of software development) has been completed. This created a prototype allowing a small number of individuals to complete the end-to-end testing experience online. An approach to information governance (IG) has also been developed through consultation with IG and information security leads in the trusts, and a paper is due to be considered at the relevant IG boards. Most recently, SH24 has moved into its beta phase which will further develop the website for testing with real users at the two specialist health clinics it is working in partnership with.

Other elements of SH24 have been progressing well. SH24 submitted its first monitoring report to Guy's and St Thomas' trust charity and has held its fourth advisory board, securing the release of all planned instalments of grant funding. SH24 has continued to extend its stakeholder community

through a series of events, including one for the Lambeth, Southwark and Lewisham (LSL) local pharmaceutical committee, and a Made in Lambeth hack day. A blog documenting SH24 from day one has also recently been setup.

To ensure that SH24 is a long term financial proposition and releases savings to the local sexual health economy, it is working closely with the LSL integrated commissioning team to agree an online tariff and come to a commissioning agreement. Two SH24 papers setting out its business model have been approved by the LSL sexual health commissioning board and a finance working group has been established to drive forward this piece of work.

The SH24 evaluation team is currently setting-up its first randomised control trial, analysing and writing up its theory of change research and undertaking safeguarding research that will inform the development of an online safeguarding policy for SH24; a paper has been submitted to Southwark's Safeguarding Children's Board.

8. Other

Infection disease remains an important local health issue and improving uptake of immunisation is important in reducing its impact. In addition to work detailed here the Public Health team is also developing work on hepatitis C and London-wide work on TB.