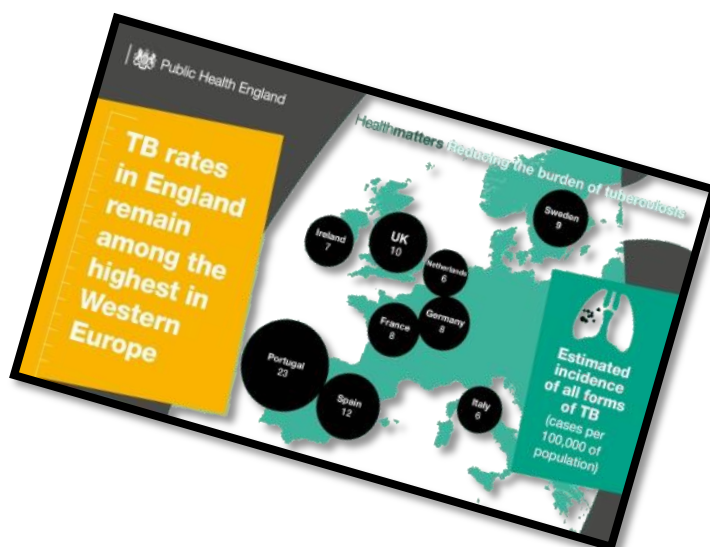
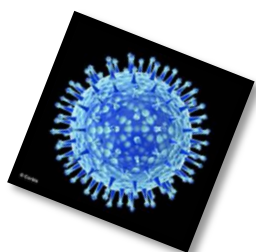


# ROTHERHAM HEALTH PROTECTION ANNUAL REPORT 2016



## Foreword

Health protection services continue to make improvements and respond to the health needs of the Rotherham population. The services co-ordinate their actions through local and regional networks, the Health Protection Committee and associated working groups or forums.

By doing the basics well, continually seeking feedback from patients or customers and learning from each other, health protection services can find solutions and good practice which can be shared across the system.

Whilst the scope of health protection in Rotherham is extremely wide ranging, some examples are highlighted to illustrate the quality of care delivered by people responsible for health protection on a day-to-day basis.

Thank you to all those people who have contributed to this report and who work behind the scenes to protect the health of the Rotherham population.

A handwritten signature in black ink, appearing to read 'T. Roche'.

Teresa Roche

Director of Public Health

A handwritten signature in blue ink, appearing to read 'David Roche'.

Councillor David Roche

Cabinet Member for Adult Social Care and Health

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## GLOSSARY

AMR	Antimicrobial Resistance
BCG	Bacillus Calmette-Guerin
C.difficile	Clostridium difficile
CHRD	Child Health Records Department
CMO	Chief Medical Officer
Defra	Department for Environment, Food and Rural Affairs
DOT	Directly Observed Therapy
DIPC	Director of Infection, Prevention and Control
DPH	Director of Public Health
ECDC	European Centre for Disease, Prevention and Control
EHO	Environmental Health Officers
EPSS	Emergency Planning Shared Services
E.coli	Escherichia coli
ESPAUR	English surveillance programme for antimicrobial utilisation and resistance
FSA	Food Standards Agency
GI	Gastro Intestinal
H&WB	Health and Wellbeing Board
HAIRS	Human Animal Infections and Risk Surveillance
HCAI	Health Care Associated Infections
HCWs	Health Care Workers
HIV	Human Immunodeficiency Virus
HPC	Health Protection Committee
HPV	Human Papilloma Virus
IPC	Infection, Prevention and Control
LHRP	Local Health Resilience Partnership
LTBI	Latent Tuberculosis Infection
MDRTB	Multi Drug Resistant TB
MMR	Measles Mumps and Rubella
MRSA	Meticillin Resistant Staphylococcus Aureus
MSSA	Meticillin Sensitive Staphylococcus Aureus
NHSEY&H	NHS England Yorkshire and Humber
NICE	National Institute of Clinical Excellence
NMRS	National Mycobacterial Reference Service
PPE	Personal Protective Equipment
PHE	Public Health England
PHOF	Public Health Outcome Framework
PM	Particulate Matter
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
REPF	Rotherham Emergency Planning Forum
RMBC	Rotherham Metropolitan Borough Council
SIOG	Screening and Immunisation Oversight Group
SIT	Screening and Immunisation Team
STI	Sexually Transmitted Infection
SYFR	South Yorkshire Fire and Rescue
SYLRF	South Yorkshire Local Resilience Forum
SYP	South Yorkshire Police
TB	Tuberculosis
TRFT	The Rotherham NHS Foundation Trust
YH&NE	Yorkshire and Humber and North East
UTI	Urinary Tract Infections
VAR	Voluntary Action Rotherham
WGS	Whole Genome Sequencing

## **BACKGROUND**

This is Rotherham's second annual report to the Health and Wellbeing Board (H&WB) highlighting the local health protection work over the year. To improve accessibility for the reader, the report has been written in distinct sections highlighting key successes and challenges over the year. It summarises the main areas of health protection activity over the period 1st January 2016 to the 31st December 2016 and includes a range of priorities identified by the Health Protection Committee and areas where further assurance is required.

The Health Protection Committee reviews and challenges any areas of under-performance associated with the Public Health Outcomes Framework (PHOF) indicators, subsequent risks to the local population and the mitigating actions for partner agencies. The public health indicators linked to health protection include:

- Fraction of mortality attributable to particulate air pollution
- Chlamydia diagnosis (15-24 year olds)
- Routine population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plans
- Comprehensive, agreed interagency plans for responding to health protection and major health related incidents

## **PURPOSE OF THIS DOCUMENT**

The purpose of this document is to provide a clear overview of the current health protection arrangements within Rotherham highlighting our joint successes, challenges and mitigating actions. The document enables the Director of Public Health (DPH) to provide assurance to the Health and Wellbeing Board (H&WB), Chief Executive and Leader of the Council, that the health of the residents of Rotherham is being protected in a proactive and effective way.

## **SUMMARY**

The scope of the health protection work for the population of Rotherham (whether resident, working or visiting) is as follows;

- Vaccine preventable diseases and Immunisation programmes
- National screening programmes
- Infection, Prevention and Control including Health Care Associated Infections (HCAIs)
- Communicable disease control including Tuberculosis (TB), blood borne viruses, gastro-intestinal infections (GI) and seasonal influenza
- Public Health aspects of emergency planning and preparedness (including severe weather, pandemic influenza)

- Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety
- Sexually Transmitted Infections including HIV and Hepatitis
- Substance Misuse and blood borne viruses

The themes in the report are a combination of maintaining good outcomes and addressing any poor performance. Over the year, the Health Protection Committee has discussed emerging priorities raised by partners where additional assurance has been required. Some examples are outlined below;

- Managing and embedding lessons learned on a range of health protection incidents in the community, e.g. Cryptosporidium, Clostridium difficile (C.difficile) and Norovirus
- Linking in with Yorkshire and Humber and North East (YH&NE) TB clinical networks, strengthening local Tuberculosis (TB) specialist services and responding to the latest National Institute for Health and Care Excellence (NICE) guidance for TB
- Pursuing clarity on the roles of the agencies involved in health protection and emergency planning through a number of exercises to test local and regional plans
- Specifically, reviewing, testing and updating the Pandemic Influenza Plans for Rotherham
- Improving joint working between directorates within the council and key external partners, for instance, around infection prevention and control in the community and air quality
- Up-dating the Rotherham multi-agency Assurance Framework identifying the controls, gaps and mitigating actions

## WHY IS HEALTH PROTECTION IMPORTANT?

There are many factors which influence a person's health over the course of a lifetime. The objective of health protection is to ensure that the public's health is protected from major incidents and other threats whilst reducing health inequalities. Health protection work aims to prevent or reduce the harm or impact on the health of the local population caused by infectious diseases or environmental hazards. In total there are 27 indicators which the Director of Public Health (on behalf of the council) requires assurance on<sup>1</sup>.

The Health Protection Annual Report provides this assurance on behalf of the Health & Wellbeing Board through the Health Protection Committee.

<sup>1</sup> <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000043/pat/6/par/E12000003/ati/102/are/E08000018/iid/30101/age/230/sex/4>

## RECOMMENDATIONS

- 1) The Health Protection Committee should continue to meet quarterly to monitor health protection measures, ensure they are aware of any potential risks/scenarios and develop mitigating actions.
- 2) Health protection partners to continually look for opportunities of inter-disciplinary and multi-agency working which will bring system wide improvements and improved outcomes for the population.
- 3) Organisations maintain effective surveillance, communication and response to incidents or outbreaks by ensuring that there is;
  - continuous monitoring of data and local intelligence to enable early detection of emerging infections or hazards
  - timely and accurate information shared with the relevant agencies
  - use of local expertise to inform the relevant control measures and a proportionate response implemented
  - regular review and testing of plans

## WHO ARE WE?

All the agencies below are represented on the Rotherham Health Protection Committee, chaired by Public Health, RMBC. This committee collectively aims to address a range of health protection issues at a population-level that no single agency can address on its own.

Rotherham Metropolitan Borough Council (RMBC) – delivers a range of the council's health protection functions, including environmental hazards, regulation and enforcement, emergency planning and health and social care (see Appendix 1).

Rotherham Clinical Commissioning Group (RCCG) – commissions acute and community healthcare services, representing 31 GP practices across Rotherham. RCCG hold the acute and community healthcare services to account for reducing their HCAIs.

The Rotherham NHS Foundation Trust (TRFT) – an approximately 500 in-patient bed hospital and community service, providing a full range of local hospital and community services. In particular, TRFT provide microbiological and Infection Prevention and Control specialist services and are required to have robust arrangements in place to meet the Emergency Planning Response and Resilience (EPRR) Core Standards.

NHS England Yorkshire and Humber (NHSEY&H) – oversees Quality and Patient Safety of the RCCG, including HCAIs. Ensuring Emergency Planning arrangements for NHSEY&H, RCCG and NHS providers are in place and can respond to emergencies. Their specialised commissioning role includes HIV treatment services.

Public Health England Yorkshire and Humber (PHEY&H) – aims to protect and improve the nation's health and wellbeing, for example, through vaccination and immunisation, advice on communicable diseases and managing outbreaks.

South Yorkshire Police (SYP) and South Yorkshire Fire and Rescue (SYFR) – work closely with the council on their preparedness and response to any emergencies and major incidents.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) – provides mental health services in 200 locations across Rotherham, Doncaster, Lincolnshire and Manchester. RDaSH have their own dedicated Infection Prevention & Control team and robust arrangements in place to meet the Emergency Planning Response and Resilience core standards.

## WHAT WE SAID WE WOULD DO IN LAST YEAR'S REPORT

Achieving success in health protection relies on strong working relationships at a local level. The Director of Public Health (DPH) helps facilitate these relationships ensuring that clearly defined roles and responsibilities are in place that underpin the local public health response to threats, outbreaks and major incidents.

The Health Protection Committee has continued to oversee Rotherham's health protection arrangements. The Committee has met quarterly to review actions to mitigate identified risks and update the Health Protection Assurance Framework with the control measures and assurances on those controls. Any significant health protection risks are added to the Public Health Risk Register and escalated, as appropriate, to the Council's Corporate Risk Register. Individual organisations represented on the Committee are also responsible for escalating risks through their own governance arrangements.

Below is a brief outline of what '*we said we would*' do and '*what we did*' in last year's annual report.

### **Environmental Hazards and Control**

***We said we would:*** Monitor Particulate Matter (PM) 2.5<sup>2</sup> at different locations across the borough, ensure timely communications on air quality and implement mitigating measures where possible.

***What we did:*** Real time monitoring for PM 2.5 was implemented in the Air Quality Management Areas at St.Anns Primary School, Blackburn Primary School and in Bradgate, close to the M1. Air Quality was reported on the RMBC website and an assessment for the feasibility and practicalities of installing "Living walls"<sup>3</sup> in the borough was undertaken followed by a bid to Defra for funding.

### **Communicable Diseases**

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<sup>2</sup> <http://laqm.defra.gov.uk/public-health/pm25.html>

<sup>3</sup> A Living Wall is a wall partially or completely covered with greenery that includes a growing medium, such as soil. Most green walls also feature an integrated water delivery system. Green walls are also known as living walls or vertical gardens and help protect against air pollution.

***We said we would:*** strengthen the sustainability and resilience of TB specialist services, improve our links with the YH&NE TB Control Board and review latent screening.

***What we did:*** A Respiratory Consultant has been successfully appointed to lead the specialist TB service within TRFT. The TB Specialist nurse and Lead Consultant represent Rotherham at regional and sub-regional networks of the YH&NE TB Control Board, including contributing to the South Yorkshire TB cohort reviews<sup>4</sup>. A local Multi-Disciplinary Group has now been established to take forward capacity and capability issues and to review latent screening.

***We said we would:*** re-tender the integrated sexual health services, commissioned by RMBC, during 2016/17.

***What we did:*** Following a successful re-tender, the Rotherham integrated sexual health services have been procured from The Rotherham NHS Foundation Trust.

### **Infection, Prevention, Control and Antimicrobial resistance**

***We said we would:*** improve surveillance for community-based transmission of Health Care Associated Infections, identify gaps and further mitigating actions.

***What we did:*** Community cases of C. difficile have been closely monitored and scrutinised over the year. As a result, identified actions and learning have been implemented across the patient pathway. Hospital and community acquired cases of C.difficile are currently on target to remain within the annual trajectory set by NHSE/RCCG, a significant improvement on last year.

### **Emergency Planning**

***We said we would:*** ensure emergency plans are kept under review and tested when possible, in particular for Pandemic Flu and incident/outbreak management.

***What we did:*** We have contributed to and led on several local, sub-regional and national exercises held over the year to test pandemic flu plans. Consequently, the Rotherham Public Health Pandemic Flu Response Plan has been updated and linked with the RMBC Corporate Framework for Pandemic Influenza in line with regional and national expectations.

### **Screening and Immunisation**

***We said we would:*** continue to implement the two year screening and immunisation improvement plan (2016/2017 and 2017/2018), with a particular focus on promoting cervical screening and seasonal flu.

***What we did:*** Local multi-agency groups for seasonal flu and vaccination and immunisation have met on a quarterly basis to successfully implement the two year plan. The screening programmes have been extremely well promoted at promotional

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<sup>4</sup> Cohort review is a systematic review of the management of all TB patients for treatment completion and contact investigation. The cohort comprises a group of cases counted over a specific time, usually three months (PHE Handbook, June 2015)

events/opportunities over the year showing an increase in service uptake, e.g. through the South Yorkshire and Bassetlaw Fear or Smear website<sup>5</sup>.

## **SUCCESSSES AND CHALLENGES IN 2016**

The Health Protection Committee has made considerable progress over the year, often within the context of further re-structuring and re-alignment of staff. Even so, this has still provided opportunities to develop joint working within the new council directorates, re-vitalise some of Rotherham's multi-agency emergency planning networks, improve surveillance and scrutinise community infections.

As with last year, health protection activities are reported under the following five, overarching areas;

- Communicable Diseases
- Environmental Hazards and Control
- Screening and Immunisations
- Infection, Prevention, Control and Antimicrobial Resistance
- Emergency Preparedness, Response and Resilience

## **SUCCESSSES AND CHALLENGES IN 2016**

### **COMMUNICABLE DISEASES**

Public Health England (PHE) aims to detect possible outbreaks of disease and epidemics as rapidly as possible. To ensure early detection, the accuracy of the diagnosis is secondary, and since 1968 the initial clinical suspicion of a notifiable infection is all that's required (testing follows to confirm diagnosis). Registered medical practitioners in England and Wales have a statutory duty to notify the Local Authority or local PHE Health Protection Team of suspected cases of certain infectious diseases. In addition, all laboratories in England performing a primary diagnostic role must notify Public Health England (PHE) when they confirm a notifiable organism. PHE collects these notifications and publishes analyses of local and national trends every week<sup>6</sup>.

#### **New testing methodologies**

Whole Genome Sequencing (WGS) reveals the complete DNA make-up of an organism, which allows differentiation between organisms with a precision that other technologies do not. This is likely to bring substantial benefits to the management and control of communicable diseases, nationally and locally.

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<sup>5</sup> <http://fearorsmear.dbh.nhs.uk/>

<sup>6</sup> <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

For communicable disease outbreaks, whether through food, water, animal or human transmission, a reliable link can quickly be made between the infection and the source. Its ability to differentiate between even closely related organisms allows outbreaks to be detected with fewer clinical cases and provides the opportunity to stop outbreaks sooner and avoid additional illnesses (Source Food and Drug Administration, USA).

WGS has a wealth of benefits including:

- improving our understanding of the evolution of bacteria and viruses helping us to understand how some strains can cause more serious disease than others (virulence)
- further our understanding of patterns of antibiotic resistance
- gaining insights as to why some people are more susceptible to infections than others (potentially)
- informing improved and targeted infection control measures<sup>7</sup>

With effect from 12<sup>th</sup> December, 2016, the National Mycobacterial Reference Service (NMRS) will be using WGS to identify *Mycobacterium tuberculosis* in Yorkshire and Humber, including Rotherham.

## EMERGING INFECTIONS

Public Health England (PHE), in association with the Department for Environment, Food and Rural Affairs (Defra) and the Animal and Plant Health Agency, regularly monitor and provide updates on any notable incidents of public health significance<sup>8</sup>.

In the November 2016, PHE and the European Centre for Disease Prevention and Control (ECDC) reported an increase in the detection of the highly pathogenic avian influenza A(H5N8) in wild and domestic birds in many European countries. To-date, no human cases have been detected and PHE and ECDC regard the risk to the general public in the UK to be very low. National and local plans are in place to ensure a rapid, effective and co-ordinated response to protect against animal diseases and hazards<sup>9 10</sup>. Public Health and Environmental Health, in RMBC, work with the Y&H PHE Team and Defra to monitor the situation and advise all partners as appropriate.

## INCIDENTS AND OUTBREAKS

PHE, in conjunction with Public Health, Environmental Health and Microbiology, continually monitor incidents of communicable diseases across the borough, neighbouring districts and at regional and national levels. Where community

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<sup>7</sup> Source Gov.uk press release 2014

<sup>8</sup> <https://www.gov.uk/government/publications/emerging-infections-monthly-summaries>

<sup>9</sup> <https://www.gov.uk/government/publications/contingency-plan-for-exotic-notifiable-diseases-of-animals-2016>

<sup>10</sup> Rotherham Exotic Notifiable Animal Disease Contingency Plan Template, RMBC 2016 (Annex B, Avian Influenza).

outbreaks have been reported to PHE, 'situation reports' based on suspected cases of communicable diseases are produced and then shared with the relevant agencies. In many cases, if appropriate, laboratory confirmation follows.

Over the year there have been various incidents in Rotherham which have required effective inter-agency management to protect the public's health. Managing any outbreak or incident requires identifying the source of infection and implementing control measures to prevent further spread or recurrence. Some examples are outlined below.

### ***Gastro-intestinal Infection***

The most common type of infectious disease notified nationally as well as locally, was gastro-intestinal infection. Gastrointestinal (GI) diseases affect the gut and are usually related to food borne or person to person spread. In 2016, over 18 outbreaks or clusters of infectious diseases or suspected food poisoning were managed and over 474 cases of suspected infectious diseases in Rotherham were notified to PHE (RMBC, 2016).

Of these, over 271 were confirmed cases of *Campylobacter*, 30 cases of *Salmonella*, 51 cases of *Cryptosporidium* and a small number of cases of *Giardia* reported in Rotherham in 2016. The Local Authority investigates all of these cases by writing/telephoning the patients and completing questionnaires which are specific to the particular disease. In certain instances, visits are made to food premises to carry out food hygiene inspections or samples taken to check that the food or water supplied is safe.

### **Norovirus**

Norovirus (winter vomiting virus) is one of the most common gastro-intestinal infections in the UK. It is not always possible to avoid infection as it is highly infectious. As expected in early winter, there was an increase in the number of outbreaks of suspected viral gastroenteritis in Yorkshire and the Humber, reported in schools, hospitals, care homes and by GPs. In Rotherham, this was closely monitored by TRFT, PHE, RCCG and RMBC and all appropriate control measures undertaken, including circulating the following advice and information;

- a PHE Yorkshire and Humber press release to all key stakeholders
- PHE diarrhoea & vomiting/outbreak guidance and a norovirus leaflet (see appendix 2) to Care Homes, schools, RMBC staff and the public
- RCCG information, advice to GPs and clinical support to TRFT
- RDaSH information and advice to services

### **Tuberculosis**

Over the last 12 months, although there may only have been a small number of new cases of TB per month, the cases of TB can be complex, for example, some may require enhanced case management including Directly Observed Therapy (DOT). This can be time consuming as treatment can extend over long periods of time with an on-going case load usually considerably higher than the diagnosis rate. This is

particularly relevant where public health measures, such as contact tracing, screening, treatment and chemoprophylaxis (the use of drugs to prevent disease) have been necessary. When appropriate, an incident team has been convened to ensure an appropriate and co-ordinated multi-agency response to protect the population and reduce the risk of transmission. The latest figures for Rotherham can be seen in the Tuberculosis in Yorkshire and Humber: Annual Review<sup>11</sup>. The increase in drug resistant cases which are observed year on year in the UK remains a big concern and a priority for PHE and local commissioners and providers. MDR-TB continues to disproportionately affect those in hard-to-reach and vulnerable groups and even a single case is associated with significant resource implications. The proportion of MDR-TB cases in Yorkshire and the Humber increased to 2.4% in 2014, above the England average of 1.4%<sup>12</sup>.

### **Successes**

RMBC have been instrumental in establishing and chairing a South Yorkshire Health Protection Network which has been established to share good practice and intelligence across the public health directorates in South Yorkshire. This enables public health colleagues to make the best use of resources in order to co-ordinate our responses and communications with the Local Health Resilience Partnership (LHRP).

All incidents/clusters/outbreaks of infections, identified in the Rotherham community and hospital settings, have been managed and controlled effectively.

### **Challenges and future work**

With such a wide range of communicable diseases (world-wide) and the increase in travel and migration, there is the potential for a greater frequency and range of communicable diseases in the UK. This poses a constant risk of incidents or outbreaks of communicable diseases in the Rotherham population. Therefore, the work of the Health Protection Committee and partners will be to remain vigilant, ensuring continuous surveillance and that multi-agency plans are fit for purpose to control any future incidents/outbreaks effectively. In the event of an outbreak, RMBC and partner agencies will continue to work together to investigate the situation and put in place measures to protect the public's health.

In 2017, to reflect regional arrangements, the South Yorkshire Regulatory Services in Environmental Health, in conjunction with PHE, are reviewing their investigative procedures (such as, questionnaires and letters) which are currently being used across the patch to regulate communicable diseases.

## **SEXUALLY TRANSMITTED INFECTIONS**

Under the Health Protection Regulations (2010) of the Public Health Act (1984) (see appendix 1), it is clearly stated that sexual health services have a statutory duty to

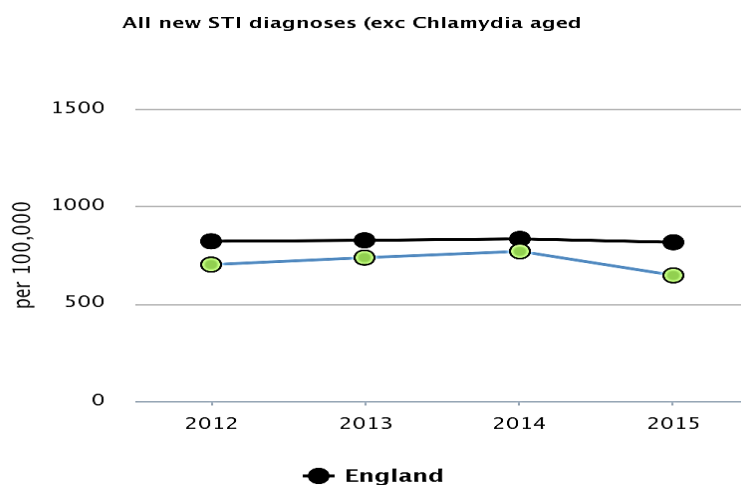
<sup>11</sup> Tuberculosis in Yorkshire and Humber: Annual review (2015 data), PHE, March 2017

<sup>12</sup> Public Health England Yorkshire and Humber Field Epidemiology Service. (2014). Tuberculosis in Yorkshire and the Humber region 2014.

carry out partner notification and contact tracing. As such, they are a vital part of the health protection mechanism for controlling the spread of Sexually Transmitted Infections (STI).

The PHE and Public Health role is to facilitate and co-ordinate responses to the more exceptional (rather than routine) clusters of STIs or incidents that require a multi-agency approach. This is particularly apparent if it is cross-boundary or involves exceptional pathogens (e.g. antibiotic resistant gonorrhoea).

Although the STI rate (excluding chlamydia) in Rotherham in 2015 was slightly higher than the Yorkshire and Humber average rate, it was lower than the national average rate. The chart below shows the rate of all STIs in Rotherham (blue line) is lower than the national rate (black line) and is decreasing.



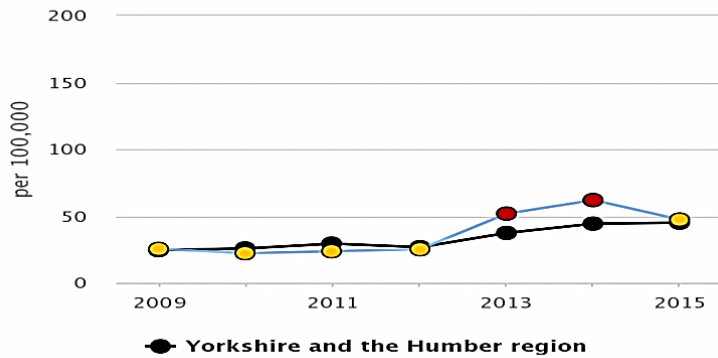
Source PHE fingertips

## Successes

PHE have been working with the clinical leads and health advisors from the sexual health services across the region to agree a common approach to handling outbreaks of sexually transmitted infections and have subsequently produced an STI Outbreak Protocol and Flowchart. The aim is that the flowchart and protocol will help services systematically look at data/trends, to identify clusters or outbreaks and more formally and robustly risk-assess each situation and alert the relevant partners (including PHE and Public Health (RMBC)). This will strengthen local sexual health protection processes.

Rotherham's diagnosis rates for gonorrhoea, having been the second highest in Yorkshire and Humber, have decreased significantly over the year. The annual rate is now close to the Yorkshire and Humber average and fifth highest in the region (see chart below. The blue line represents Rotherham and the black line is Yorkshire and Humber).

Gonorrhoea diagnosis rate per 100,000 population – Rotherham



The latest LASER (Local Authority HIV, sexual and reproductive health epidemiology report) for 2015 shows a significant improvement in sexual health in Rotherham since 2013.

- In **2013** Rotherham had the **60<sup>th</sup>** highest (out of 326 LAs in England) rate of new STIs with a rate of 951.4 per 100,000 residents
- In **2015** Rotherham had the **139<sup>th</sup>** highest rate of new STIs with a rate of 644.9 per 100,000 residents
- In **2013** Rotherham was the **third** highest in Y&H for the rate of new STIs. This has dropped to **11<sup>th</sup>** highest out of 21 LAs in **2015**
- In **2013** Rotherham had the **59<sup>th</sup>** highest rate for gonorrhoea with a rate of 51.9 per 100,000 residents
- In **2015** Rotherham had the **91<sup>st</sup>** highest rate for gonorrhoea with a rate of 47.3 per 100, 000 residents

This year World AIDS day was commemorated with a gathering outside the Minster for people living with or affected by HIV in Rotherham, Barnsley and Sheffield. The public gathering included stalls, HIV prevention and testing, light refreshments and music. The Leader of the Council, Cllr Chris Read, was tested for HIV, to promote the importance of knowing your HIV status, the local support available and de-stigmatising HIV (see picture below).



## Challenges and future work

PHE has identified an increase in cases of syphilis across the Yorkshire and Humber region, which has included an increase in the number of cases in Rotherham.

Actions to address this include:

- Sexual Health providers continuing to carry out robust partner notification and treatment of cases and contacts. This is the key intervention necessary for controlling the spread of sexually transmitted infections
- alerting teams to be vigilant for new cases and notifying PHE if any significant clusters are observed or risk areas emerging
- PHE/Genito-Urinary Medicine (GUM) wrote to all GPs notifying them of an increase in Syphilis infection in the local community

## TUBERCULOSIS

There has been a year-on-year decline in the incidence of TB in England over the past four years, down to 10.5 per 100,000 (5,758 cases) in 2015, a reduction of one-third since the peak of 15.6 per 100,000 (8,280 cases) in 2011. Despite this reduction, the number of cases with social risk factors (homelessness, drug or alcohol misuse or imprisonment) has not declined (PHE, Tuberculosis in England 2016 Report).

Yorkshire and Humber has the third highest levels of TB in England and an above average proportion of Multi Drug Resistant Tuberculosis (MDR-TB). Although, to-date, Rotherham has not had any MDRTB cases, they are often associated with complex social circumstances where there may be no recourse to public funds. MDR-TB is much more difficult and expensive to treat than non-MDR TB, and patients may require long hospital stays with several months of intravenous medication. Treatment for MDR-TB can last up to two years, occasionally longer, compared with six months for standard TB<sup>13</sup>.

Over the last year, the incidence of TB in Rotherham has reduced even further than the national reduction. However, cases are often complex, requiring longer-term case management and treatment which may involve significant levels of screening to ensure no other cases of TB go undetected.

The association between TB and deprivation is well established. Tackling the needs of the under-served, challenges to our health and social care system and identification of key issues and models of good practice, are key areas of the national and regional strategies. This remains a challenging area for Rotherham which is 6<sup>th</sup> in the deprivation rank for Yorkshire and Humber.

With the publication of the recent [NICE guidance](#) there are several implications for both children and adult TB services. The regional and local discussions, regarding

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<sup>13</sup> All Party Parliamentary Group on Global Tuberculosis (2013). Drug Resistant Tuberculosis: Old Disease - New Threat. All Party Parliamentary Group on Global Tuberculosis: London.

their implementation, are mainly focused around the revised NICE recommendations for the diagnosis and treatment of latent TB, namely altering the detection criteria and widening the age range for treatment. This is likely to generate an increase in the number of patients being treated for latent TB infection.

Substantial benefits are expected with the introduction of Whole Genome Sequencing (WGS) laboratory services for TB testing in Rotherham. These high quality diagnostics will bring fast and accurate results (days rather than weeks), reduce the likelihood of drug resistance, improve contact tracing and surveillance and focus resources more efficiently.

## **Successes**

- Administrative support for the TB Specialist Nurse and the appointment of a Lead Respiratory Consultant and Lead Paediatrician. This has enabled additional TB clinics to be held (TRFT) allowing more timely referrals and management of TB patients
- Multi – Disciplinary Team meetings (led by TRFT) have been established to develop local protocols/pathways in response to the latest NICE guidance
- Links have been strengthened with commissioners and the regional TB clinical networks to review Rotherham's TB Specialist Service Specification and to participate in sub groups of the TB Control Board (YH&NE)

## **Challenges and future work**

- Further input into South Yorkshire TB cohort review<sup>14</sup> meetings
- Review the options for latent TB screening and support for affected communities through the Rotherham MDT
- Identify actions to mitigate against the potential capacity and capability issues for the TB Specialist services associated with implementing the new NICE guidance
- On-going challenges associated with global BCG shortage and alternative supply arrangements
- Local arrangements for new entrant screening for people from high incident countries
- Explore regional contingencies to share financial risks associated with the costs of treating MDRTB

# **SUCCESSSES AND CHALLENGES IN 2016**

## **ENVIRONMENTAL HAZARDS AND CONTROL**

Environmental Health has a wide remit which educates, regulates and enforces legislation to ensure quality air, safe food and working environments, safe and clean environments and minimising statutory nuisances such as noise and smoke. Pest

<sup>14</sup> [https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0010/439129/004204.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0010/439129/004204.pdf)

control contributes to reducing disease caused by pests whilst Animal Health helps to reduce health risks associated with the transmission of zoonotic disease<sup>15</sup>.

The Human Animal Infections and Risk Surveillance (HAIRS) group is a national multi-agency and cross-disciplinary horizon scanning group, chaired by the PHE Emerging Infections and Zoonoses section<sup>16</sup>. HAIRS acts as a forum to identify and discuss infections with potential for interspecies transfer (particularly zoonotic infections).

### **Food Hygiene and Animal Health**

The local council advise and support new businesses to ensure legal compliance and to take enforcement action against traders relating to illicit alcohol, meat substitution and unhygienic premises. In December 2016, Rotherham had 1,880 food premises displayed on the Food Standards Agency (FSA), Hygiene Rating Scheme,<sup>17</sup> of which 1,469 were rated good or very good. Numerous re-assessment visits have been made to check the food business operators have carried out the required works to improve their rating and the majority have showed sustained improvement and gained higher ratings. There have been over 474 suspected cases of food related illness in Rotherham which have been reported between January and December 2016 and there are many more cases that are not reported.

There are currently 147 registered feed premises supplying food to animals. Visits are made to ensure they comply with the feed law and several were made to the open farms in the area to check that they were adhering to the health and safety requirements, focussing upon any potential spread of infection and measures to control organisms such as E. coli 0157 and Salmonella.

EHOs have undertaken a number of sampling initiatives in 2016 looking at a range of issues. All the meat speciation samples were satisfactory this year; although a survey looking at the quality of ice in public houses and restaurants highlighted problems with the hygiene of the ice-making machines and the practices of storing and serving the ice. As a result of the survey a number of businesses changed their cleaning regimes and updated their cleaning procedures. Further sampling was undertaken to ensure standards improved as a result in the changes implemented. Other initiatives in Rotherham have looked for the presence of Southampton colours<sup>18</sup> indicating the presence of some of the artificial food colours and preservatives (which can be linked to increased hyperactivity) and the quality of drinking water at establishments which have private water supplies.

Figure 1: Laboratory confirmed cases of gastrointestinal infections in Yorkshire and the Humber, 2015 (Images from: Hufton R, Utsi L & Coole L. Gastrointestinal Infection in Yorkshire and the Humber, 2015, August 2016)

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<sup>15</sup> <http://www.who.int/zoonoses/en/>

<sup>16</sup> <https://www.gov.uk/government/collections/human-animal-infections-and-risk-surveillance-group-hairs>

<sup>17</sup> <http://ratings.food.gov.uk/>

<sup>18</sup> <https://www.food.gov.uk/science/additives/foodcolours>

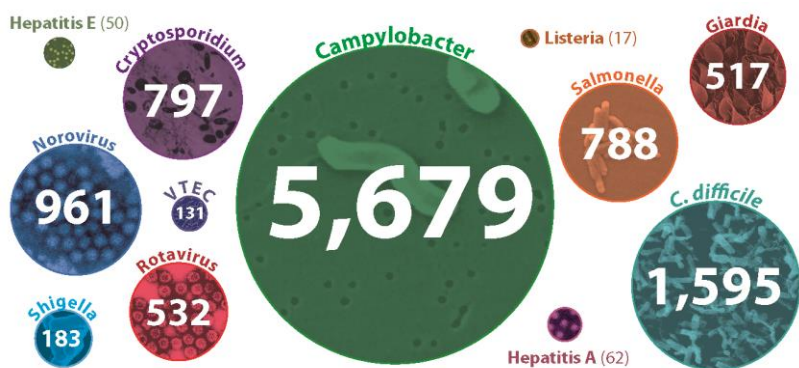
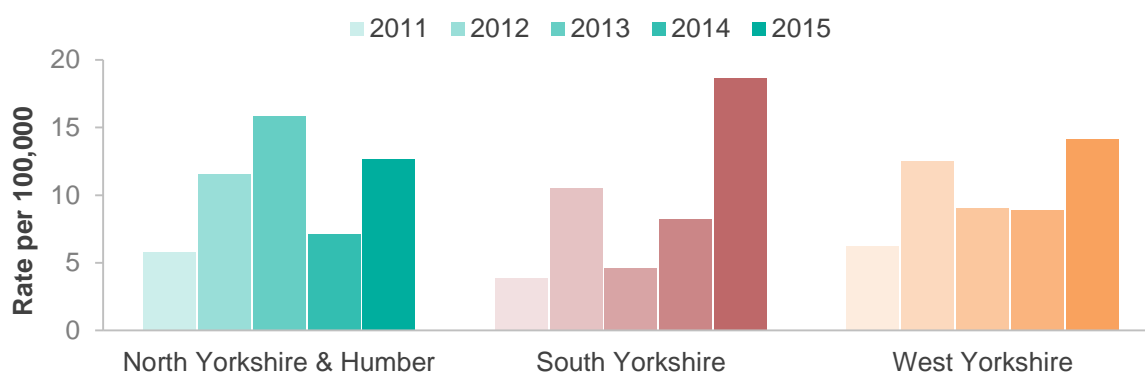


Figure 1 above, shows the burden of gastrointestinal infections across Yorkshire and the Humber reported to PHE over 2015. Campylobacter infection is the most prevalent and is more common in males of all ages, peaking in the young and old. Campylobacter is often found in raw meat, especially poultry although can be found in untreated water.

### Water borne infections

In 2015/2016, there were significant increases of cryptosporidiosis<sup>19</sup> reported nationally and locally, 797 cases were reported in Yorkshire and the Humber in 2015 with South Yorkshire being the highest. Following extensive investigations within Yorkshire and the Humber, a common local source was ruled out and the excess in cases was determined to be part of a national exceedance.

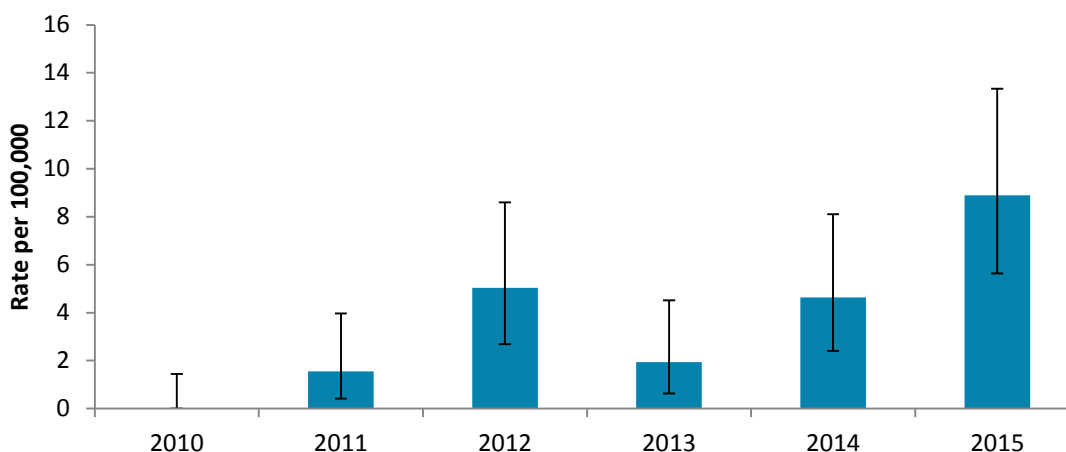
Figure 2: Annual incidence (per 100,000 persons) of laboratory confirmed cases of Cryptosporidium by Health Protection Locality in Yorkshire and the Humber from 2011 to 2015



In 2016, there have been over 51 cases of Cryptosporidiosis<sup>20</sup> reported in Rotherham; a reduction from 59 cases reported in 2015. There were 7 cases of Giardia in 2016.

<sup>19</sup> Cryptosporidium is a parasite that causes the infection cryptosporidiosis. This can affect people, cattle and sheep. Although it is more common in children 1-5 years old, it can affect all ages. People who are immuno-compromised are at risk of developing a more serious and sustained infection, but for most, the illness is self-limiting. Infection is usually acquired by the ingestion of food or water contaminated with animal waste. Person to person secondary spread also occurs.

<sup>20</sup> <https://www.gov.uk/government/collections/cryptosporidiosis-guidance-data-and-analysis>



The above chart shows the increase in rate per 100,000 of Cryptosporidium cases in Rotherham from 2010 to 2015 (source: SGSS as at 26/03/2015).

## Successes

The level of compliance at food premises in Rotherham increased from 86% in January 2016 to 89% in December 2016. Environmental Health Officers (EHO) have made over 867 food hygiene and 688 food standards inspections this year, undertaking further visits to high risk premises not complying with the law and serving notices where necessary.

This year EHOs have focussed on the implementation of the Food Information Regulations which require premises, such as restaurants and pubs, to provide information to consumers about the allergens in their food. Customer Advisory Notices and EHO checks ensure that food business operators are aware of exactly which allergens are present in all the items on their menu and that they have procedures in place to review ingredients and minimise any risk of cross contamination to food.

PHE, Yorkshire Water Authority and Environmental Health worked effectively together to try to identify the cause of the increase in cryptosporidium and to monitor the situation over several months. In these circumstances, EHOs in the local authority provide data to the water authority who undertake to map the incidence of Cryptosporidiosis (also applies for Giardia). In this instance, any common local sources were ruled out and the excess in cases was determined to be part of a national exceedance<sup>21</sup>.

## Challenges and future work

Surveillance and outbreak investigation are key to rapidly identifying outbreaks and their source. Gastro-intestinal diseases are avoidable through effective preventative measures which include promoting good hand hygiene, correct food storage, preparation and cooking. This includes the prevention of contamination during food production and ensuring visitors and petting farms minimise risks due to animal contact.

<sup>21</sup> Exceeding a limit set by recommended practice, legislation, FSA.

## **Air Quality and Statutory Noise Nuisance**

Excessive noise exposure can cause annoyance and fatigue, reduce efficiency and impact on health. Reducing exposure to pollution for populations is vital as people often have very little control over their individual exposure. In 2016, Community Protection services investigated 2029 complaints about excessive noise from sources including loud music, barking dogs, industrial noise, burglar alarms and domestic noise.

There is substantial evidence to demonstrate the negative effects of poor air quality on morbidity and mortality. Nationally, the most significant cause of air pollution is vehicle emissions. Whilst it is difficult to tackle such a national problem locally, it is important that partners and public are aware of the significance and the local short-term and medium-term measures to mitigate this. Key pollutants that affect human health includes NO<sub>2</sub>, PM<sub>10</sub> (particulates less than 10 microns in size) and fine particulate pollution PM<sub>2.5</sub> (particles less than 2.5 microns in size) (PHOF indicator 3.01), which can penetrate deep into the lungs. During 2016, and in addition to PM<sub>10</sub> and NO<sub>2</sub> monitoring, RMBC continued real time monitoring for PM<sub>2.5</sub> at St Ann's School (postcode, S65 1PD), Blackburn Primary School (postcode S61 2BU), close to the M1 motorway, and in Bradgate in the A629 Air Quality Management Area.

### **Successes**

In relation to noise incidents, whilst the vast majority of cases were resolved before going to formal action, some 104 statutory notices were served, of which four resulted in seizures of equipment and prosecution. In total 5,830 actions were carried out by officers, of which 1,325 were out of hours visits.

There has been a year on year improvement of the council's performance against PHOF 1.14i - The percentage of the population affected by noise. The target of 10.60 (2016), adjusted to 10.57 in 2017, has been met with good performance below the threshold at 10.09 in 2014/15 and 8.44. Currently performance stands at 6.33 and it is anticipated that there will be further improvement of performance over 2017. This year on year improvement is achieved through improved case management, faster response, and out of hours work to resolve problems quickly.

The 'Care4Air' initiative<sup>22</sup> continues to deliver vital key messages about air pollution across South Yorkshire through a range of interactive mediums. Partnership working is a critical element of effective work to tackle air pollution. This has long been established at a regional level. Important steps have been taken to develop the profile of air quality at a local level with strengthened partnership working through the co-ordination of the Health Protection Committee, and the adoption of an Air Quality Steering Group. This will link transport, active travel, planning and public health work within RMBC, to drive improvements whilst providing a focused link into regional work.

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<sup>22</sup> <http://www.care4air.org/>

Traffic emissions continue to negatively impact on the quality of air in Rotherham. In certain areas, air quality standards have deteriorated. Therefore the Council has taken appropriate steps to address the exceedance of thresholds (hourly mean levels of NO<sub>2</sub>), at Wales Road, Wortley Road and Fitzwilliam Road. Rawmarsh has been declared a new Air Quality Management Area (AQMA).

### **Challenges and future work**

Work to tackle the health effects of noise to deliver against the PHOF indicator is underpinned by out-of-hours work. This targets RMBC's resources at the most important times when it will be more effective in bringing about a rapid solution.

The profile of air quality as a national priority has never been higher. Following successful court action against the UK Government for failures to effectively tackle air quality, the secretary of state has written to all Council leaders, Chief Executives, and Directors to Public Health, making it clear that the Government expects Councils to take air quality seriously. This position is supported by provisions of the Localism Act 2011 which allows Westminster to fine Councils for failures. Subsequently, the Council needs to demonstrate actions and improvements to air quality to mitigate these, not insignificant, risks.

Work continues to secure funding to build a 'Living Wall'<sup>23</sup> at St. Anne's Junior and Infant school to reduce the impact of air pollution within this key Air Quality Management Area. In addition, funding streams are being explored to establish an Electric Vehicle Rapid Charging initiative to encourage the use of alternative fuels whilst, at the same time, reducing the levels of air pollution from vehicles within the Borough.

## **SUCCESSSES AND CHALLENGES IN 2016**

### **SCREENING AND IMMUNISATION**

All the national screening and immunisation programmes are specified by Public Health England (PHE) and commissioned by NHS England, several of which are included in the PHOF indicators. Assurance is received through the South Yorkshire & Bassetlaw Screening and Immunisation Oversight Group (SIOG) to ensure there is a targeted, equitable and successful uptake and delivery of safe, high quality services.

There are a range of multi-agency implementation groups for Measles, Mumps and Rubella (MMR) catch-up, BCG, seasonal flu and other vaccinations. These sub-groups report to the relevant Programme Board who, in turn, report to the SIOG. For each screening and vaccination programme area, specific performance, barriers, achievements, future planning and quality assurance are discussed at individual Programme Boards and operational groups.

<sup>23</sup> Definition: A green (living) wall is a wall partially or completely covered with greenery that includes a growing medium, such as soil. Most green walls also feature an integrated water delivery system. Green walls are also known as living walls or vertical gardens and help protect against air pollution

## Screening Programmes

There are a total of 14 screening programmes in England<sup>24</sup>, 9 for mothers during pregnancy and newborn babies, and 5 to detect Breast, Bowel and Cervical cancers, and screening for Abdominal Aortic Aneurysm and Diabetic Eye Retinopathy.

The Screening and Immunisation Team (SIT) work closely with primary and secondary care, to advise and review specific uptake data, to encourage the promotion of screening and immunisation within their populations and for quality assurance.

## Routine Vaccination and Immunisation

The population is offered routine vaccinations for protection against 14 infectious diseases in childhood, adolescence and as adults, with another four vaccines for eligible at risk groups. Girls are offered Human Papilloma Virus (HPV) vaccinations to protect women later in life against the most common cancer-causing types of HPV<sup>25</sup>.

## Successes

Overall for Rotherham, population routine vaccination coverage is good. Childhood vaccinations are all above the national average, and all ages are achieving the PHOF targets. The Rotherham practices waiting lists for childhood vaccinations have been significantly reduced following work between primary care, Child Health Records Department (CHRD) and Public Health England. In addition, financial incentives have been included in the primary care quality contract for three years which will include a pneumonia and shingles vaccination offer for all care home residents. There was improved uptake of pertussis (whooping cough) in pregnant women and Hep B vaccine for at risk children following targeted work with maternity services and the SIT.

By December 2016, The Rotherham NHS Foundation Trust had successfully met the national target (75%) for the uptake of the flu vaccine by Health Care Workers (HCWs), achieving over 80%. This was managed by;

- Line of sight, top down, support from Senior Managers through to frontline staff
- Daily communications with HCWs and by operating flexible clinic timetables to cover shifts
- The use of peer vaccinators and outreach to the employees in their place of work

## Challenges and future work

- As deliveries of the UK licensed BCG vaccine were delayed due to manufacturing issues (also an international concern) PHE secured an

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<sup>24</sup> <http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx>

<sup>25</sup> <http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx>

alternative vaccine, which has been issued on a priority basis<sup>26</sup>. With the more recent availability of the BCG vaccine, at risk babies will be immunised with the BCG before discharge and reviewed as part of the maternity audit in 2017

- Increasing the uptake of the MMR dose 2 to 95% WHO target (meeting the PHOF target)
- Strengthening inequalities work with a greater focus on screening and immunising people with mental health issues or learning disabilities
- Enhancing health promotion for screening through the South Yorkshire and Bassetlaw Fear or Smear website<sup>27</sup> and general practice visits to increase cervical screening uptake in the 25-49 age groups (recent downturn in uptake consistent with the national picture)
- Due to relatively poor uptake of seasonal flu vaccine for eligible health and social care staff in RMBC in 2016, delivery for the 2017 programme will be reviewed

## **SUCCESSSES AND CHALLENGES IN 2016**

### **INFECTION, PREVENTION, CONTROL AND ANTIMICROBIAL RESISTANCE**

Good infection prevention and control is fundamental in improving the safety and quality of care provided to patients and in managing and controlling the spread of communicable diseases. Healthcare-associated infections (HCAIs) can pose a serious risk to patients, staff and visitors. They may incur significant costs for the NHS and partners and cause significant morbidity to those infected. Infection prevention and control is therefore a key priority for protecting the health of the population in Rotherham.

### **HEALTH CARE ASSOCIATED INFECTIONS**

HCAIs can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. The most well-known include those caused by Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. difficile). Other less well known but significant HCAIs include Methicillin-Sensitive *Staphylococcus Aureus* (MSSA) and *Escherichia coli* (E.coli) bacteraemia.

Although to-date, a national target has not been set for E.coli bacteraemia, following national surveillance, there is an awareness that these infections are increasing. In 2015, there were more than 50,000 Gram-negative blood stream infections in

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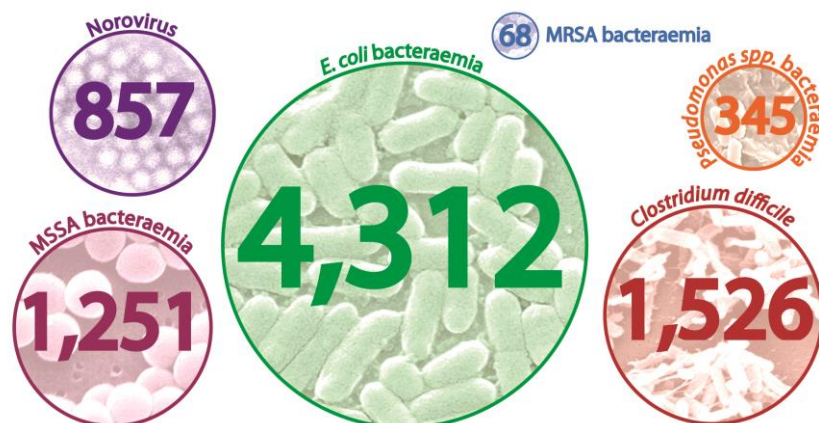
<sup>26</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/533925/PHE\\_247\\_June\\_2016\\_BCG\\_Special\\_ne w.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/533925/PHE_247_June_2016_BCG_Special_ne w.pdf)

<sup>27</sup> <http://fearorsmear.dbh.nhs.uk/>

England, 50% of which are HCAI. Gram-negative blood stream infections are increasing by almost 10% each year, 50% of which are caused by Urinary Tract Infections (UTI), most commonly caused by E.coli (Local Health and Care Planning:

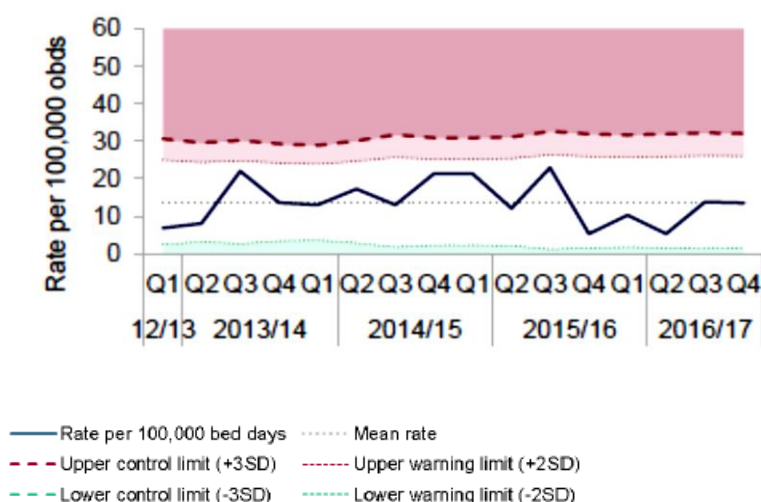
Figure 1: Burden of Healthcare-associated Infections in Yorkshire and the Humber, 2015/16 Menu of interventions PHE, Nov 2016. (Images from: Utsi L, Coole L & Hughes G. Healthcare-associated Infections in Yorkshire and the Humber, 2015/16, October 2016.)



In 2015/16, no cases of MRSA Bacteraemia were attributed TRFT. So far during 2016/17 there has not been a case of MRSA attributed to either RCCG or TRFT. Although no national target has been set and the numbers remain stable, both hospital and community cases of MSSA bacteraemia continue to be monitored by the Director of Infection, Prevention and Control (DIPC) and Infection Prevention and Control Team based at TRFT.

### Clostridium Difficile

Below is a chart showing trends in C.difficile infection incidence for TRFT shown as quarterly rates of acute trust apportioned C.Difficile infection per 100,000 bed days from January 2013 to December 2016. These have remained within the 'upper warning limit'. The number of C.Difficile infections, attributed to the Hospital Trust, are within the annual trajectory set by NHSE.



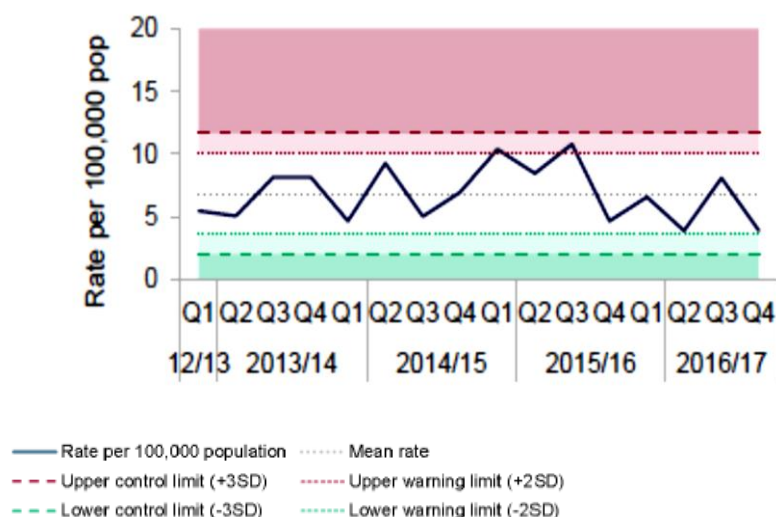
Source: HCAI Quarterly Report, October to December 2016, PHE.

## Successes

Due to an increase in community acquired (CCG attributable) C.difficile infections, which resulted in RCCG exceeding the annual trajectory (2015/16). Therefore, since April 2016, a Root Cause Analysis has been undertaken for each community acquired /CCG attributable case (RCAs have always been undertaken for Acute trust cases). Subsequently, this has resulted in an increased focus on community prevention work with GPs, Care Homes, community nursing services and other acute trusts that are attended by Rotherham residents.

The chart below shows the trends for C.difficile Infection for the Rotherham Clinical Commissioning Group. The chart shows the rate of C.difficile Infections per 100,000 population from January 2013 to December 2016.

Below is the rate of C. Difficile infection (per 100,000 population) which is attributed to RCCG for 2016/17. Over the last year, the quarterly rates have reduced within the 'upper warning limit'. The number of C.Difficile infections which are attributed to the Hospital Trust remain within the annual trajectory set by NHSE.



Source: HCAI Quarterly Report, October to December 2016, PHE.

## Challenges and future work

Nationally, E. coli infections have increased by a fifth in the last 5 years. Building on the progress made in infection control for MRSA and C.difficile, targeting preventable infections like E. coli will help to make surgeries and care homes safer for patients and reduce the need for antibiotics. National surveillance has indicated that the Department of Health would be announcing some national plans, in the imminent future, to reduce E. coli (bacteraemia) infections<sup>28</sup>.

There are many residential homes for older people and people with physical and/or learning disabilities in Rotherham (79 in total). Such groups of people are particularly at risk of outbreaks of infectious diseases. The health impact of an outbreak in a

<sup>28</sup> <https://www.gov.uk/government/news/reducing-infections-in-the-nhs>

social care setting can be significant to individuals and to the running of the establishment. The following have been identified by NHS and LA partners;

- To maximise uptake of the seasonal 'flu' vaccine amongst health and social care staff
- Continue to scrutinise community acquired health care associated infections acquired in a community setting whilst providing additional support to care home staff.

## ANTIMICROBIAL RESISTANCE

The overuse of antimicrobials in clinical and other settings (e.g. in animal health) is leading to increasing resistance to antibiotics that is spreading worldwide.

Antimicrobial Resistance (AMR) makes treating infections caused by multi-drug resistant organisms increasingly difficult, which is both costly and a safety risk (source Local Health and Care Planning: Menu of interventions PHE, Nov 2016).

The English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR)<sup>29</sup> was established in 2013 in response to the cross-government UK five-year antimicrobial resistance (AMR) strategy<sup>30</sup>. The Chief Medical Officer's (CMO) five-year strategy highlights the need for action at an international, national and local level; a joint national approach between the Department of Health DH and the Department for Environment, Food and Rural Affairs (Defra) and rapid diagnostics to ensure appropriate treatment and surveillance.

ESPAUR supports the five-year strategy by ensuring better access to and use of data, improved AMR surveillance and improved monitoring of Antimicrobial Use (AMU).

There is also a UK-wide Antibiotic Guardian campaign<sup>31</sup> to raise awareness and to stimulate behaviour change in members of the public, healthcare professionals and other local stakeholders who can sign up to these national aspirations.



### Successes

There has been a significant amount of work undertaken, led by the DIPC and the Antimicrobial Pharmacist (TRFT), to reduce inappropriate antibiotic prescribing in order to achieve the local targets (2016/17 AMR Quality Premium and CQUIN). This

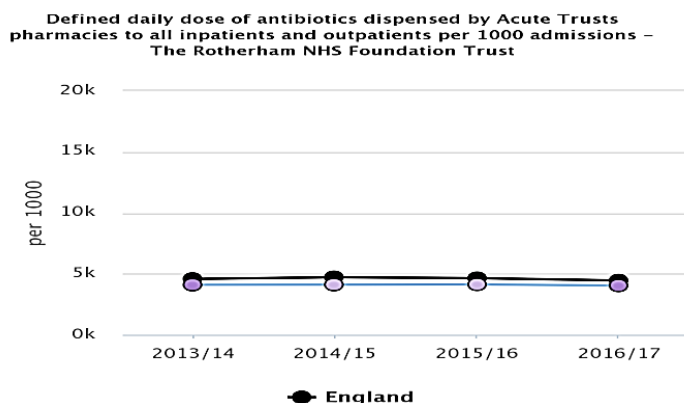
<sup>29</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575626/ESPAUR\\_Report\\_2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575626/ESPAUR_Report_2016.pdf)

<sup>30</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/244058/20130902\\_UK\\_5\\_year\\_AMR\\_strategy.p](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244058/20130902_UK_5_year_AMR_strategy.pdf)

<sup>31</sup> <http://antibioticguardian.com/>

includes/ strengthening the scrutiny and accountability role of the Antimicrobial Stewardship Group.

The chart below shows TRFT is below the national England average for the defined daily dose of antibiotics dispensed by acute trusts pharmacies to all inpatients and outpatients per 1000 admissions. This is also the case for antibiotic prescribing performance relating to defined daily doses of piperacillin/tazcobactam and carbapenems.



TRFT have successfully been nominated to be a pilot site for the National Voluntary Point Prevalence Surveillance for HCAIs and antimicrobial stewardship in acute care settings which contributes to the PHE and ECDC surveillance.

### Challenges and future work

It will remain important for providers to maintain effective local antimicrobial stewardship (AMS) and optimised infection prevention and control by working closely with the DIPC, the DPH and the Chief Nurse (RCCG) to ensure that;

- there is progress against the CQUIN (Commissioning for Quality and Innovation) and QP (Quality Premium) indicators for antimicrobial stewardship between RCCG, TRFT, RDaSH and primary care
- infection protection and control (IPC) targets in relation to a range of infections caused by Gram-negative organisms including E. coli are achieved
- education and training on antimicrobial resistance and infection protection and control is maintained, alongside routine reports on local antimicrobial resistance and rates of antibiotic prescribing<sup>32</sup>

<sup>32</sup> Local Health and Care Planning: Menu of interventions PHE, Nov 2016.

## SUCSESSES AND CHALLENGES IN 2016

### EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE

This section focuses mainly on the public health role in emergency preparedness planning and response to mitigate the health risks of various threats. Many of the emergency planning arrangements for current and future Rotherham residents are inextricably linked to Climate change and health<sup>33</sup>. Most of the public health activity is in relation to emergency preparedness; which have the potential for a large impact on the public's health. Chemical and radiation incidents requiring public health action are relatively uncommon and are therefore not covered in this year's report.

There were several exercises undertaken over the year, most notable amongst these, were those for pandemic flu which remains high up on the UK's National Risk Register.

#### **Exercises**

The SYLRF, (one of the eight local resilience teams), took part in Tier 1 of the national exercise **Cygnus**. This was commissioned by the Cabinet Office and jointly delivered through the Department of Health and PHE and looked at arrangements after 6 weeks into a flu pandemic.

The overarching aim of this exercise was to assess preparedness and response to an influenza pandemic in the United Kingdom. There were also a number of locally agreed objectives which were tested. These included; local resilience plans, assessing the co-ordination of public messages, strategic decision making, managing surges in health and social care activity and the wider consequence management (including dealing with excess deaths). Although the formal debrief is still to be finalised, key learning points were drawn from our internal debrief process, summarised as follows:

- Gathering accurate and up-to-date information from health and social care providers across the borough for sustained periods
- A better and wider understanding of the pressures within the social care setting and how these can be jointly managed
- Ensuring the supply and proper use of PPE
- Jointly reviewing, with partner agencies, the processes for managing excess deaths in a community setting
- Reviewing how we can communicate and engage with people in the community more effectively

Exercise **Swan**, led by PHE (Y&H), explored South Yorkshire's public health response during the initial phases of an influenza pandemic. The exercise considered the first 6 weeks of a flu pandemic using 4 scenarios (from notification to potential impacts on local organisations). It assumed that the bulk of the public

<sup>33</sup> [http://fph.org.uk/sustaining\\_a\\_healthy%20future](http://fph.org.uk/sustaining_a_healthy%20future)

health activity, around 'Detect' and 'Assess', had already occurred. Key learning points/actions were as follows;

- Communications; ensure consistent messages are agreed and sent out from a single source from the outset. Myth busting and the use of CCG networks as a good route to disseminate information to providers
- Swabbing and Mass vaccination; a Yorkshire and Humber specification needs to be developed detailing training, competencies, equipment, etc. for the mobilisation of teams undertaking swabbing/mass vaccination in the community
- Clarification on how to access the national stockpile and use of Personal Protective Equipment (PPE) for use in social care settings, including the independent care sector
- Making links with Prison Health services through the Prison Accountable Officer

A **local multi-agency pandemic flu exercise** led by PHE and Public Health (RMBC) involving all the key NHS and LA partners was held. The scenarios provided opportunities for partners to collectively assess their pandemic flu preparedness and response, agree partner roles and responsibilities and co-ordinate and dovetail local plans.

## **Successes**

The Rotherham Public Health Pandemic Flu Response plan and Corporate Influenza Plan been updated following the sub regional exercise 'Swan' (held on the 10<sup>th</sup> October), the national exercise 'Cygnus' (held between 18<sup>th</sup>-20<sup>th</sup> October) and a local Pandemic Flu scenario exercise (held on the 17<sup>th</sup> June). Pandemic Influenza is on the national risk register and is annually reviewed through the SYLRF to ensure an integrated approach. PH also continually monitors the threat level through PHE regular surveillance updates (see Emerging Infections Section) and works closely with the Emergency Planning Shared Services (EPSS, RMBC) to ensure good links with the RMBC Pandemic Flu and Corporate Contingency Planning.

## **Challenges and future work**

The risk of a new influenza pandemic is recognised by the Government as one of the most severe natural threats facing the UK and is top of the UK National Risk Register. This is included on RMBC's Strategic Risk Register via Public Health. The effect on local communities / work force will remain unknown but in the worst case scenario could affect up to 50% of population (resulting in up to 3,220 additional deaths in Rotherham throughout the course of the pandemic). This in turn would have a major effect on all services / businesses as well as communities.

## **LOOKING AHEAD 2017**

### **OUR COMMITMENT TO ROTHERHAM**

We acknowledge that there is always room for improvement, recognising the importance of line-of-sight from senior leadership to the frontline staff and seeking innovative ways of working to drive improvement. Our commitment to the people of Rotherham, over 2017, is as follows:

#### **Communicable Diseases**

Sharing local intelligence between agencies to ensure that;

- there is effective monitoring and surveillance of emerging Infections and local implications are identified promptly
- communication is effective across organisations and the relevant health information, advice and support is provided in a timely manner
- all incidents/clusters/outbreaks are managed and controlled effectively, the response is proportionate and learning from incidents is shared and reported to the Health Protection Committee

Work with the Sexual Health and TB Multi-Disciplinary Teams/networks to;

- develop clinical TB pathways and protocols
- implement and monitor the Yorkshire and Humber STI outbreak Protocol

#### **Food Safety**

- support the legislative changes to bring in the compulsory display of Food Hygiene Ratings by food businesses
- continue to target higher risk premises for inspections and sampling
- support legal action against traders who do not comply with the law
- review procedures across South Yorkshire for managing environmental related outbreaks of communicable diseases and Standard Operating Procedures

#### **Air Quality**

- enforce environmental legislation to ensure exposure standards are not breached and maintain the air quality action plan to take account of the latest evidence and most appropriate actions
- establish an Air Quality Steering Group to more effectively co-ordinate Environmental Health, Planning, Transport and Highways and Public Health to ensure pollution exposure on new developments meets standards

#### **Screening and Immunisation**

Implement PHE's Rotherham 2 year improvement plan to:

- increase cervical screening uptake in the 25-49 age groups and uptake of MMR (second dose)
- raise the awareness and knowledge of the Diabetic Eye Screening programme to ensure timely and appropriate referrals
- immunise 'at risk' babies with the BCG (Bacillus Calmette-Guerin) vaccine before discharge, and review the BCG maternity audit on using a risk assessment to identify high risk babies
- improve access to screening and immunisation services for individuals with mental health with learning disabilities issues

## **Infection, Prevention and Control**

Maintain effective local antimicrobial stewardship (AMS) and optimised infection protection and control across a wide range of health care settings, including the nationally emerging commitment to halve the number of gram-negative bloodstream infections in the NHS by 2020<sup>34</sup>.

Use the learning from the analysis of community-based transmissions of HCAs to strengthen Infection, Prevention and Control (IPC) measures in the community.

- establishing joint meetings between NHS and LA partners to identify areas to develop across the patient pathway
- introduce/strengthen a range of support initiatives for community-based services, i.e. in GPs, Residential Care Homes, Homes, etc
- improved surveillance and information sharing between partner agencies and Care Homes

## **Emergency Planning**

Learning will be embedded from exercises undertaken in 2016 to review local and sub- regional resilience arrangements. RMBC, Voluntary Action Rotherham (VAR), NHSEY&H, PHE, RCCG, TRFT and RDaSH will continue to work through the, South Yorkshire Local Resilience Forum (SYLRF), Local Health Resilience Partnership (LHRP) and Rotherham Emergency Planning Forum (REPF), exercising and training together and developing and testing contingency plans to mitigate against the risks.

Work within the revised corporate Emergency Planning governance structures (RMBC) to monitor and review RMBC's preparedness arrangements and report on a quarterly basis to the Senior Leadership Team on progress and performance.

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<sup>34</sup> <https://www.gov.uk/government/news/reducing-infections-in-the-nhs>

## APPENDIX 1

### Strategy Guidance

Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013, made under section C of the National Health Service Act 2006

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/199773/Health\\_Protection\\_in\\_Local\\_Authorities\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf)

Public Health (Control of Disease) Act (1984)

<http://www.legislation.gov.uk/ukpga/1984/22>

Health and Social Care Act (2008) Code of Practice

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

Health and Safety at Work Act (1974) <http://www.legislation.gov.uk/ukpga/1974/37>

Food Safety Act (1990) <http://www.legislation.gov.uk/ukpga/1990/16/contents>



Public Health  
England

# Stop norovirus spreading this winter

**Norovirus**, sometimes known as the 'winter vomiting bug', is the **most common stomach bug** in the UK, affecting people of all ages. It is **highly contagious** and is transmitted by contact with contaminated surfaces, an infected person, or consumption of contaminated food or water.

**The symptoms of norovirus are very distinctive** – people often report a sudden onset of **nausea** followed by **projectile vomiting** and **watery diarrhoea**.



Good hand hygiene is important to stop the spread of the virus.

### People are advised to:

- Wash their hands thoroughly using soap and water and drying them after using the toilet, before preparing food and eating
- Not rely on alcohol gels as these do not kill the virus

An infection with norovirus is self-limiting and most people will make a full recovery in 1-2 days. It is important to keep hydrated – especially children and the elderly.

Do not visit either A&E or GPs with symptoms as this may spread the virus.

Further information and advice is available from NHS 111, including an online symptom checker at [nhs.uk](https://nhs.uk).

Gateway Number: 2013189