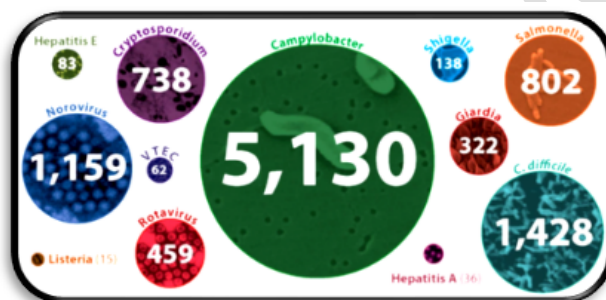


ROTHERHAM HEALTH PROTECTION ANNUAL REPORT

2017



Foreword

Communication, partnerships and public health systems are all key elements in protecting the health of the Rotherham community and considerable efforts have been undertaken to build on existing relationships or areas which require strengthening.

There are a number of public health systems embedded across Rotherham where, all year round, local health protection teams monitor and implement local actions to mitigate identified risks and ensure that the necessary control measures are in place for Rotherham.

Many thanks to all the individuals and agencies who have contributed to this report and all those people who continue to work collectively to ensure that the public's health is protected.



Teresa Roche

Director of Public Health



Councillor David Roche

Cabinet Member for Adult Social Care Housing and Public Health

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GLOSSARY

ANNB	Ante Natal and Newborn
AMR	Antimicrobial Resistance
BCG	Bacillus Calmette-Guerin
C. difficile	Clostridium difficile
CHRD	Child Health Records Department
CQUIN	Commissioning for Quality and Innovation
Defra	Department for Environment, Food and Rural Affairs
DIPC	Director of Infection, Prevention and Control
DPH	Director of Public Health
DTaP/IPV/Hib	Diphtheria, Tetanus, acellular Pertussis, Polio and Haemophilus influenza type b
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
HCAI	Health Care Associated Infections
HIV	Human Immunodeficiency Virus
IPC	Infection, Prevention and Control
LHRP	Local Health Resilience Partnership
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
ONS	Office for National Statistics
PCV	Pneumococcal Conjugate Vaccine
PGD	Patient Group Directive
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
RHPC	Rotherham Health Protection Committee
SIT	Screening and Immunisation Team
STI	Sexually Transmitted Infection
TB	Tuberculosis
TRFT	The Rotherham NHS Foundation Trust
UTI	Urinary Tract Infection

BACKGROUND

This is Rotherham's third annual report for the Health and Wellbeing Board (H&WB). It highlights the main areas of health protection activity in Rotherham over the period 1st January 2017 to the 31st December 2017. The scope of the health protection work for the population of Rotherham (whether resident, working or visiting) is extremely broad and requires close working with a wide range of partners. The roles, responsibilities and relationships between partner agencies underpin the local public health response to threats, outbreaks and significant incidents.

The Rotherham Health Protection Committee (RHPC) provides assurance to the H&WB that adequate arrangements are in place for the prevention, monitoring, planning and response required to protect the public's health. It provides an important control function with regards to the assurance arrangements for the health protection system, in fulfilment of the Director of Public Health's statutory responsibility.

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

- Routine vaccines for preventable diseases and Immunisation programmes
- Infection, Prevention and Control including Health Care Associated Infections (HCAIs)
- Communicable disease control including Tuberculosis (TB), blood borne viruses, gastro-intestinal infections (GI), seasonal and pandemic influenza
- The health protection elements of substance misuse, Hepatitis A and B
- Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety
- Sexually Transmitted Infections and HIV
- National screening programmes
- Emergency planning and response (including severe weather and environmental hazards).

PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide oversight of the current health protection work within Rotherham. This document provides assurance to all the organisations of the Health and Wellbeing Board (H&WB) and the Leader of the Council, that the health of the residents of Rotherham is being protected from incidents, hazards and threats related to communicable diseases, the environment and emergencies in a proactive and effective way.

SUMMARY

The Rotherham Health Protection Committee, on behalf of the Director of Public Health, continues to review and challenge areas where collective actions are required from partner agencies. The public health indicators associated with health protection in the Public Health Outcomes Framework (PHOF) 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 (e.g. use of energy and water, the production and management of waste, business travel, etc, which relate to our carbon footprint)
- Comprehensive, agreed interagency plans for responding to health protection and major health related incidents

Virtually all Health Protection indicators for Rotherham are better than England. Around a fifth (6 out of 28) are RAG rated green. These are mainly for achieving 95% vaccination coverage for;

- Combined Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenza type b (DTaP/IPV/Hib) vaccination for 1 year and 2 years,
- Meningitis C for 1 year olds,
- Pneumococcal Conjugate Vaccine (PCV) for 1 year olds, and
- Measles Mumps and Rubella (MMR) for 1 dose for 5 years old.

The incidence of tuberculosis was also green as being significantly better than England for 2014-16.

Only three indicators were RAG rated as red;

- Influenza vaccination coverage at age 65+ (Flu coverage at 65+ at 74.4% for 2016/17 is only just below the target level of 75%)
- Influenza vaccination coverage for at risk individuals
- Antibiotic prescribing in primary care

(See recommendations)

The vast majority of indicators have improved, were stable or have increased over the latest period and around a half of the indicators have improved over the longer term. See Health Protection data in the PHOF¹.

The themes in this report cover the main areas of health protection which reflect the joint actions required for good health outcomes or where additional work has been required. Where national or regional solutions are required, these have been escalated through existing health protection routes, for example, via the Local Health Resilience Partnership (LHRP). Some examples of where emerging priorities have required additional assurance are outlined below;

- Managing and embedding lessons learned on a range of health protection incidents in the community.
- Pursuing clarity on the roles of the agencies involved in health protection and emergency planning through a number of exercises testing local and regional plans
- Improving joint working between directorates within the Council and key external partners, for example, around infection prevention and control in the community and air quality
- Continued improvements by the Screening and Immunisation Team (SIT) to ensure that the delivery mechanisms are in place with a wide range of stakeholders
- Contribution to the national health protection audit via the South Yorkshire and Bassetlaw LHRP, as part of the national review on planning and preparedness for responding to public health threats
- Annual update from the Director of Public Health and CCG Accountable Officer to the Local Health Resilience Partnership (LHRP) on existing plans and arrangements to respond to avian flu at a local and sub-regional level
- Development of the Rotherham Multi-Agency Outbreak Plan (2017) and Rotherham Multi-Agency Mass Treatment Plan

RECOMMENDATIONS

- 1) Organisations maintain effective monitoring, 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 securely shared with the relevant agencies
 - use of local expertise to inform the relevant control measures and a proportionate response implemented

¹ <https://fingertips.phe.org.uk/profile/health-protection/data#page/1/gid/1000002/pat/6/par/E12000003/ati/102/are/E08000018>

- Regular review and testing of plans, e.g. Multi-agency outbreak and treatment plans, PHE Communicable Diseases Operational Management Guidance, etc.
- 2) NHS and partners ensure that there is effective local Antimicrobial Stewardship (AMS) by improving the knowledge and understanding of antibiotic resistance, conserving and supervising the use of existing treatments and optimising Infection Prevention and Control.
 - 3) Improve the uptake of Diphtheria, Tetanus, Whooping cough, Polio, Haemophilus influenza type b and Hepatitis B vaccine (also known as the 6 in 1 vaccine; DTaP/IPV/Hib/Hep B) within the hard to reach communities in Rotherham.
 - 4) For 2017/18, to achieve at least the minimum 55% uptake (national ambition) of the seasonal flu vaccine in all clinical risk groups and maintain higher rates where already established to reduce morbidity and mortality and lower the rates of hospitalisation.
 - 5) To work with the LHRP to implement the actions identified by the findings of the National (NHS England and Public Health England) Health Protection Audit

HEALTH PROTECTION ROLES AND RESPONSIBILITIES

Health protection is the domain of public health which seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.²

The Director of Public Health seeks assurance from the organisations below who are required to fulfil a range of statutory functions. Collectively these work to protect the health of the local population that no single agency can address on its own.

Rotherham Council

Local Authorities have statutory health protection functions and powers, principally in the area of environmental health, emergency planning and social care. This includes ensuring good food hygiene, workplace safety, decent housing, patient safety and reducing the impact of environmental hazards and emergency preparedness, resilience and response. Local authorities ensure enforcement of safe standards for food, clean air, safe levels of noise, disposal of waste and safe housing conditions.

² <https://www.local.gov.uk/sites/default/files/documents/health-protection-local-g-9f6.pdf>

In addition to these existing responsibilities, Rotherham Council has a statutory duty to commission open access sexual health services and substance misuse treatment services.

Rotherham Clinical Commissioning Group (RCCG)

RCCG commissions a range of secondary care and community services which comprise an important component of the strategies to control communicable diseases. They have a responsibility to ensure infection prevention and control compliance with the Health and Social Care Act and as the local NHS commissioners lead on Antimicrobial Resistance and specialist Tuberculosis (TB) services. GP practices are responsible for reporting infectious diseases and administering a number of vaccination programmes. RCCG are critical players in emergency preparedness, resilience and response working closely with all agencies.

The Rotherham NHS Foundation Trust (TRFT)

Secondary care providers are responsible for treatment services, responding to emergencies, communicable disease notification and their subsequent control. NHS organisations are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract. This includes emergency planning (including significant incident and emergency management) and any co-operation necessary to achieve associated objectives through the Infection Prevention and Control team, TB Specialist services and school nursing services. The Director of Infection Prevention and Control leads (with advice from PHEY&H) on a hospital acquired incident or outbreak.

NHS England Yorkshire and Humber (NHSEY&H)

The Local Health Resilience Partnership (LHRP) is facilitated by NHSEY&H and is co-chaired by the DPH for Barnsley. It ensures that the local health system is prepared to deal with emergencies.

NHSEY&H ensure that all NHS funded organisations meet the requirements of the Civil Contingencies Act 2004 (CCA 2004), the NHS Act 2006 as amended by the Health and Social Care Act 2012 and the NHS Standard contract.

Public Health England Yorkshire and Humber (PHEY&H) Health Protection Team

PHEY&H provide monitoring and specialist advice and support to commissioners and providers, including infection prevention and control teams. PHEY&H provide leadership in the event of a community outbreak or incident, which includes the monitoring and control of communicable diseases, HCAI monitoring and expert advice on environmental, chemical, biological and radiation hazards.

An NHS England embedded Screening and Immunisation Team (SIT) for South Yorkshire & Bassetlaw also has a responsibility for the commissioning and implementation of the national routine screening and immunisation programmes.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

As with all NHS organisations, RDaSH are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract associated with mental health services. This includes emergency planning for significant incidents and emergency management and any co-operation requirements necessary to achieve good Infection Prevention and Control.

These roles and functions are complementary and all are needed to ensure there are robust and locally sensitive arrangements for health protection planning and response. See below for some of the key guidance documents.

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 ³

Public Health (Control of Disease) Act 1984 ⁴

Health and Social Care Act (2008) Code of Practice ⁵

Health and Safety at Work Act (1974)⁶

Food Safety Act (1990)⁷

The Civil Contingencies Act 2004⁸

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

Below are some headlines for what 'we said we would' do in last year's annual report and 'what we did' over the year.

Communicable Diseases

We said we would: maintain close observation, communication and response to any incidents or outbreaks across the borough to ensure early detection and a

³

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

⁴ <http://www.legislation.gov.uk/ukpga/1984/22>

⁵ <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>

⁶ <http://www.legislation.gov.uk/ukpga/1974/37>

⁷ <http://www.legislation.gov.uk/ukpga/1990/16/contents>

⁸ <https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others>

proportionate response from relevant agencies to manage and control the incident effectively.

What we did: Reports of incidents and outbreaks were responded to effectively by all partner agencies to minimise harm, identifying opportunities of inter-disciplinary and multi-agency working to bring system wide improvements.

Sexually Transmitted Infections

We said we would: Continue to monitor and control the spread of sexually transmitted infections (STI) and alert PHE if there were any emerging public health risks.

What we did: Sexual health providers continued to carry out robust partner notification and treatment of any identified cases and contacts. All the teams are aware to notify PHE if any significant clusters are observed, in line with the PHE Outbreak Guidance for STIs⁹.

Environmental Hazards and Control

We said we would: continue to enforce environmental legislation with regard to food safety, illegal trading and air quality which takes into account the latest legislation and guidance.

What we did: action was taken against traders in illicit tobacco and unhygienic premises and food hygiene ratings are now displayed on 1,956 food premises. Environmental Health has worked closely with PHEY&H to standardise Operating Procedures across South Yorkshire. This improves cross boundary investigations for related outbreaks. An Air Quality Steering Group has been established and the Air Quality Action plan updated to ensure we maintain air pollution within national standards.

Screening and Immunisation

We said we would: Implement Rotherham's two year Screening and Immunisation Improvement Plan (2016/2017 and 2017/2018), with a particular focus on promoting cervical screening and halting any decline in uptake rates for vaccine preventable diseases.

What we did: Rotherham has maintained good immunisation rates with the childhood programmes and improved the adolescent immunisations programmes through a dedicated school immunisation services. For example, from 88.80% vaccination uptake in 2015/16 to 94.20% in 2016/17 (for the first dose of Meningitis ACWY) and from 83.40% to 87.60% for the second dose. The NHS screening

⁹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584723/PHE_STI_outbreak_guidelinesNB180117.pdf

programmes have been promoted specifically targeting vulnerable people with learning disabilities, mental health problems and black and minority ethnic groups.

Infection, Prevention, Control and Antimicrobial resistance

We said we would: Maintain effective infection, prevention and control across health and social care settings, introduce initiatives to reduce gram negative bloodstream infections (esp. *Escherichia coli* (E.coli)) and build on the joint work between partners to strengthen the IPC role in care homes.

What we did: RCCG and TRFT have produced a working action plan to reduce E. coli's which is based on increased local monitoring and implementing national learning and best practice. A multi-agency forum, led by Rotherham Council, has met regularly to improve our vigilance through effective communication and information sharing between all partners and care homes.

Emergency Planning

We said we would: Work within the revised corporate Emergency Planning governance structures (Rotherham Council) to monitor and review Rotherham Council's preparedness arrangements and report on a quarterly basis to the Rotherham Council Senior Leadership Team on progress and performance.

What we did: New governance processes successfully embedded within the council supporting the exercises and training and quarterly reporting throughout the year.

SUCCESSES AND CHALLENGES 2017

COMMUNICABLE DISEASES

Public health observation and monitoring dates back to the first recorded epidemic in Egypt in 3180 B.C. Samuel Pepys (1633-1703) was the first person to start epidemic field investigation whilst John Snow was considered the founder of epidemiology (1813-1858) who linked data to intervention in a cholera outbreak in 1854. Monitoring infectious diseases continues to be a core function for Public Health England (PHE), the central goal of which is to provide information that can be used to support action by public health teams and individuals¹⁰.

PHE also provide;

- expertise and advice on the appropriate investigation of any incident or outbreak
- risk analysis and assessment of emerging diseases, extreme events/threats
- high quality and timely data in both preparedness and response modes

¹⁰[PHE Approach to Surveillance Dec 2017](#)

- a range of specialist public health services, e.g. laboratory, analytical and expert advisory, system assessment and training
- guidance to professionals in health and local government and other sectors¹¹

EMERGING INFECTIONS

Public Health England (PHE) ensures that partners have the right information available to us at the right time to inform public health decisions and actions.

The opportunities provided by vigilance through good quality monitoring and information are significant, from ensuring a rapid and effective response to public health threats to improving inter-operability between systems and using new technologies to improve health outcomes.

PHE provides a monthly update on the new and emerging infectious diseases across the globe that could affect public health in the UK¹² which are shared and discussed appropriately with the Health Protection Committee.

Below outlines an example of some of the actions undertaken by Rotherham partners to ensure that locally commissioned arrangements are in place to respond to an avian flu outbreak.

Avian flu

Agencies were first notified of an avian influenza (H5N8) outbreak across the Europe in November 2016. This had required all keepers of poultry and other captive birds (including backyard flocks) to maintain complete separation from contact with wild birds. Although all appropriate control measures were implemented, it had highlighted some areas of good practice and some areas for development (across several Local Authorities) to streamline our incident response in the future (See link below to the Public Health England guidance)¹³.

PHEY&H and NHSEY&H therefore requested Directors of Public Health and CCG Accountable Officers to review existing planning arrangements and take any remedial action identified at a sub-regional level and report back to our respective Local Health Resilience Partnerships (LHRPs).

Consequently a number of agreed actions were implemented for Rotherham. These included;

- development and sign off of the Rotherham Multi-Agency Outbreak Plan led by Public Health

¹¹[PHE Roles and Responsibilities for Health Protection Incidents](#)

¹²<https://www.gov.uk/government/publications/emerging-infections-monthly-summaries>

¹³https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629690/Managing_Avian_influenza_in_poultry_guidance_for_HPTs.pdf

- development and sign off of the Rotherham Multi-Agency Mass Treatment Plan led by Public Health
- TRFT authorisation of the Patient Group Directive to administer Tamiflu
- identification of suitable premises where antivirals could be administered
- identification of which organisations are commissioned to provide staff to administer antivirals in line with the PGD and advice from PHE

Information on progress within each Local Authority area was submitted via the LHRP to capture at a sub-regional level. This will be updated on an annual basis.

INCIDENTS AND OUTBREAKS

There have been a number of incidents over the year in a range of settings requiring effective inter-agency work. Key agencies involved included Environmental Health, Adult Social Care and Housing, Public Health (Rotherham Council), RCCG, PHEY&H, Infection Prevention and Control (TRFT/RDaSH/RCCG) and Microbiology (TRFT). Other agencies were invited (depending on the scenario) to incident meetings or more often, teleconferences, which were held jointly to identify the source of infection (where possible) and ensure that the necessary control measures were implemented to prevent further spread or recurrence. The following provides a more detailed example of a community setting where multi-agency work has been strengthened.

Care Homes

Outbreaks in care homes are most commonly episodes of diarrhoea and/or vomiting in two or more residents or staff, where an infectious agent has been transmitted. These are most commonly viruses, but can be serious bacterial infections. Because the residents are often vulnerable elderly people with various health problems, even infection with common agents can result in serious illness. Many of the viral agents are highly infective and spread very effectively between residents and staff, controlling them requires meticulous hygiene measures.

During the flu season, outbreaks over 2016/17 and 2015/16 at a national level were dominated by care home outbreaks (see table below) (source; Service Evaluation of Staff Influenza Coverage and Policy in English Care Homes (PHE, 2017).

Outbreaks			
	2016/17	2015/16	2014/15
Total	1,055	656	687
<i>Institution Type</i>			
Care Homes	826 (78.3%)	231 (35.2%)	515 (75.0%)
Hospitals	153 (14.5%)	108 (16.5%)	85 (12.4%)
Schools	60 (5.7%)	275 (41.9%)	77 (11.2%)
Other	16 (1.5%)	42 (6.4%)	10 (1.5%)

**Data for 2015/16 and 2014/15 is based on week 40 to week 20*

Figure 1. Number and percentage of UK outbreaks by institution type, 2014 – 2017 (PHE, 2017)

Where necessary, a range of enhanced infection, prevention and control measures were introduced in care homes to prevent reoccurrence in the future. These actions, alongside joint learning and audit findings led to the establishment of the Infection Prevention and Control in the Community Group. This focuses on more proactive interventions delivered through all partners involved in monitoring, regulating and advising on Infection Prevention and Control in care homes. This group reports to the Quality Board: Strategic Commissioning and the Health Protection Committee.

Successes

All incidents/clusters/outbreaks of infections, identified in the Rotherham community and hospital settings, have been managed and controlled effectively. This ensures the protection of the community against infectious disease and other dangers to health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.

A range of initiatives introduced over the year include;

- Monthly Post Infection Reviews (PIRs) led RCCG to undertake a Root Cause Analysis of community cases of infection with relevant stakeholders
- Strengthening intelligence gathering and sharing information between agencies
- Sharing best practice with care homes, including a recommended audit tool and other resources

Challenges and future work

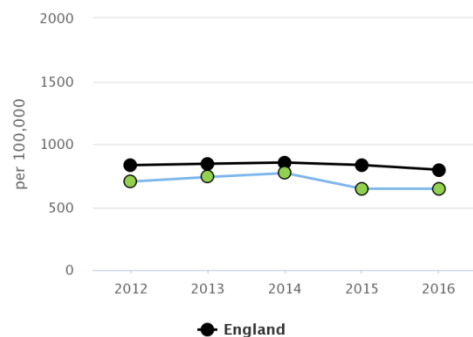
There are several communicable diseases across the globe and those endemic in the UK which continue to pose a potential risk of an incident or outbreak. Therefore partner agencies will need to remain vigilant, through monitoring and timely multi-agency responses to control any future incidents/outbreaks effectively.

SEXUALLY TRANSMITTED INFECTIONS

Sexual health services have a statutory duty to carry out partner notification and contract tracing. This plays a vital part in the health protection mechanism for controlling the spread of Sexually Transmitted Infections (STIs).

The STI rate (excluding chlamydia) in Rotherham in 2016 was slightly higher than the Yorkshire and Humber rate but lower than the national rate. Overall, the trend in the rate of all STIs in Rotherham is reasonably flat, in keeping with Yorkshire and Humber and national rates.

New STI diagnoses (exc chlamydia aged <25) / 100,000 – Rotherham

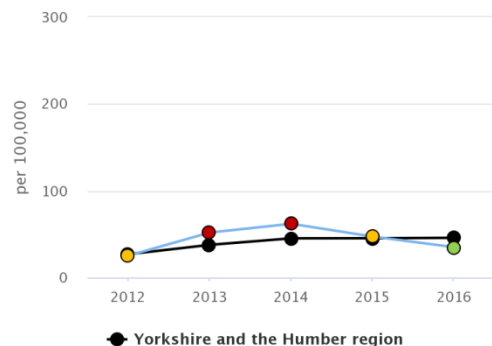


(PHE fingertips)

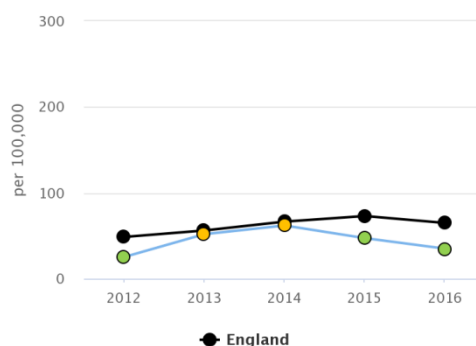
Successes

Rotherham's new diagnosis rates for gonorrhoea have continued to fall. After having been higher than the average for Yorkshire and Humber and matching the rates for England in 2013 the rates were significantly lower in 2016 and are continuing to fall.

Gonorrhoea diagnostic rate / 100,000 – Rotherham



Gonorrhoea diagnostic rate / 100,000 – Rotherham



Source: Laser, PHE, 2016

The latest LASER (Local Authority HIV, Sexual and reproductive health Epidemiology Report) for 2016 reflects the significant fall in diagnosis of gonorrhoea

with Rotherham having the 145th highest rate (out of 326 LAs in England) in 2016 compared to when the authority had the 91st highest rate in 2015.

Rotherham also has a good HIV testing coverage percentage in comparison to England with 80.0% of eligible sexual health service patients being tested (compared to 67.7% in England).

Challenges and future work

The Yorkshire and Humber region continue to see an increase in cases of syphilis including an increase in the number of cases (small number) in Rotherham. This is also reflected across England.

For cases in men where sexual orientation was known, 9.8% of new STIs in Rotherham (2016) were among gay, bisexual and other men who have sex with men (MSM) compared to 3.8% in 2015. Rotherham also has higher rates of new STIs amongst black ethnic minority groups which is also reflected in the national picture.

59% of diagnoses of new STIs in Rotherham in 2016 were in young people aged 15-24 years compared to 51% in England.

Local and national prevention activities will need to focus on groups at highest risk, including young adults, black and ethnic minorities and MSM.

TUBERCULOSIS (TB)

TB

Work continued over the year to treat isolated cases of TB. This involved contact tracing, screening and, where relevant, further management and treatment of contacts. The work involved is often very time-consuming, requiring specialist knowledge and skills due to the increasing complexity and vulnerability of the patients and contacts (as the overall incidence declines)¹⁴.

The capacity and sustainability of the TB Specialist Services are currently being reviewed by RCGG to ensure it reflects the latest NICE guidance¹⁵.

Successes

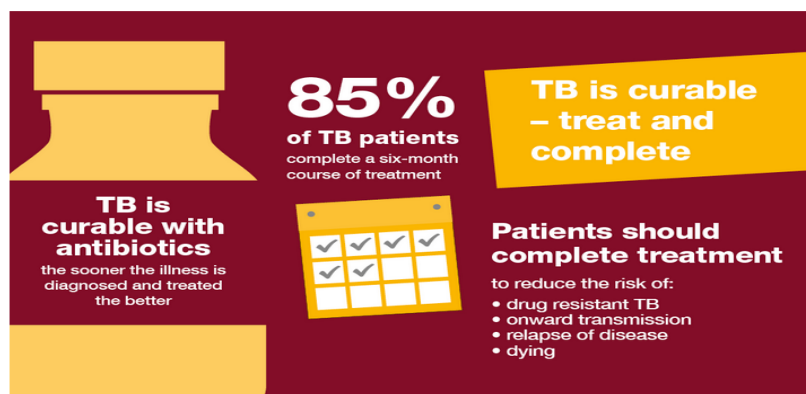
TB specialist services in Rotherham achieved a minimum of 85% treatment (locally achieve 100%) completion rate through the implementation of best practice. Treatment can either be self-administered or directly observed. Treatment

¹⁴ <https://www.gov.uk/government/publications/health-matters-reducing-the-burden-of-tuberculosis/health-matters-reducing-the-burden-of-tuberculosis>

¹⁵ <https://www.nice.org.uk/guidance/ng33>

completion is important not only to prevent re-occurrence/spread but to reduce the likelihood of Multi-Drug Resistance (see diagram below).

Treatment of TB



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Following improved BCG (Bacillus Calmette-Guerin) vaccine availability for TB (previous year saw a global shortage), all babies identified as being eligible for BCG are now being offered the vaccination in secondary care outpatient clinics.

Challenges and future work

Multi Drug Resistant Tuberculosis (MDRTB)

TB remains a national priority for action and whilst rates of TB are falling the Yorkshire and Humber region has the third highest rate of TB in England and an above average proportion of cases of multi-drug resistant TB (MDRTB).

There have been some cases of MDRTB across the Yorkshire and Humber region that have been complex in terms of the management of the situation rather than the clinical management of the cases. The underlying explanations for these complexities have often related to the case's inability to undertake employment during the initial treatment period of the condition.

SUCCESSSES AND CHALLENGES IN 2017

ENVIRONMENTAL HAZARDS AND CONTROL

Food Hygiene and Animal Health

Rotherham Council advises and supports businesses to ensure legal compliance to food hygiene standards and takes enforcement actions when appropriate. Trading Standards Enforcement Staff and Environmental Health Officers (EHOs) have worked in partnership with other agencies such as South Yorkshire Police and Immigration Enforcement to tackle issues such as the sale of illicit alcohol and tobacco.

In December 2017, Rotherham had 1,956 food premises displayed on the Food Standards Agency (FSA), Hygiene Rating Scheme, of which 1,593 were rated good or very good. EHOs have undertaken 54 re-assessment visits 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.

Of the cases which have been reported, there have been 545 cases of suspected food poisoning and confirmed notifiable illnesses in Rotherham between January and December 2017.

There are currently 147 registered feed premises supplying food to animals. Visits are made to ensure they comply with the feed law. Animal Health staff also check premises keeping livestock to ensure that animal welfare is maintained and disease control measures are in place.

EHOs have undertaken a number of sampling initiatives in 2017 looking at a range of issues. They participated in a regional survey of gyms looking at the cleanliness of gym equipment, all the results were satisfactory. EHOs have continued to monitor the quality of milk pasteurised in Rotherham.

A local survey was undertaken to check the level of salt in sausages manufactured in the borough as a diet high in salt can cause raised blood pressure, which can increase your risk of heart disease and stroke. The majority of the samples exceeded the target set by the Department of Health in 2012, which was amended in 2017 to 1.13g of salt (450 mg sodium) per 100g (average) and 1.38g of salt (550 mg sodium) per 100g (maximum). All the butchers were advised to reduce the level to meet the revised target.

Rotherham Council has also participated in other surveys/questionnaires undertaking environmental monitoring of premises for example schools, pubs and checking for particular pathogens, such as Salmonella or identifying cleaning issues.

In Rotherham over the year (2017), there were 288 cases of Campylobacter, 26 cases of Cryptosporidiosis and 52 cases of Salmonella notified to PHE ¹⁶.

Successes

Under the Food Information Regulations (2014) businesses have a responsibility to ensure that food is labelled correctly. The Food Standards Agency in partnership with local authorities, operate the Food Hygiene Rating Scheme. This scheme encourages businesses to improve hygiene standards. The overarching aim is to reduce the incidence of foodborne illness. The scheme helps consumers choose where to eat out or shop for food by giving them information about the hygiene

¹⁶ <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

standards in restaurants, takeaways and food shops by searching for ratings at food.gov.uk/ratings.

Sampling of food is undertaken to ensure it meets microbiological criteria and swabbing identifies if premises have not been adequately cleaned or processes are not in place to reduce the level of germs to a safe level.

Environmental Health Officers have been working with businesses to help them meet the requirements of the law and by the end of December 2017, 91.5% of food premises had demonstrated broad compliance.

Challenges and Future work

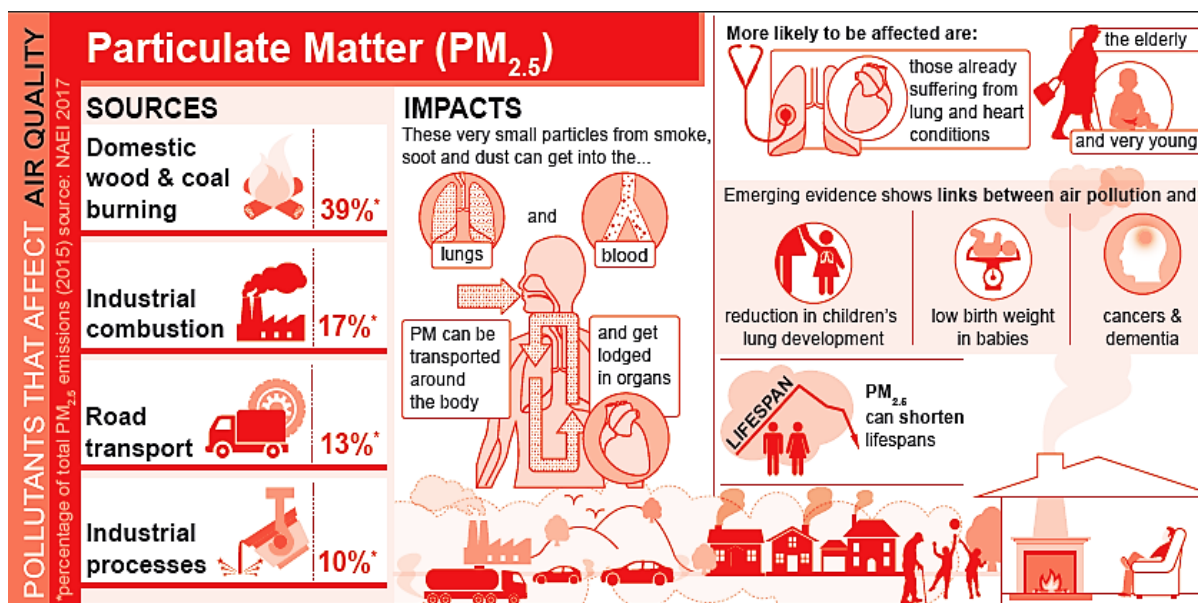
The Food Information Regulations require businesses to ensure that food is labelled correctly. EHOs will continue to work with businesses to ensure that they are labelling food correctly and they understand the importance of identifying all the allergens in the food.

Air Quality

Air pollution is a mixture of particles and gases that can have an adverse effect on human health. Although air pollution has improved over recent decades, there are still significant public health challenges mainly related to Particulate Matter (PM_{2.5} and PM₁₀) and nitrogen dioxide (NO₂) in ambient air. Air pollution is associated with a number of adverse health impacts and is recognised as a contributing factor in the onset of heart disease and cancer and particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions (The Mortality Effects of Long-Term Exposure to Particulate Air Pollution in the United Kingdom. The Committee on the Medical Effects of Air Pollutants (COMEAP) (2010)¹⁷.

The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion (Defra. Abatement cost guidance for valuing changes in air quality, May 2013).

¹⁷ <https://www.gov.uk/government/publications/comeap-mortality-effects-of-long-term-exposure-to-particulate-air-pollution-in-the-uk>



Successes

Overall in Rotherham, air quality is classed as good, but Rotherham, along with most urban areas in England, has areas of elevated air pollution which have been declared as Air Quality Management Areas (AQMA, see link)¹⁸.

Whilst traffic emissions continue to impact on the quality of air in Rotherham, there has been a reduction of 8% in the annual average PM_{2.5} in Bradgate (2016-2017). The air quality along Wellgate in the AQMA has improved to such an extent that the national air quality standards are now being met (see footnote 22). The South Yorkshire ECO Stars scheme¹⁹ helps operators reduce emissions of toxic pollutants. The scheme now has over 150 members. 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 links transport, active travel, planning and public health work within Rotherham Council, to drive improvements whilst providing a focused link into regional work.

Within the Sheffield City Region (SCR), the South Yorkshire Air Quality and Climate Group (of which Rotherham has actively contributed) has led to a number of initiatives over the last few years which include;

- the South Yorkshire ECO Stars Scheme, which works with HGV fleet operators to reduce emissions from vehicles,
- electric vehicle Infrastructure rollout,

¹⁸ http://www.rotherham.gov.uk/info/200075/pollution/375/a_guide_to_air_pollution

¹⁹ <https://www.ecostars-uk.com/south-yorkshire/introduction/>

- hydrogen fuel cell vehicles (the first public hydrogen filling station in Rotherham)
- ECO driving²⁰
- engaging with South Yorkshire Passenger Transport Executive, Sheffield City Region partners and bus companies on air quality issues

Rotherham has also developed/secured;

- a low emission strategy for the borough as part of our local Action Plan²¹
- an evidence base for the causes of poor air quality which affects the population's health
- "Delivering Air Quality Good Practice Planning Guidance" which aims to reduce emissions by working with developers to ensure that mitigation of air quality impacts is incorporated into the design stage, e.g. electric vehicle charging points
- use of the latest low emission buses on Fitzwilliam Road route through one of Rotherham's Air Quality Management Areas
- a 'Care4Air' film to be shown to communicate key messages about air pollution and health to the public²²
- appropriate advice available for both staff and the public in the event of a high air pollution episode is published on the Rotherham Council Website²³
- monitoring of fine particulate pollution in our Air Quality Management Areas at Blackburn School (close to the M1 motorway), Bradgate on the A629 and a new portable monitoring device for PM_{2.5} at St Ann's School

Challenges and future work

The profile of air quality as a national priority has never been higher. The UK Government Secretary of State has written to Rotherham Council's leader, naming Rotherham as a Clean Air Zone authority and requesting the Council to produce a plan to meet the EU Limit Values for nitrogen dioxide in the shortest possible time. The Council is working with Sheffield City Council on a Feasibility Study for a Clean Air Zone which has to be submitted to the Secretary of State by 31 December 2018. Funding streams continue to be explored to enable the installation of Electric Vehicle re-charging infrastructure in the borough for residents and visitors, to encourage the use of alternatives fuels whilst, at the same time, reducing the emissions of air pollution from vehicles.

SUCCESSSES AND CHALLENGES IN 2017

²⁰ <http://www.energysavingtrust.org.uk/blog/tips-eco-driving-and-fuel-efficient-car>

²¹ http://www.rotherham.gov.uk/info/200075/pollution/375/a_guide_to_air_pollution

²² <http://www.care4air.org/>

²³ http://www.rotherham.gov.uk/info/200075/pollution/375/a_guide_to_air_pollution

SCREENING AND IMMUNISATION

NHS Screening and Immunisation programmes reduce illness and death from vaccine preventable conditions and those detectable through screening. These services are commissioned by NHS England Yorkshire and the Humber (South Yorkshire and Bassetlaw) and delivered in a variety of acute and community settings. This ensures high quality, accessible, equitable, safe and effective services, with successful uptake and coverage. The Screening and Immunisation Team (SIT) is a team of public health professionals employed by Public Health England and embedded in NHS England. The SIT lead on all aspects of improving access, uptake and coverage of the programmes working in partnership with Rotherham Council, RCCG, RDaSH and TRFT through primary and secondary care.

Cancer is the leading cause of all deaths in Rotherham and accounted for almost 27% of deaths locally in 2015 (ONS). Furthermore, for the 3 years 2013-2015 combined, Rotherham experienced a premature mortality rate (deaths under 75 years of age) for cancer of 3.6%, higher than the Yorkshire and Humber Region and 10.7% higher than England (Public Health England (PHE) via data from ONS). Screening and early detection significantly improves the health outcomes for the individual and population.

People living in Rotherham who fall within the eligibility criteria are able to access three cancer screening programmes, breast, cervical and bowel cancer which account for 44 % of all cancers (20 year prevalence to end of 2010, National Cancer Registration and Analysis System (NCRAS)) and 15% of all cancer deaths (2015, ONS) each year. Bowel cancer is the second largest cause of cancer death after lung cancer (2015, ONS). Numbers of new cases of female bowel cancer have fluctuated over time but are 22% higher in 2014 than in 2001 (PHE Cancer Analysis System).

Routine Vaccinations and Immunisations

Immunisation is one of the most successful and cost effective health protection interventions and is a cornerstone of public health. High immunisation rates will help to prevent the spread of infectious disease, complications and possible early death among individuals. The population's health is protected through both individual and herd immunity²⁴.

The population is offered routine vaccinations for protection against 15 infectious diseases in childhood, adolescence and as adults, with another four vaccines for specific eligible at risk groups²⁵.

²⁴ <https://www.vaccinestoday.eu/stories/what-is-herd-immunity>

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

Seasonal flu

Morbidity and mortality attributed to flu is a major cause of harm to individuals, especially vulnerable people, and a key factor in NHS winter pressures. The annual flu immunisation programme helps to reduce GP consultations, unplanned hospital admissions and pressure on A&E and is therefore a critical element of the system wide approach for delivering robust and resilient health and care services during winter (The national flu immunisation programme 2017/18: letter from DH, PHE, NHSE 21st March 2017).

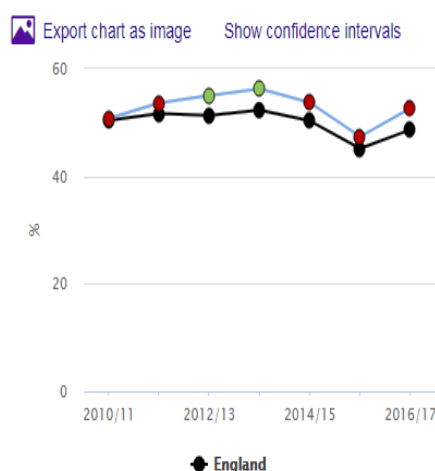
Each year Public Health England and the Department of Health deliver a co-ordinated and evidence based approach to reduce the impact of flu in the population. This includes public communications to promote the uptake of flu vaccination and other aspects of combating flu such as hand hygiene and ensuring that all eligible people are offered vaccination.

In 2016/17, the uptake in at risk groups aged under 65 was 52.7%; this is a significant increase when compared with the same period last year 47.4% (55% target) and is in line with national and local trends. Rotherham and South Yorkshire still remain relatively high performers when compared nationally.

3.03xv - Population vaccination coverage - Flu (at risk individuals)

Rotherham

Proportion - %



Recent trend: ↓

Benchmarking against goal: <55% ≥55%

Period	Count	Value	Lower CI	Upper CI	Yorkshire and the Humber	England
2010/11	15,375	50.8	50.2	51.3	50.6*	50.4*
2011/12	15,075	53.6	53.0	54.2	51.5*	51.6*
2012/13	16,029	55.0	54.4	55.6	51.4*	51.3*
2013/14	16,248	56.3	55.7	56.8	51.8*	52.3
2014/15	16,820	53.7	53.1	54.2	50.6*	50.3
2015/16	16,247	47.4	46.8	47.9	45.6*	45.1
2016/17	15,536	52.7	52.1	53.2	48.1*	48.6

Source: ImmForm website

There was a national ambition over 2017/18 for an uptake of the nasal vaccine, Fluenz, for children aged between 2 – 8 years to be between 40- 65%. To-date (end December, 2017) Rotherham has successfully achieved this uptake within this range and continues to show improvement.

A good uptake of the vaccination of frontline workers with direct patient contact against flu has been shown to significantly lower rates of flu-like illness, hospitalisation and mortality in the elderly in long-term healthcare settings²⁶.

In November 2017, the Department of Health introduced an extension of seasonal flu immunisation for a number of workers in social care to complement existing local schemes. Alongside the programmes delivered through the NHS, Rotherham Council promoted the importance of good hygiene, patient and staff vaccination through a range of communications running up to, and continuing into, the flu season. This included communications on seasonal flu/winter well, posters and 'vaccination vouchers' to be used at several pharmacies across the borough. This will be reviewed by Rotherham Council to inform next year's seasonal flu campaign for eligible staff.

Screening Programmes

There are a total of 14 screening programmes in England²⁷, 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.

Early detection is key to improving health outcomes, minimising complicated treatments and survival rates. National screening programmes aim to either detect cancer before it becomes symptomatic, or identify and treat changes in cells which can develop into cancer. For example, more than 90% of women diagnosed with the earliest stage of breast cancer survive for at least five years. This figure reduces to around 15% for women diagnosed at a late stage. Nationally around 5% of all cancers are detected through screening. There are three national evidence-based cancer screening programmes - for breast, cervical and bowel cancer (ONS).

Successes

Routine vaccination coverage amongst the local population in Rotherham continues to improve and achieve above the national average rates to meet the national (PHOF) targets for the national childhood immunisation programmes. There has been an additional focus on all "at risk" cohorts, such as, those over the age of 65 those with long term conditions or pregnant women. There has also been a renewed focus to support, advise and educate vulnerable and hard to reach groups regarding the importance of screening and dispel any worries or anxieties they may have. For example, a number of screening events, health promotion days, and group work events have been held across the borough working closely with Cancer Research UK (CRUK).

²⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643609/Flu_social_care_staff_leaflet.pdf

²⁷ <http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx>

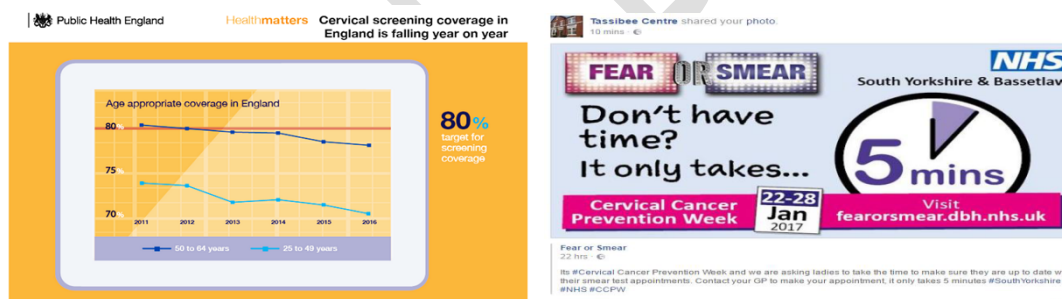
The Rotherham General Medical Practice (GP) waiting lists for childhood vaccinations continues to be reduced as a consequence of collaborative working between primary care, Child Health Records Department (CHRD) and the SIT team.

Through successful partnership working with key stakeholders there has been;

- improvement for the adolescent school based immunisations programmes
- implementation of the Hexavalent vaccine (now includes hepatitis B) for the childhood immunisation programme across Rotherham
- agreed quality standards with RCGP in relation to the primary care quality contract and health protection and screening

Challenges and future work

The SIT team has identified a priority for all organisations to focus on improving access to NHS screening and immunisation programmes for the vulnerable and hard to reach groups with a view to reducing health inequalities in the Borough. The team are working closely with partners to improve the uptake and coverage across all Ante Natal and Newborn (ANNB) screening and Cancer and Non Cancer Screening Programmes in Rotherham. All health promotion initiatives ensure that more people living with learning disabilities and mental health problems, have access to accurate and easy to understand information in a suitable format. Below (right) is one of the many campaigns promoted across the boroughs in South Yorkshire and Bassetlaw



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and the SIT is mapping 'did not attend' data to help target initiatives to tackle lower rates. This will be achieved by using health intelligence data and CCG cluster methodology and working to improve at a GP cluster level which will feed into the overall Rotherham level- targeted place based work.

The SIT are working closely with the CCG in relation to GP practices to identify those where lower uptake rates are highlighted in relation to pre-school immunisations, MMR, Shingles and cervical screening. For example, an agreed objective will be to increase the uptake of the MMR dose 2 to 95% the WHO target which also meets the PHOF target.

Front line professionals will be trained to deliver brief intervention messages to re-iterate the importance of early detection, early identification and diagnosis.

SUCCESSSES AND CHALLENGES IN 2017

INFECTION, PREVENTION, CONTROL AND ANTIMICROBIAL RESISTANCE

Good infection prevention and control, and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care and in managing and controlling the spread of communicable diseases. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone (Health and Social Care Act: Code of Practice, DH 2008).

As the regulator of health and adult social care in England, the Care Quality Commission (CQC) provides assurance that the care people receive meets the fundamental standards of quality and safety. These are set out in regulations. The Health and Social Care Act 2008 (code of practice on the prevention and control of infections and related guidance) outlines what registered providers should do to ensure compliance with registration requirement 12 (2) (h) (Providers must). “Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.” It also sets out 10 compliance criteria against which registered providers will be judged²⁸.

Rotherham Council and RCCG commissioners and the CQC will need to be assured that patient safety and service quality are maintained for Infection Prevention and Control in the public and independent sectors who deliver regulated services.

Following considerable consultation, the CQC have made changes to the inspection process with 5 Key lines of enquiry (KLOEs) associated with good infection prevention and control²⁹.

HEALTH CARE ASSOCIATED INFECTIONS (HCAs)

HCAs can develop either as a direct result of healthcare interventions, or from contact with a healthcare setting. HCAs are mainly caused by Meticillin-Resistant

²⁸ <http://www.cqc.org.uk/>

²⁹ <http://www.cqc.org.uk/guidance-providers/adult-social-care/infection-control>

Staphylococcus Aureus (MRSA), Clostridium difficile (C.difficile), Meticillin-Sensitive Staphylococcus Aureus (MSSA) and Escherichia coli (E.coli).

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 affected. Infection prevention and control is therefore a key priority for protecting the health of the population in Rotherham.

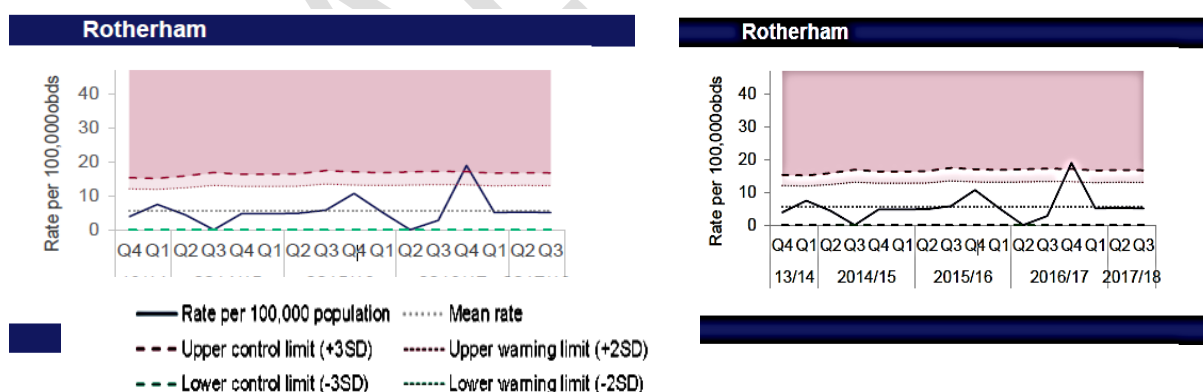
Meticillin-Resistant Staphylococcus Aureus (MRSA)

Although the 'zero' 'no tolerance' trajectory, in 2016/17, was exceeded of the cases attributed to TRFT, these were primarily due to contaminated blood samples not clinical infection. TRFT is therefore reviewing a range of measures to reduce the level of all blood culture contamination.

Meticillin-Sensitive Staphylococcus Aureus (MSSA)

There were 22 cases of MSSA Blood stream infections (BSI's) in the acute trust. Although no national target has been set and the numbers remain stable, both hospital and community cases of MSSA bacteraemia continue to be reported on, and monitored by the Director of Infection Prevention and Control (DIPC) and Infection Prevention and Control Team based at TRFT.

Below is a chart showing trends in MSSA infection incidence for TRFT and RCCG shown as quarterly rates of acute trust apportioned MSSA infection per 100,000 bed days from October 2013 to December 2017.



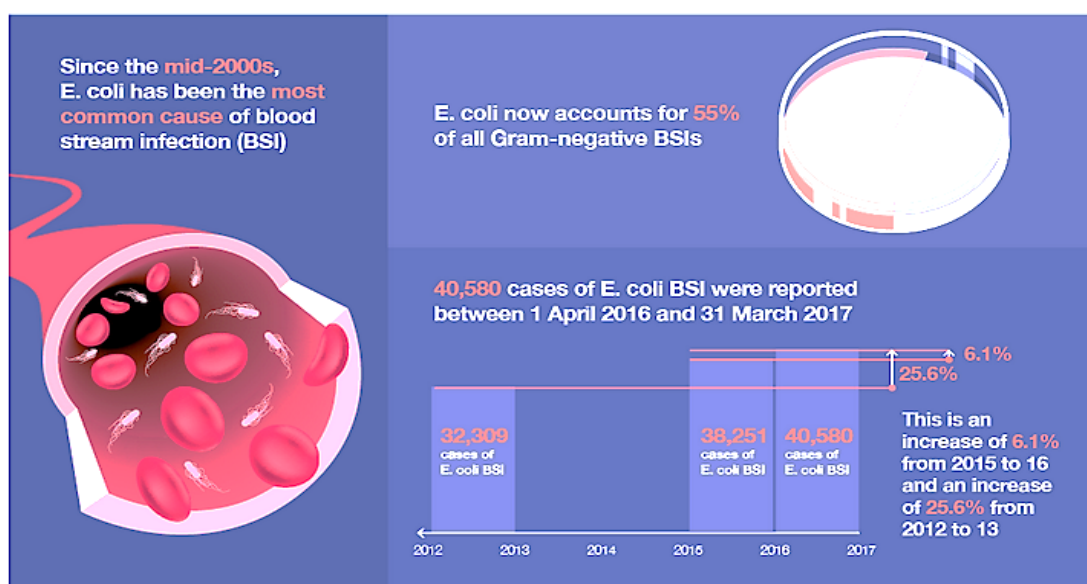
Source HCAI Mandatory surveillance. Public Health England Healthcare Associated Infections in Yorkshire and Humber Quarterly Report July to September 2017

E coli

E. coli blood stream infection rates are nationally high and have increased in the last 5 years, although it is considered that only 50% are HCAIs. The Department of Health documented that the plans to reduce infections in the NHS should have an emphasis on E. coli, with an aim of halving the number of cases by 2021.

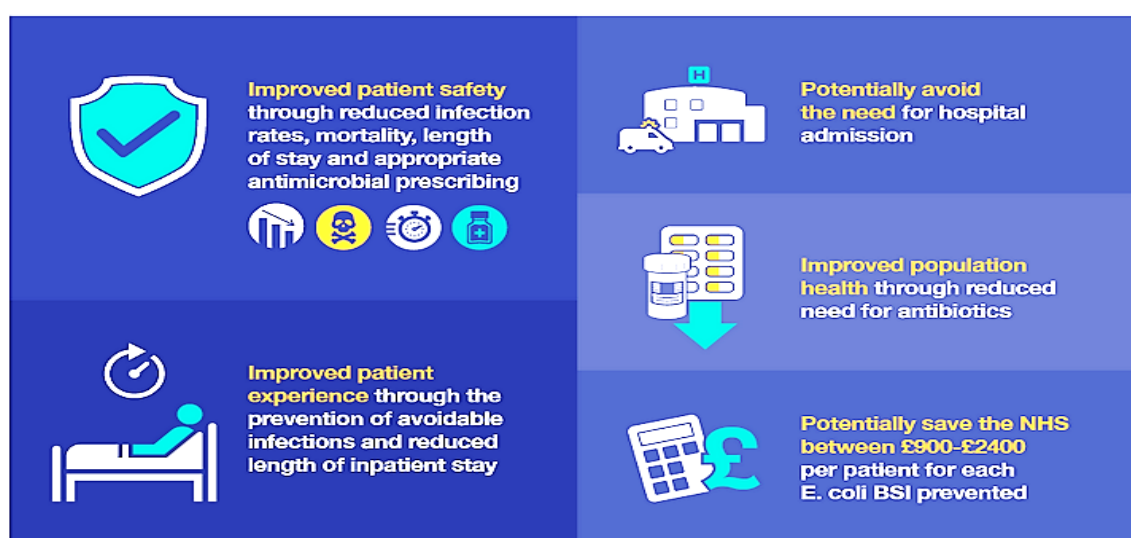
Consequently, there is a national set of quality premium targets for 2017-18 with a reduction expectation of 10%. Although the actual figure for 2016-17 in Rotherham

was 241 reported cases, the ambition target figure for Rotherham in 2017-18 is 221 cases.



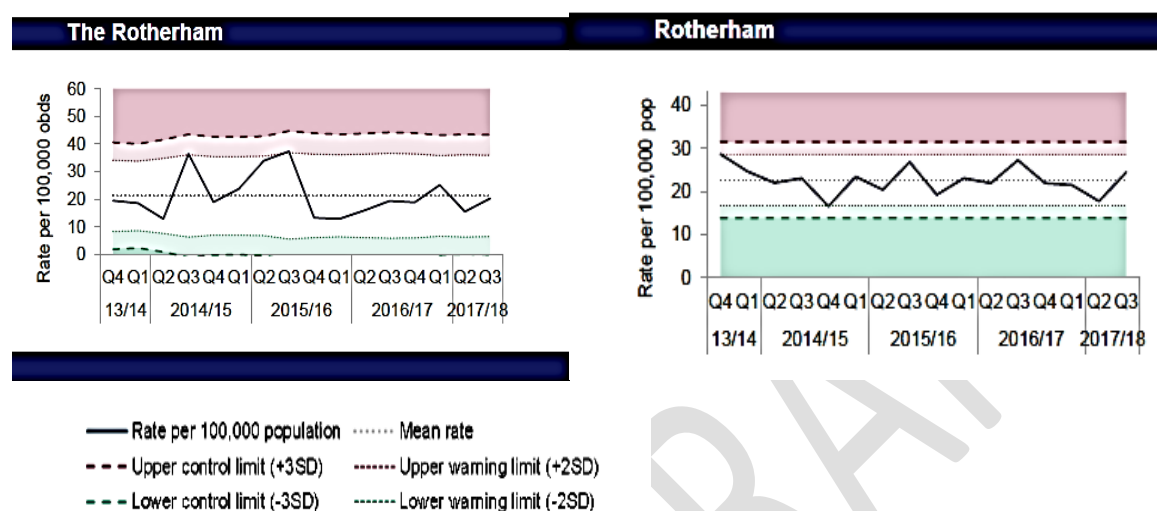
Locally monitoring of E.coli has been underway over the year to inform the Rotherham CCG and TRFT action plan. This plan which centres on reducing E. coli's has been shared with NHS England along with other supporting documentation. A local review of the data which has been collated over 2017 will be undertaken in 2018 to inform future work.

Infection Prevention and Control Nurses have attended national learning events relating to E. coli's along with other TRFT staff to continue to enable community wide working to reduce E. coli infections as per the Quality contract.



To date there have been 107 E. coli's for 2017-18 compared to 128 over the same period in 2016/17.

Below is a chart showing trends in E.coli infection incidence for TRFT and RCCG shown as quarterly rates of acute trust apportioned E.coli infection per 100,000 bed days from October 2013 to December 2017.

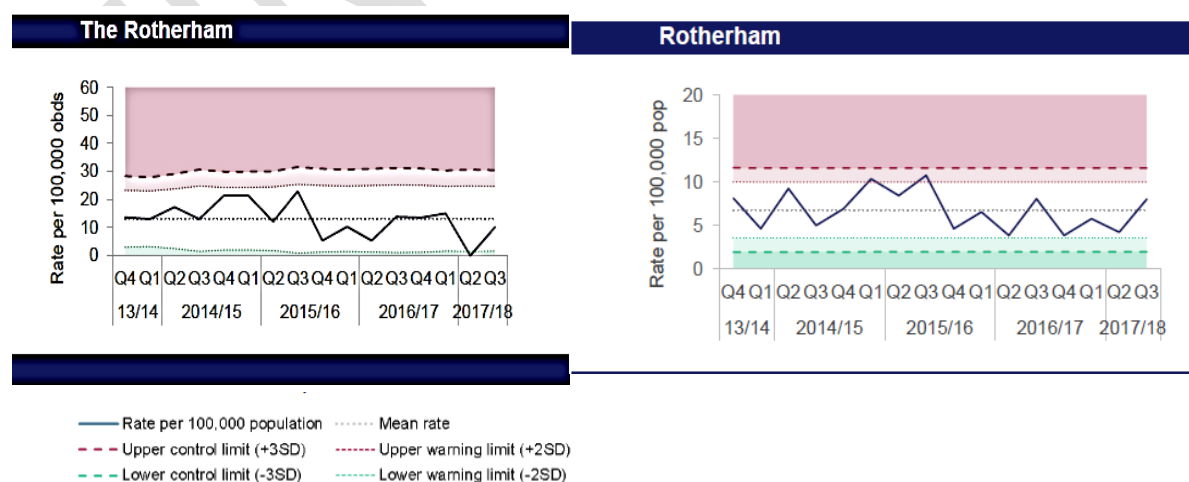


Source HCAI Mandatory surveillance. Public Health England Healthcare Associated Infections in Yorkshire and Humber Quarterly Report July to September 2017

Clostridium difficile Infections (CDI)

The number of C.difficile infections, attributed to the Hospital Trust, were within the annual trajectory set by NHSE for 2016/17 and remain so to date for 2017/18.

Below is a chart showing trends in C.difficile infection incidence for TRFT and RCCG shown as quarterly rates of acute trust apportioned C.difficile infection per 100,000 bed days from October 2013 to December 2017.



Source HCAI Mandatory surveillance. Public Health England Healthcare Associated Infections in Yorkshire and Humber Quarterly Report July to September 2017

Rotherham's trajectory for C. difficile for 2017-18 remains the same as 2016-17 and is set at 63 for RCGG. Rotherham has been attributed 30 cases of C. difficile against a year to date plan of 39 during Quarters 1 and 2 (Provisional data at this time).

Successes

RCGG remained within the annual trajectory (2016/17) for C.difficile. Since April 2016, Post Infection Reviews involving a Root Cause Analysis (RCA) have been undertaken for each community acquired /CCG attributable case (RCAs have always been undertaken for Acute trust cases). It will highlight any lapses in the quality of care (evidence that policies and procedures or that best practice was not followed) and any learning outcomes within both the community and acute trust to continually improve patient safety.

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. As a result the figures have reduced and remained within trajectory. For 2017/18, to date, the figures remain within trajectory.

Challenges and future work

CCG's have been given an aim to reduce the rate of E.coli bacteraemia 10% in year one and 50% reduction of all gram negative bloodstream infections by 2020. Mandatory reporting commenced in 2017 backdated to 1st April 2017. This includes reporting E.coli, Pseudomonas aeruginosa and Klebsiella infections. The majority of these cases are community acquired, and are often identified on hospital admission or within 2 days of admission. National data suggests that approximately three-quarters of E. coli Bacteraemia occur before people are admitted to hospital, it more commonly occurs in the elderly and primarily through Urinary Tract Infections, therefore requiring a whole health economy approach³⁰.

Although there were no reports of Norovirus/ rotavirus from TRFT, gastro intestinal infections are still seen in the community which can also affect care homes.

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).

³⁰ https://nhs.uk/corporate-site/blob.core.windows.net/blue/uploads/documents/Gram-negative_IPCresource_pack.pdf

As part of the UK government's five year antimicrobial resistance (AMR) strategy (2013-2018), there has been national voluntary point prevalence surveillance (monitoring) for HCAI and antimicrobial stewardship. TRFT have been active participants and although this has been completed the national and European results have not yet been published. Below is the PHE report for 2017 outlining some of the processes and headline findings³¹.

There is also a UK wide Antibiotic Guardian campaign 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

The Medicines Management Team (RCCG) have been working closely with the GP practices who are amongst the top ten prescribers (in terms of the highest volume of antibiotics prescribed) to reduce antibiotic usage through delayed prescriptions and increased testing/swabbing.

The multi-disciplinary Rotherham Antimicrobial Stewardship Group continues to meet monthly to monitor TRFT compliance with local and national prescribing policies and develop systems to address sub-optimal antimicrobial prescribing.

Challenges and future work

With an aging population, increased co-morbidities and surgery, it is important to reduce unnecessary and inappropriate antibiotic use in both the community and hospital (PHE, 2017). Particularly challenging areas remain in the community to ensure that policies are implemented on appropriate prescribing and review. In the coming year RCCG and TRFT will therefore be working on the following areas:

Long term Urinary Tract Infection (UTI) management

Review of prophylactic antibiotic regimens of GP patients in terms of length of course and appropriateness of treatment choice in conjunction with microbiology at TRFT to inform future actions.

Long term and repeated 'rescue medication' in Chronic Obstructive Pulmonary Disease (COPD) management

Review of prophylactic antibiotic regimens of GP patients in terms of appropriateness of treatment choice and frequency of repeat courses with microbiology at TRFT to inform future actions.

Near patient testing

³¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/656611/ESPAUR_report_2017.pdf

Proposal for the use of Rapid Streptococcus A testing in the two GP practices with the highest volume of antibiotic use. The use of this test is envisaged to reassure both patient and clinician that the infection is likely to be viral in origin³².

SUCCESSSES AND CHALLENGES IN 2017

EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE

The South Yorkshire Local Resilience Forum (SYLRF) has oversight of the emergency planning arrangements for organisations across South Yorkshire. These include; Local Authorities, Police, Fire and Rescue, Ambulance Service, Environment Agency, British Transport Police and the NHS. Its health equivalent is the Local Health Resilience Partnership (LHRP) which provides a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at a SYLRF level.

Rotherham Council is part of the Emergency Planning Shared Service (EPSS) with Sheffield City Council (SCC) which links into the SYLRF and has a range of plans to respond to emergency situations.

Successes

By working with multi-agency partners, a number of plans have been updated, refreshed and agreed. For example, the South Yorkshire Emergency Mortuary plan and the Yorkshire and Humber LRF and LHRP Pandemic Influenza framework. The South Yorkshire Community risk register has also been updated to reflect the latest national guidance and risk profiling.

Several multi-agency exercises at a Local Resilience Forum level have been undertaken over the year where the scenarios have focused on the response to; a counter terrorism scenario; Influenza Pandemic; or related to COMAH regulations (to control major accidents involving dangerous substances).

Rotherham organisations have followed up on a number of exercises within their own areas, again focusing on counter terrorism scenarios and generic response arrangements for Major Incidents. For instance, Exercise Seven Hills tested the local Health and Social Care Response following a Major Incident.

Challenges and future work

³² <https://www.nhs.uk/conditions/sore-throat/>

Working across different organisations (Rotherham Council, NHSE, PHE, CCG, RDaSH, Voluntary Sector, the Local Resilience Forum and Local Health Resilience Partnership) provides additional local challenges around key roles and responsibilities.

As part of the national review on planning and preparedness for responding to public health threats, each local authority contributed to the South Yorkshire and Bassetlaw LHRP health protection audit. This focused on a number of capabilities required to respond to health protection incidents which require a multi-agency response, specifically, of a clinical nature which do not trigger a Major Incident.

LOOKING AHEAD 2018

OUR COMMITMENT TO ROTHERHAM

All year round, national, regional and local health protection teams monitor and undertake actions to ensure that the necessary control measures are in place across Rotherham to protect the health of the local population. Below is an outline of some of the work envisaged over 2018.

Communicable Diseases

Building on inter-agency work to maintain;

- effective monitoring of emerging Infections and local implications are identified promptly
- effective communication across organisations and that 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

Environmental Hazards and Control

Food Safety

Environmental Health Officers will continue to undertake food hygiene and food standards inspections to check that food businesses produce food which is safe to eat. They will look at all aspects of the premises, including ensuring the structure is suitable, that hygiene practices are good and checking that the management systems are in place. EHOs will also check how food is described and look at the menus and labels to make sure the description is not misleading.

The Food Standards Agency updated the Brand Standard in 2017 which allows local authorities to introduce charges for the re-assessment visits. This charge will be introduced in Rotherham in February 2018.

Air Quality

The government has directed Rotherham and Sheffield Councils to produce a Feasibility Study for a Clean Air Zone for the Sheffield and Rotherham area, assisted by the UK Government's Joint Air Quality Unit (JAQU).

Rotherham Council are therefore working across directorates with external agencies to;

- Identify a 'package of measures' which will help ensure area wide compliance with the relevant air quality limits.
- Outline the strategic plan by April 2018
- Develop a business case by July 2018
- Produce a full business case by December 2018³³

Screening and Immunisation

Supporting and gaining assurance from The Rotherham Foundation Trust's maternity services regarding the introduction of the new Non Invasive Prenatal Testing for the Fetal Anomaly Programme due to be implemented in October 18.

Making the best use of data by mapping DNA (Did Not Attend) data to help target initiatives to tackle lower uptake rates, with a focus on the diabetic eye screening programme, childhood immunisations and cancer screening programmes.

The SIT are working with the CCG to identify those GP practices where lower uptake rates are highlighted in relation to pre-school immunisations, MMR, Shingles and cervical screening. For example, an agreed objective will be to increase the uptake of the MMR dose 2 to 95% WHO target (meeting the PHOF target).

Rotherham Council have included the following as one of its Corporate Indicators "Childhood immunisation - % of eligible children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their 2nd birthday (diphtheria, tetanus and pertussis/polio/Haemophilus influenza type b)". The PHOF definition for this indicator is "Children for whom the local authority is responsible who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday as a percentage of all children whose second birthday falls within the time period."

Infection, Prevention and Control and Antimicrobial Resistance

It will remain important for partners to maintain effective local antimicrobial stewardship (AMS) and optimised Infection Prevention and Control by working closely with the Director of Infection Prevention and Control (DIPC), the DPH and the Chief Nurse (RCCG) to ensure that;

³³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612592/clean-air-zone-framework.pdf

- there is progress against the CQUIN (Commissioning for Quality and Innovation) and QP (Quality Premium) indicators for antimicrobial stewardship between RCGG, TRFT, RDaSH and primary care
- Infection Prevention and Control (IPC) targets on a range of infections caused by Gram-negative organisms including E. coli are achieved

There will be further work through the multi-agency Infection, Prevention and Control in the Community Group around;

- IPC audits of jointly commissioned care homes
- involvement in the NHS expectation to reduce E. coli bacteraemia in social care settings
- reviewing care home cases for potential sepsis to reduce the overall incidence in the community
- delivering dedicated IPC workshops for the IPC Champions in care homes

Emergency Planning

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. The effect on local communities and work force will remain unknown but in the worst case scenario could affect up to 50% of the population. Following de-brief from the pandemic influenza exercises last year, Rotherham Council and partners will be reviewing these recommendations and look to integrate local plans and processes more effectively.

Further work is planned with through the SYLRF to review a number of local multi-agency plans and frameworks as a result of changes in national policy and guidance, such as, the national emergency arrangements for fuel supply, excess death and emergency mortuary provision.

Following debrief from Exercise Seven Hills, key partners in the NHS and Rotherham Council will meet to ensure that there is an integrated response to a major incident. This will involve testing the generic and scalable arrangements for coordinating the local health economy for a range of incidents. In addition there will be a review of the process to access information on vulnerable people and testing the Rotherham Council Emergency Reception Centre Plan arrangements with key partners.

Undertake a re-audit (SY LHRP level) on a range of local actions identified by PHE and NHSE to comply with the initial National Survey of Health Protection Capabilities in Nov 2017.