

MUNICIPAL YEAR 2019/20

Meeting Title:

HEALTH AND WELLBEING BOARD

Date: 20 June 2019

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Agenda Item:

Subject: Health Protection Forum
Annual Report

Report of: Stuart Lines, Director of
Public Health

1. EXECUTIVE SUMMARY

Enfield Health Protection Forum is a partnership group with members from a wide range of stakeholders from statutory bodies and is chaired by a Consultant in Public Health deputised by the Director of Public Health (DPH).

Key partners include Public Health England (PHE), Enfield CCG, NHS England and local health care providers. There is also a close working relationship with the LBE Emergency Planning team.

The role of the Health Protection Forum (HPF) is to ensure, on behalf of the HWB, that adequate arrangements are in place for the surveillance, prevention, planning and response required to protect the public's health. The Health Protection Forum (HPF) facilitates positive relationships, ensuring that clearly defined roles and responsibilities are in place that underpin the local response to public health threats, outbreaks and major incidents, and when the roles cannot be made clear due to legislation, a joint effort is applied to meet the health protection needs of the local health and care sector. The HPF also discusses and helps resolve many emerging priorities identified by partner organisations.

This is the first annual report to be presented to Enfield Health and Wellbeing Board (HWB) by the Health Protection Forum. The purpose of this document is to provide a clear overview of the current health protection situation within Enfield highlighting any on-going challenges or issues.

This report has been written to a framework that was agreed by the forum members to reflect the most crucial parts of the standing items (Appendix 3) and to summarise the quarterly meetings since April 2018 against the following health protection areas:

- Communicable disease outbreaks and incidents
- Immunisation and vaccination
- Emergency planning
- Non-Infectious Environmental Hazards
- Healthcare and community acquired infection

- Others: screening programme, TB, HIV

The below are the priorities in the forward plan for 2019-20:

Immunisation and vaccination

- Promote flu vaccination and childhood immunisations
- Support the development and implementation of the immunisation improvement plan

Infection and disease outbreak control

- Health Protection Forum partners to continually look for opportunities of inter-disciplinary and multi-agency working which will bring system-wide improvements and management of infection.
- Tackling community-acquired infection working with LBE social care, care homes, NHSE providers and commissioners.

Reduce environmental hazards to health

- Monitor incidence data of environmental hazards to health and care systems system on appropriate long-term measures.

Business Continuity Plans to be flu pandemic ready

- Encourage and support partners organisations and LBE departments to have their respective Business Continuity Plans updated that is aligned to LB of Enfield's Multi-agency Influenza Pandemic Plan.

2. RECOMMENDATIONS

The Board is asked to note and comment on the functions and priorities of the HPF.

3. BACKGROUND

3.1 Health protection seeks to prevent or reduce the harm caused by communicable and non-communicable diseases and minimise the health impact from environmental hazards. This report is part of a locally agreed assurance process that was put in place following the 2012 Health and Social Care Act (Section 6C regulations)ⁱ where the Director of Public Health (DPH) provide assurance to the Health and Well-being Board (HWB) that the health of the residents in Enfield is being protected in a proactive and effective way by the stakeholder organisations.

3.2 Achieving success in health protection relies on strong working relationships at a local level. Enfield Health Protection Forum is a partnership arrangement with members from a wide range of stakeholders from statutory bodies and is chaired by a Consultant in Public Health deputised by the Director of Public Health (Appendix-2. Terms of Reference). The role of the Health Protection Forum (HPF) is to ensure, on behalf of the HWB, that adequate arrangements are in place for the surveillance, prevention, planning and response required to protect the public's health. The Health Protection Forum (HPF) facilitates positive relationship, ensuring that clearly defined roles and responsibilities are in place that underpin the local response to public health threats, outbreaks and major incidents, and when the roles cannot be made clear due to legislation, a joint effort is applied to meet the health protection needs of the local health and care sector. The HPF also discussed and resolved many emerging priorities identified by partner organisations.

This is the first annual report to be presented to Enfield Health and Wellbeing Board (HWB) by the Health Protection Forum. The purpose of this document is to provide a clear overview of the current health protection situation within Enfield highlighting any on-going challenges or issues.

Key partners include Public Health England (PHE), Enfield CCG, NHS England and local health care providers. There is also a close working relationship with LBE Emergency Planning.

Thanks to the cooperation and collaboration through the Forum, Enfield has been able to communicate all partners fairly quickly and control communicable diseases into a minimum, prevented measles outbreaks, maintain better cancer screening rates than STP average and London average, resolve issues around hospital discharges related to superbug carriers, close the gap in infection control skills in community care setting through a training and mitigating issues around food hygiene.

4. REPORT

4.1 This report has been written to a framework that was agreed by the forum members to reflect the most crucial parts of the standing items (Appendix 2) and to summarise the quarterly meetings since April 2018 against the following health protection areas:

- Communicable disease outbreaks and incidents
- Immunisation and vaccination
- Emergency planning
- Non-Infectious Environmental Hazards
- Healthcare and community acquired infection

- Others: screening programme, TB, HIV

4.2 The draft of the report (Appendix 1) was signed off by the forum in June 2019.

5.0 Recommendations

5.1 The Board is asked to note the contents of the report.

Appendix 1

Communicable disease outbreaks and control

Background

- PHE, in conjunction with LBE Environmental Health and Microbiology colleagues, continually monitor incidents of communicable diseases across the borough, neighbouring boroughs and at London and national levels. Where community 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 Enfield 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. Examples include scarlet fever and chicken pox outbreaks in schools, influenza outbreaks in care home, norovirus outbreaks in care homes, sporadic cases of legionnaire's disease and measles cases in a community.
- Public Health team as part of assurance of the health protection role, work closely with North Central London Public Health England Infection Control team to support the investigation, and management of disease outbreaks.

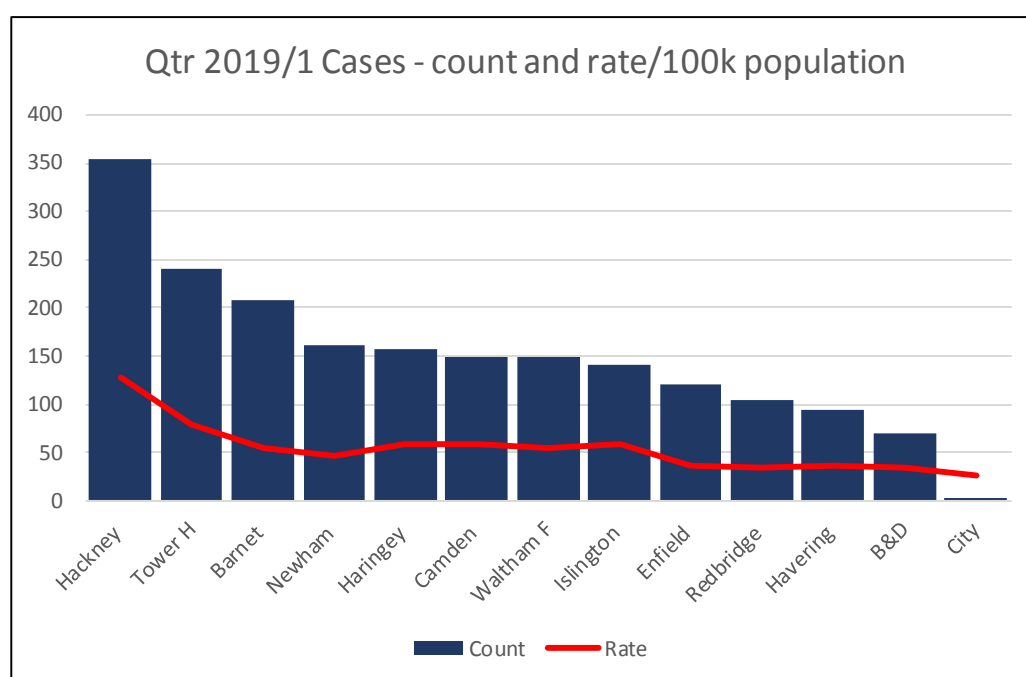


Figure. Notified Communicable Diseases Count and rate/100k population by Local Authority, Qtr 1, 2019

- At quarterly Health Protection Forum meetings, incidence of infectious disease and other outbreaks are discussed to give the borough the assurance that appropriate investigations have been undertaken and the public has been provided with adequate information on self-management and prevention of onward transmission of infections.

Concerns

- Measles outbreaks in neighbouring boroughs might spread into Enfield. (Appendix 8)

Action

- Opportunistic immunisation status check for all children at medical, childcare and school settings and promote immunisation.

Immunisation

Background

- NHSE commissions GPs and school nurses to deliver routine immunisation.
- Pertussis (Whooping cough) in the very young is a significant cause of illness and death. A temporary programme for the vaccination of pregnant women was introduced in October 2012 to protect infants against pertussis from birth until they are vaccinated at two months of age.
- People aged 65 years are eligible for a free pneumococcal vaccination (PPV), given once only
- A shingles vaccination has been developed which is designed to reduce the severity and length of a shingles episode, should it occur. People aged over 70 are most at risk from shingles and so a vaccination is offered at 70, with a catch-up cohort at 78 years old
- Flu vaccines need to be repeated every year by the at-risk population. Since 2018/19 flu season, front line health and care workers can have free flu vaccine at participating pharmacies.

Concerns

- Flu vaccine uptake among children in Enfield is the lowest in NCL (Appendix 7). There is evidence indicating parental resistance to flu vaccination in some sections of the community.
- Flu vaccination for at risk groups and older people is also low compared to London average.
- Staff flu vaccination rates at local NHS providers are not sustainable.
- None of the childhood immunisation coverage reaches the target needed to produce herd immunity.
- MMR target is 95% but Enfield rates are around 80%. Neighbouring boroughs with similar low uptakes were experiencing numerous outbreaks, making local PHE unit to declare business continuity measures.

Action

- We will continue to promote flu vaccination from early September coordinated by NHS England.
- Develop action plan to improve flu and immunisation in the borough working with local stakeholders especially GPs.
- GPs are to be clearly made aware that MMR catchup can be given at any age and GPs will be remunerated.
- Engage with the public to support the NHSE commissioning role to improve immunisation, and rates of call and recall in communities where the uptake is low.
- Public health volunteered to run a local workshop and make a number of engagements with practice nurses, local partners and the public to promote

immunisation and to co-produce an immunisation improvement strategy for Enfield.

Emergency planning for Health and Healthcare

Background

- A wide range of events can cause health emergencies, including natural hazards, accidents, outbreaks of disease and terrorist attacks.
- Emergencies can be minor events that threaten the health and lives of local communities or major events that affect the whole population.
- An influenza pandemic is one of the acute viral illnesses that have the potential to become pandemic (worldwide spread of a new form of the disease) at any time and originate anywhere in the world.
- The Local Resilience Forum is the principal mechanism for the coordination of Multi-agency planning for all the emergencies at the local level. Its membership includes all Category 1 responders (such as emergency services, local authorities and health care institutions) which are subject to a range of civil protection duties under the Civil Contingencies Act 2004.
- The Director of Public Health is the lead for Enfield Multi-agency Influenza Pandemic Plan and will chair the Influenza Pandemic Committee. The governance of Enfield Multi-agency influenza pandemic plan can be seen in Figure 1.
- In Sept 2018, a multi-agency pandemic flu exercise was conducted (a 3-yearly event) to revise existing Enfield Multiagency Influenza Pandemic Plan.
- Public Health is encouraging partners organisations and LBE departments to have their respective Business Continuity Plans aligned to Multi-agency Influenza pandemic plan.
- London Association of Directors of Public Health held a workshop on mutual aid between London boroughs in emergencies e.g., Grenfell disaster.

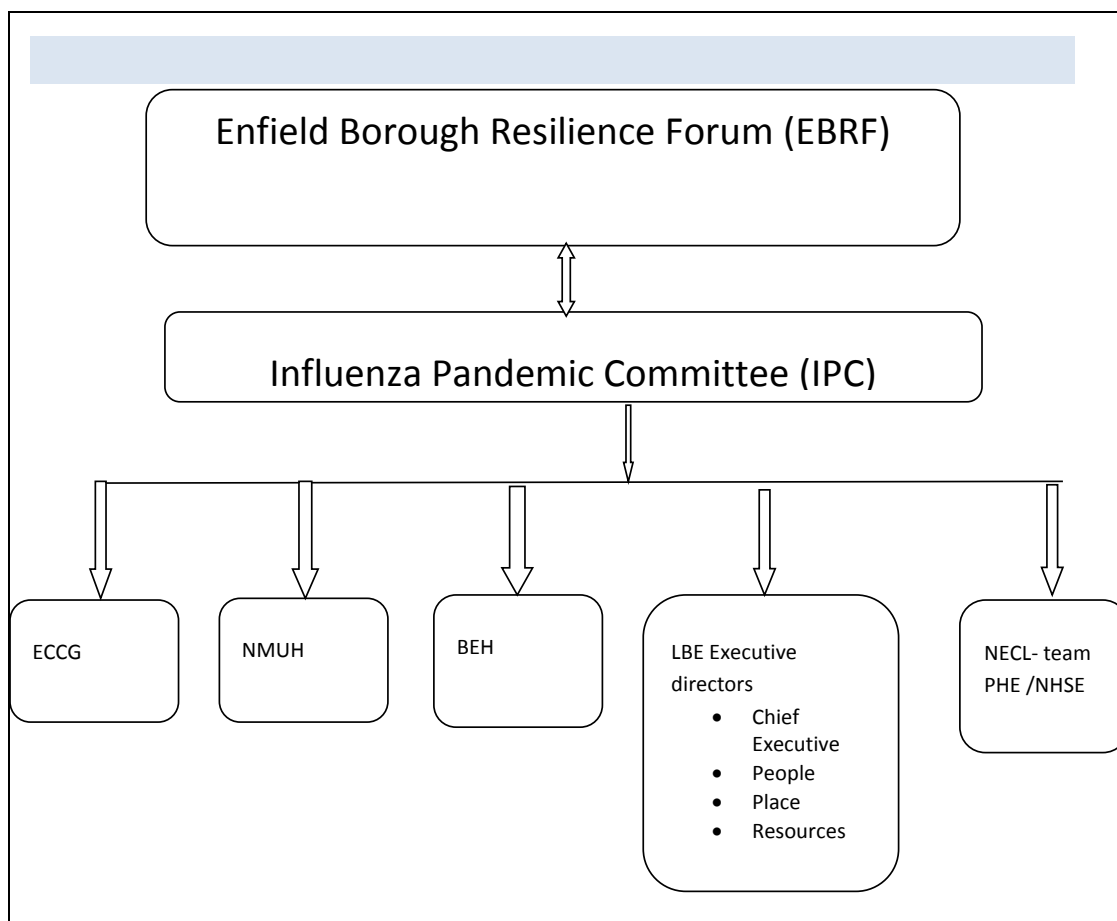


Figure-1 Enfield Influenza Pandemic and governance as part of EBRF

Concerns

- There is a concern that the business continuity plans of partner organisations are not coherent in terms of mutual aid and support.

Action

- Health Protection Forum will support the LBE department and partner agencies to develop a business continuity plan aligned to Enfield Multi-agency Influenza pandemic plan.

Non-infectious Environmental Health

Background

Air Quality is a major environmental risk to public health, contributing to cardiovascular disease, lung cancer and respiratory diseases. Enfield has a statutory duty to provide appropriate monitoring of air quality as per Air Quality Standards Regulations (2010). Evidence shows 36.9% of the Enfield population live in areas scoring in the worst 20% on the Access to Healthy Assets and Hazards (AHAH) Index, which includes access to green spaces and exposure to the air pollutants NO₂, PM₁₀s and SO₂)ⁱⁱ.

A report, together with the Air Quality Action Plan which provided information on the issues of air pollution faced in LB Enfield and how these problems are being addressed have been presented to security committee on 8th of Nov 2018ⁱⁱⁱ. The report highlighted NO₂ PM₁₀ levels exceeded the annual mean objective along main roads in the Borough.

On the other hand, Enfield environmental health services are also concerned with aspects of the environment that can present a risk to health, such as poor housing, a

safe supply of food and water, the control of pests that can spread infection, poor air quality and environmental exposures. Hazards that the environment team tackle on a regular could be categorised into physical, chemical and biological.

Physical

- Noise leading to deafness
- Ionising radiation can cause intracellular ionisation
- Exposure to ultraviolet (UV) radiation carries an increased risk of skin cancers.

Chemical

- Dusts, gases and fumes such as tobacco smoke, ozone, ammonia, asbestos.

Biological

- Moulds, bacteria and viruses
- Non-infective (allergic) reaction to an agent, or other agents such as cholera, legionella, and faecal material from house dust mites.

The environmental health team as part of the borough HPF and working closely with wider public health team, has taken action to ensure that adequate measures are taken to prevent the infection from spreading amongst employees and the public.

In the last one year, the team has been involved in wide range of physical, chemical and biological risk to individual and population health in the borough. Examples below are some of the work that the environment team in partnership with Public health England and as part of the borough Health Protection been engaged with:

- A child under ten years of age was identified with elevated blood lead levels with the suspected source within the home. This required both food and housing officers to investigate the potential sources. It was established that there was no food sources or utensils within the home that could have contributed to the levels found. It was alleged that the child had consumed paint from timberwork in the property, it was established that that no paint containing lead was ever used in the property. It was also confirmed that the water supply was not via lead pipes.
- Clusters of legionnaires disease infection required the team to visit potential locations and establish the safety procedures in place to demonstrate compliance with managing their systems.
- Investigation of a restaurant following a confirmed Salmonella case in order to locate the source and prevent an outbreak.

Concerns

- Air quality continues to be an issue for Enfield like everywhere else in London.

Actions

- The Health Protection Forum (HPF) working in partners with NHS providers and commissioners, voluntary sectors and schools will promote to increase awareness, knowledge and understanding of air quality and help everyone who lives, commutes or works in Enfield to reduce their own exposure as well as to improve air quality.
- Work with Public Health England, LBE environmental health team and NHSE providers to better control environmental risks to population health from physical, biological and chemical hazards.

Healthcare acquired Infections

Background

- Infection prevention and control is fundamental to stop the spread of communicable diseases.
- Infection control and Prevention is part of the Enfield CCGs Quality Strategy for 2017 to 2021. The CCG is working to reduce gram negative infections as well as *Clostridium difficile*. In the past year the CCG has developed an action plan that is focussed on the reduction of *Clostridium difficile* and *Escherichia coli*.
- As part of the national drive to reduce gram negative infections the CCG has worked with Acute and Community Providers to produce the action plan. The action plan required that Providers focus on as *Escherichia coli* as a mandatory infection to report.
- Work has also been undertaken on the introduction of catheter passports for patient being discharged from hospital. This initiative will help patients self-manage their catheters as well as aid better continuation of care between acute, community and primary care.
- The CCG is currently planning to work in collaboration with neighbouring CCGs to review ways of further reducing these infections in the community.

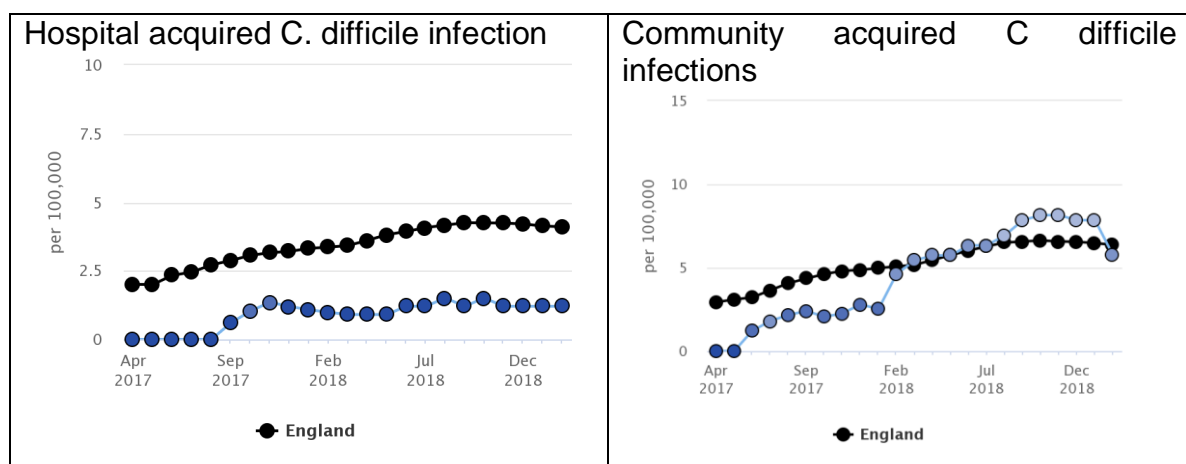


Figure 2. Healthcare acquired infections in Enfield.

Infection control in the community

- In 2017, public health, CCG and North Middlesex Hospital Infection control team carried out an audit of community acquired *C. difficile* infection and found the rate was increasing when the neighbouring county could maintain lower numbers. We learned from their best practice and organised infection control training for care home staff. We shared this good practice at PHE Conference 2018 (Appendix 4). This training needs repeated at least every other year because of the turnover of the staff in the sector and the apparent lack of commitment in the private care sector.
- An issue was raised by adult social care colleagues on the discharges with high risk of cross infection e.g., carbapenem-resistant *Enterobacteriaceae* (CRE). It's been agreed that Public Health England will give tailored guidance and advice to individual cases and ensure the standard operating protocol is adhered to by the NHS providers. Patients transferred from other hospitals and those who have been in hospitals the last 12 months will be screened for CRE when high risk for CRE; similar measures now in BEH, Barnet & Chase and NMUH.

Action

- Infection control training for community care should be repeated to limit community acquired C diff infections.

Others

Terms of Reference

The forum's terms of reference were revised and agreed at the November meeting.

Latent TB screening

- TB is a bacterial airborne infection that is associated with deprivation.
- TB often affects the lungs (pulmonary TB) but can also affect other parts of the body. Infection can be active or latent (latent TB can be reactivated in later years). The rate of TB has been decreasing since 2011 in the UK, albeit a very small reduction between 2015 and 2016; London has followed a similar pattern. The incidence of TB in Enfield lower than London average at 19 per 100,000 however, need to be tackled to reduce inequalities associated with these communicable diseases.
- As part of the Mayor and the GLA effort to support the national TB strategy, Enfield has joined the initiative for screening for latent TB infection. The programme targets people aged 16-35 with a connection to a defined list of high-risk countries and who have been in the UK for five years or less. It draws on best practice but, uniquely, screening, treatment and follow-up are all based in primary care.
- This innovative approach gives patients greater choice in treatment, significantly reduces cost and has boosted the numbers of patients being screened and treated. This cost-effective model also reduces the impact on hospital TB services, reducing waiting times for other high-risk TB patients.
- As well as identifying patients with latent TB, it has a potential for uncovering active TB patients that are asymptomatic and who may have otherwise presented late to the TB team.
- Enfield currently provides latent TB screening as package of universal offer to all eligible patients since Dec 2017.

BCG vaccine

Enfield like many parts of London experienced challenges related to BCG vaccine shortage. There have been several enquiries from parents and members of the public concerned about the lack of BCG vaccination for new born and the change in the processes to ensure the available new BCG vaccine is available those with highest risk. The forum worked closely with PHE North Central Team and North Middlesex University Hospital, in communicating the progress of changes and assuring the public.

But now the issue is resolving as the stock started to be replenished.

Anti-microbial resistance

Background

- Antibiotic resistance has been described as one of the biggest threats of modern times
- Over-reliance on antibiotics, and not taking antibiotics properly, is leading to bacteria becoming resistant
- Without effective antibiotics many common bacterial infections will become increasingly dangerous.
- Antibiotics cannot kill viruses – so will not work on viral infections such as colds or flu,
- One third of the public believe that antibiotics will treat coughs and colds and 1 in 5 people expect antibiotics when they visit their doctor
- Even many mild bacterial infections get better on their own, without using antibiotics.
- However, GPs commonly express concerns that they feel pressurised by patients asking for antibiotics, such as when people ask on behalf of a child
- Enfield CCG has encouraged appropriate prescribing of antibiotics in primary care in several ways during 2018/19. For example, an appropriate prescribing of antibiotics is included as a subject for discussion in the CCG practice visits and at locality GP meetings. In addition, antibiotic prescribing is included in Medicines Management Locality Commissioned Service (LCS) 2018-19 which encourages a reduction in prescribing and more appropriate choices of antibiotic.
- There is now joint prescribing guidance for infections across North Central London CCGs.
- Public health supported the communication to the public and GPs in antibiotic awareness and stewardship by providing leaflets and participating in seminars.
- Thanks to those joint efforts persistent over more than 5 years, the use of antibiotics in Enfield is in a decreasing trend. (Figure 3)

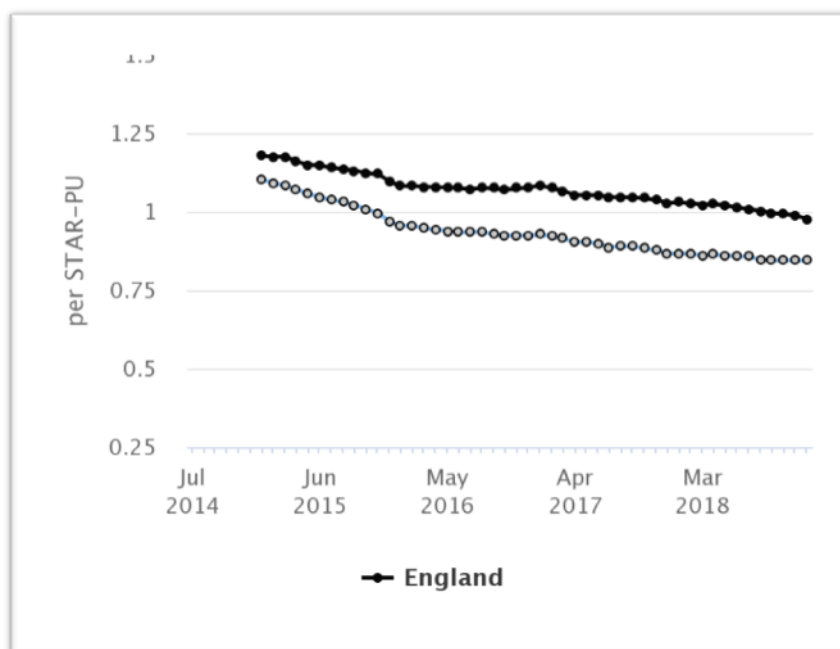


Figure 3. The rate of antibiotics uses in Enfield against England average. Source: PHE.

Anti-biotic awareness campaign

- This year's theme for antibiotic campaign is "Keep Antibiotics Working" (KAW) raises awareness of antibiotic resistance amongst the general public which is to public to trust in doctors' advice when it comes to whether take an antibiotic or not.
- Enfield CCG has included information in its twitter feeds, website and intranet referring to World Antibiotic Awareness Week aims to increase awareness of global antibiotic resistance and to encourage best practices among the general public, and health workers

Concerns

- High rate of accident and emergency attendance in the winter season including with flu like symptoms.

Action

- Work with schools and local parents and at-risk groups to plan antibiotic awareness campaign during before the onset of the flu season

HIV

Background

- HIV late diagnosis rate in Enfield is 57/100,000 higher than London average at 35/100,000.
- Public Health in the LB of Enfield is responsible for commissioning sexual health services (inc HIV testing). LBE also participates in the national HIV self-sampling service procured by PHE, while NHSE is responsible for HIV treatment.
- NHSE commissions HIV testing as part of antenatal screening. If HIV is detected, antivirals can be given to reduce the viral load to protect the health of the mother and reduce the risk of mother-to-child transmission.

Concerns

- Late diagnosis of HIV affects treatment outcomes.
- Some groups are at greater risk of HIV due to their social circumstances, lifestyle or language difficulty to access prevention, diagnostic and treatment services or to take treatment appropriately;

Action

- Continue with public awareness of late HIV diagnosis and tackle the stigma associated with HIV diagnosis.
- Continue to work with PHE and NHS England in London on achieving zero transmission of HIV in London.

Cancer Screening

- Cancer screening in Enfield is consistently above NCL averages across all indicators and London average although short of the England average and national target. This will be reported in great detail in the Cancer Report.
- Enfield PH has been granted funding for cancer awareness campaign and would like to work with voluntary care sector and CCG to implement the campaign over the next 18 months (Oct 2018- Mar 2020)

Priorities for Health Protection Forum (Forward Plan) 2019-20.

Immunisation and vaccination

- Promote vaccination for children, pregnant women, and older people
- Promote flu vaccination for those with medical conditions, pregnant women, eligible children and older people
- Support the development and implementation of the immunisation improvement plan

Infection and disease outbreak control

- Health Protection Forum partners to continually look for opportunities of inter-disciplinary and multi-agency working which will bring system-wide improvements and management of infection.
- Tackling community-acquired infection working with LBE social care, care homes, NHSE providers and commissioners.

Reduce environmental hazard to health

- Monitor incidence data of environmental hazard to health and care systems system on appropriate long-term measures.

Support Business continuity plans to be flu pandemic ready

- Encourage and support partners organisations and LBE departments to have their respective Business Continuity Plans updated that is aligned to Multi-agency Influenza Pandemic Plan.

Appendix 2. Health Protection Form (HPF) Terms of Reference

The forum's terms of reference were revised and agreed at the November meeting.

ENFIELD HEALTH PROTECTION FORUM (HPF) TERMS OF REFERENCE

Introduction

Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. As well as major programmes such as the national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks^{iv}. “The Health and Social Care Act 2012 states that Directors will also have a responsibility for the exercise of the local government health protection duty and provide public health advice to clinical commissioning groups. It also emphasises that successful health protection requires strong working relationships at the local level; the duty of NHS England (NHSE), Public Health England (PHE), Clinical Commissioning Groups (CCGs) and other agencies to cooperate in order to protect the population health^v. Enfield Council is therefore required to work with local partners (NHS and private sector providers, Health and Social Care commissioners, local voluntary and statutory sector) to ensure that threats to health are understood and properly addressed. The local authority role in health protection planning is not a managerial but a leadership function. Public Health England, with its expertise and local health protection teams, has a critical role to play helping local authorities understand and respond to potential threats. The NHS will also continue to be a key partner in planning and securing the health services needed to protect health. NHS-funded providers can be required through contracts to share plans and appropriate information. The Department of Health suggests that local authorities establish a local forum for health protection issues, chaired by the director of public health, to review plans and issues that need escalation.

Purpose

The purpose of the Enfield Health Protection Forum (HPF) is to:

- Provide assurance that safe and effective plans are in place to protect the health of the Enfield population health, including but not limited to communicable disease control, infection prevention and control, Emergency planning, sexual health, environmental health
- Support the Council's response to health protection emergencies, such as a flu pandemic and other incidents
- Provide oversight and interpretation of local uptake of national immunisation and screening programmes

Objectives

The objectives of the HPF are to:

- Provide a forum for assurance of organisational health protection plans and risk management, including plans for major outbreaks or incidents
- Ensure that sufficient plans are in place for major outbreaks such as Pandemic Flu
- Provide oversight and interpretation of local implementation of national immunisation and screening programmes
- Ensure Health Protection is incorporated into care sector across Enfield through active engagement and education.
- Advise the Enfield Health and Wellbeing Board on health protection matters as appropriate and when necessary
- Encourage in continuous quality improvement in air quality, measures to minimise drug-related harm, integrated services in place to prevent and control tuberculosis, etc.
- Provide the public health contribution to relevant local, regional and national health protection exercises as required.

The forum seeks assurance in the following ways:

- Collaborate with PHE to review all significant incidents / outbreaks to identify and share lessons learnt; and provide recommendations to commissioners / providers / partners regarding the strategic and operational management if these risks.
- Provoke evidence-based practice in all areas of health protection practice.
- Escalate major health protection concerns to the Director of Public Health, the Health and Wellbeing Board, Enfield CCG, NHS England, PHE and other bodies as appropriate
- Facilitate multi-agency task and finish groups and work collaboratively with partners as necessary
- Invite secondees to membership as necessary to the agenda, to deliver on key priorities within Task and Finish groups.

Scope

Issues that may be within the scope and interest of the HPF are, but not restricted to:

1. Infectious diseases in the community
2. Healthcare acquired infections, including hospital acquired infections
3. Environmental hazards
4. Immunisation programmes
5. Sexually transmitted infections, including HIV
6. Blood borne viruses
7. National screening programmes
8. Tuberculosis
9. Pandemic influenza
10. Excess seasonal mortality

Issues that are specifically out of the scope of the committee include:

1. Health services emergency planning arrangements and response, including CBRN, LRF
2. Business continuity
3. “Business as usual” events, such as winter planning

Membership

Chair –Consultant in Public Health with Health Protection role

Coordinator – Public Health Strategist/ Officer

Membership includes the representative from the following teams in Enfield council due to their crucial roles contributing towards health protection

- Commissioner of sexual health services
- Representative from public health children and young people
- Representative from Environmental Health
- Representative from Enfield Borough Resilience Forum (EBRF)
- Representative Adult social care
- LBE Communications team (when required)

Local Statutory bodies

- Enfield Clinical Commissioning Group (ECCG) lead for infection control
- ECCG representative for TB and primary care
- Screening Commissioner, NHS England
- Immunisation commissioner / PH representative who attended the meeting at NHSE
- CCDC or representative from NENCL HP team, Public Health England
- Infection control lead from North Middlesex University Hospital
- Infection control lead from Royal Free London FT
- Infection control lead from BEH Mental Health Trust

Accountability

- The HPF will be accountable to the Health and Wellbeing Board and will provide the Board with an annual summary report on Enfield's health protection issues, and reports on other issues as necessary.
- The HPF will also provide information to Health Scrutiny Committee as required

Frequency of meetings

- The HPF will meet quarterly and will be convened when necessary throughout the year.

Quoracy

- For the Committee to be quorate, there must be 50% attendance, which must include the Chair or their deputy. This is because the forum will require to form or act as a task and finish group of specific priorities e.g., immunisation improvement.

Agenda items

Agreed standing agenda item subject to amendment are the following

- Communicable disease patterns, outbreaks and incidents
- National Immunisation and screening programmes
- Tuberculosis
- HIV and Sexual Health
- Emergency planning
- Non-Infectious Environmental Hazards (NIEH)

- Healthcare acquired infection / infection control (acute and community)
- PHE update

Reviews

This term of reference is subject to annual review by the HPF.

Appendix 3. Standing Agenda template


1. AGENDA

- a. Welcome and apologies
- b. Urgent updates
- c. Minutes of the previous meeting
- d. Standing items
 - i. Outbreaks and incidents – (PHE and providers)
 - ii. Immunisation – (CCG and providers/ NHSE commissioner)
 - iii. TB – (ECCG)
 - iv. HIV and Sexual Health (Commissioner/ Provider)
 - v. Emergency planning (LBE- EPO)
 - vi. Non-Infectious Environmental Hazards (LBE EHO)
 - vii. Healthcare acquired infection / infection control (acute and community) (ECCG, ASC and providers)

2. Any other business

3. Date and time of next meetings


Appendix 4. Poster at PHE Conference 2018



Infection control training for the staff in care homes and domiciliary care in a London borough: the need and the how.

Alka Maru¹, Gosaye Fida² and Tha Han²

1. NENCL Health Protection team; 2. Public Health team, London Borough of Enfield



Protecting and improving the nation's health

INTRODUCTION

Care home residents share living space, food and equipment; and many of them are vulnerable hosts for infections, making care homes a good ground for infection outbreaks, that can result in high morbidity and some mortality. One London borough of over 340,000 population has an abundance of care homes. It experienced a rising *Clostridium difficile* infections (CDI) in the community, which was indicating a potential of outbreaks especially gastrointestinal. Local Health Protection Forum identified a need in concerted effort to prevent infections in care settings, and put forward an **action plan** to address this by offering training for frontline staff working in care and nursing homes as well as those providing domiciliary care. The objectives were to improve the level of infection control knowledge and skills required to respond to infections, not limited to CDI, and to nurture a culture of planning and preparation towards prevention of infections in the community care setting. This article summarises the principles of outbreak prevention, preparedness, local collaboration and ownership, sharing our experience in working with a local system and practical steps in achieving an effective delivery.

METHODS

The multi-agency local working group produced a case and proposed an action plan to Health Protection Forum, where many local stakeholders were members, and to the Quality and Safety Committee of the local CCG. The action plan put forward was agreed by both groups and it was implemented by a multi-agency working group consisting of Public Health England North Central London infection control team, local authority Public Health team and local CCG safeguarding team. CCG team invited care homes and domiciliary care providers by email citing the importance and urgency to attend the infection control training. The training was delivered by the NENCL PHE, co-designing the syllabus with local CCG and Public Health to suit the needs of the audience, and using the knowledge on local epidemiological situation. There was a formative assessment to understand the existing knowledge of the attendees and their background. The training aimed to empower to tackle common infections in care settings; and it consisted of basic infection control training that also covered immunisation, chest infections, MRSA, UTI and E coli septicaemia, gastroenteritis outbreak training, and influenza preparedness training. Training sessions were effectively delivered before the winter starts, local information was collected from the delegates and the training was evaluated.




Figure 1. Identifying local needs and making a case with local stakeholders

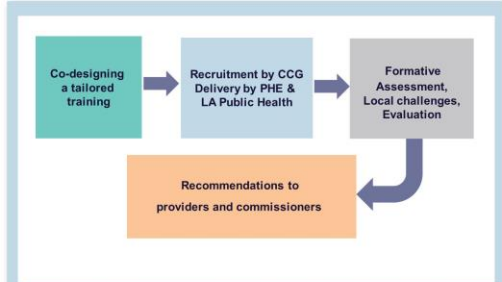


Figure 2. Developing, delivering and evaluating infection control training

RESULTS

138 enrolled for the training and 116 (84%) members of staff from the 12 local nursing homes, 80 local residential homes and domiciliary care providers attended the training. They were from a range of professional backgrounds.

The training was also an opportunity to learn from the delegates the gaps and challenges in local infection control practices. The lack of knowledge and lack of facilities usually form a barrier in adhering to waste disposal standards.

We found that occupational health engagement could improve the attitude towards infection control including flu vaccine uptake, the prevention of the spread of blood borne infections and the knowledge on some first response such as in the case of needle stick injury.

- The email communication followed by another email message and a telephone reminder by CCG safeguarding team was effective in recruiting delegates within a short time.
- The training was evaluated at the end of the sessions. On the whole, feedback from the delegates was very positive. 97% of the attended strongly agreed training met their expectations. Positive feedback from comments included "Fantastic knowledge I have learned a lot today" and "I know we will take all the training we have gained today and continue to keep our residents safe".
- Recommendations were made to providers and commissioners to improve access to occupational health, PPE and waste disposal facilities, and further commitment to infection control training tailored to local needs.

DISCUSSION

By identifying the scale of a serious infection in the community and by working with local stakeholders in a local Health Protection Forum and a local Clinical Commissioning Group, we secured the leadership commitment and the support of local stakeholders.

It is key to tailor the training that has a balance between the education needs of frontline staff providing care for vulnerable adults and the time they will have to take out of the usual business.

Delivering interactive training to diverse workforce also allowed us to identify some of the challenges in maintaining infection control standards in the local care setting which enabled us to make recommendation to the commissioners and providers.

CONCLUSIONS

- With increasing aging population who are vulnerable to infection, the problem of infections will remain a top priority in preventing avoidable illnesses, hospital admissions and escalation of social care need.
- The impact of infections is not limited to individuals affected but also to the families, carers and wider health and care system.
- With high staff turnover, the large size of the care sector in the local borough, and the comparatively higher community CDI than neighbouring CCG areas, this London borough needs to continue surveillance and management of infections in care settings to avoid what is easily avoidable and to help older people live healthily and longer.
- Half-day training in infection control, offered every 6 months, can be more acceptable by employers and front-line staff.

ACKNOWLEDGEMENTS

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1. Prevention and control of infection in care homes – an information resource.
https://www.gov.uk/government/uploads/system/uploads/attachment_mim_data/file/214928/Care-home-resource-18-February-2013.pdf
2. <https://www.nice.org.uk/guidance/ig65>

Appendix 5. School nursing immunisation poster

Enfield School Aged Immunisation Team

Enfield has a dedicated school aged immunisation team made up of professionals who are highly skilled and experienced in giving vaccinations to children and young people – in school and community settings. The team deliver the school immunisation programme in Enfield. The team work in partnership with schools, including state, independent, academies, special schools and pupil referral units and offer community clinics for young people who are educated at home.



The current routine school immunisation schedule is:

Years Reception, 1, 2, 3, 4, 5

Fluenz (to reduce influenza rates) - this is a nasal spray-not an injection

Year 8 HPV (to reduce cervical cancer rates)-FOR GIRLS ONLY - an injection into the upper arm. This will be 2 injections approximately 6-12 months apart

Year 9 Meningitis ACWY (to reduce incidents of 4 strains of meningitis)

along with Revaxis (to reduce incidents of diphtheria, tetanus, polio) 2 injections, 1 in either arm at the same appointment



Enfield Children's Immunisation Team, Forest Primary Care Centre, 308A

Hertford Road, Edmonton N9 7HD

Email: beh-tr.enfieldimmunisationteam@nhs.net

Telephone: 0208 702 4829 / 0208 702 3700

Service Open Hours: 09.00 – 16.00 hrs. Monday – Friday.



August 2018

Do you work in Enfield Social Care?

You have more choice for getting your free flu jab

STAYWELL
THISWINTER

This year all Enfield Council staff can have a free flu jab at Well Pharmacy branches in Enfield.

If you work in the **social care sector (adults or children)** you have even more choice to get a free flu jab. See the list of pharmacies inside for details.

Protect yourself, your loved ones and others. To get a free flu jab, show your Council badge and tell the pharmacy your Team.

Please also tell the clients that you look after and their carers that they also qualify for free flu jabs.

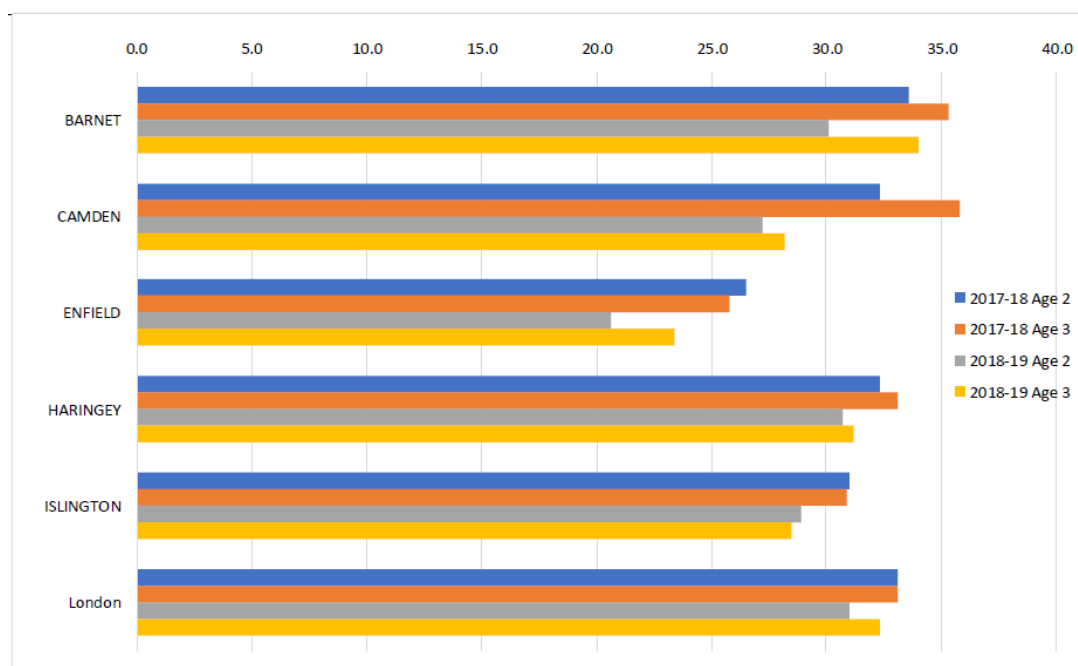


Catch it. Bin it. Kill it.
Stop the spread of flu germs.
Use a tissue and wash your hands thoroughly.

www.enfield.gov.uk/HealthyEnfield



Appendix 7. Flu vaccine uptake at GPs for 2-3 year-olds. NCL. Source: NHS England.



Appendix 8. Measles cases Oct 2018 to May 2019.

Confirmed and probable cases (only) notified by month and LA 01/10/2018 – 31/05/2019, NENCL HPT

LA	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
B&D			1						1
Barnet		1		1	2	7	16	7	41
Camden		2		1		1	5	2	13
Enfield		5	5				3	4	22
Hackney		9	42	49	62	79	40	18	309
Haringey		16	5	7	15	5	7	4	64
Havering									0
Islington							1	6	9
Newham							2		4
Redbridge							1		2
Tower Hamlets							4	1	5
Waltham Forest		3	4	1		1		3	15
Total	36	57	59	79	79	93	79	45	485

ⁱ http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf

ⁱⁱ Public Health England. <https://fingertips.phe.org.uk/search/air#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000002/iid/93074/age/1/sex/4>

ⁱⁱⁱ <https://governance.enfield.gov.uk/ieListDocuments.aspx?CId=115&MID=10163#AI42188>

^{iv} Department of Health (2012). Public Health in Local Government

^v NHS Standard Contract 2017/2019 (may 2018 version) can be found at: <https://www.england.nhs.uk/wp-content/uploads/2018/05/2-nhs-standard-contract-2017-19-particulars-service-conditions-may-2018.pdf>

^{vi} Health and Social Care Act 2012. Protection of Public Health. <https://www.england.nhs.uk/wp-content/uploads/2018/05/2-nhs-standard-contract-2017-19-particulars-service-conditions-may-2018.pdf>