Meeting	Health and Well-Being Board
Date	12th June 2014
Subject	**Recommendations from the Situational Report on TB in Barnet**
Report of	Director of Public Health
Summary of item and decision being sought	Tuberculosis (TB) is a disease that is preventable and treatable yet it remains a major public health problem in London. Rates of TB in Barnet have remained constant at around 30 per 100,000. Following the recent organisation of the health system, the responsibilities for the prevention and treatment now lie with several organisations. This report considers the implications for Barnet and makes recommendations for the different organisations so they can work together and take a new approach to TB control.

Officer Contributors	Dr Laura Fabunmi, Consultant in Public Health Medicine
Reason for Report	To understand the current burden of TB in Barnet and the responsibilities for the prevention and treatment which now lie with several organisations following the recent organisation of the health system.
Partnership flexibility being exercised	N/A
Wards Affected	All
Status (public or exempt)	Public
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1. RECOMMENDATION

1.1 That the Health and Well-Being Board considers the recommendations for effective prevention and treatment of TB as set out within the report and agrees how key partners can take them forward.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Health & Well-Being Board, Thursday 21st November, 2013. The Health and Well-Being Board's first annual report was presented which highlighted data from the local authority local profiles to be considered as priorities for the Health and Well-Being Strategy going forward. The high rates of TB within the borough compared to England were highlighted as a concern and Public Health was asked to commission a report to inform an action plan on the situation in Barnet.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 This report supports the Health and Well-Being Strategy overarching aim of *Keeping well* and is linked to all the four themes. The Public Health work plan is aligned to the Health and Well-Being Strategy objectives

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 The Equality Act 2010 places specific and general duties on service providers and public bodies. This includes having due regard to the equality implications when making policy decisions around service provision.

4.2 This report builds and updates on information within the current JSNA. The Joint Strategic Needs Assessment considers health and social care outcomes across all of Barnet's population groups and pays particular attention to the different health inequalities that exist in the Borough.

4.3 Whilst rates of TB found among the UK-born population living in London are twice that of those living anywhere else in the UK, a high prevalence of TB in London occurs in people born outside the UK who develop active disease several years subsequent to their arrival in London[1]. TB rates were highest and continue to increase in those born in India with those born in Pakistan and Somalia following in frequency. Rates in black Africans is declining but still makes up 21% of cases identified in 2012.

4.4 The reasons for the intractability of TB rates in Barnet are similar to the reasons for the increase in rates London-wide, although not definitive. The majority of people diagnosed with TB in Barnet were born abroad and are from a country of high TB prevalence, 14% entered the UK within the previous two years and 30% had been in the UK for more than a decade prior to diagnosis (time since entry was not reported for 6% of the cases). Many of the cases in Barnet as in London are in people who have resided in the UK for long periods prior to being diagnosed with TB.[2] The majority of new cases were in people of Indian ethnicity (30%) and mixed/other ethnicity was the next most common and

[1] London TB service specification 2013/14. November 2013.

[2] PHE. *Tuberculosis in London: Annual Review (2012 data): Data from 1999 to 2012*. p. 5.

reflects people with a range of backgrounds (26%).[3] The age/sex profile of cases shows that females aged 20-29 made up a larger than usual proportion, although patients were more often male across other age groups.

5. RISK MANAGEMENT

5.1 If the control of TB is not prioritised in Barnet, the rates will not fall or will start to increase leading to widespread community TB transmission and possible outbreaks of multi-resistant TB. This could cost hundreds of thousands of pounds to reverse. Studies have shown that for every pound invested in TB case finding, there is a return of £30 pounds in savings from averted illnesses and deaths.[4]

5.2 Barnet would also not meet the objective set by the London TB Control Board to reduce rates by 50% by 2018. This risk could be mitigated by following the recommendations set out in the final section of this report.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The 2012 Health and Social Care Act imposes duties on Councils to deliver a number of public health functions including taking steps to protect the health of the population.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Proposed communications campaign (approximately £10k). This activity would be financed from the Public Health ring fenced budget.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 Relevant stakeholders consulted when compiling this report included Public health England (North East and North Central London Health Protection Team) Quality and Improvement Network Manager, NHS England (London region), Barnet CCG, TB Alert.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Views were sought from relevant providers in compiling this report including clinicians and nurses at Barnet Hospital.

10. DETAILS

10.1 Introduction

Tuberculosis (TB) is a disease that is preventable and treatable yet it remains a major public health problem in London. After two decades of increase, TB rates in London have stabilised since 2005 at around 40 per 100,000; but remain considerably higher compared to other parts of the UK. Rates of TB in the borough of Barnet have remained consistently around 30 per 100,000 which although twice the England average is lower than the London average (which has been around 40 per 100,000). The latest data from 2013 show that the TB rate in Barnet fell to 20.9 per 10,000, however this should be interpreted with caution as fluctuations from one year to the next are common. It should also be noted that overall borough rate masks smaller areas of very high incidence.

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[3] PHE. Local Authority TB Profiles, Barnet. October 2013. p. 4.

[4] http://icssupport.org/wp-content/uploads/2010/04/COST-OF-INACTION-Sep-12th-2013.pdf

The high burden of TB, from both a human and economic standpoint, is set against a background of national guidance, policy and recent reorganisation within the healthcare system. The responsibility for the prevention and treatment of TB now lies with several organisations. Information for this report has been obtained from data reports, national guidance and policy as well as interviews with key stakeholders. The report attempts to analyse the current situation on TB in Barnet and makes recommendations on how the system can work together to reduce the burden of this disease. The recommendations are based on findings from this report, relevant recommendations from NICE guidance, national policy and interviews with key stakeholders.

10.2 Summary of Key issues identified for TB in Barnet

- Whilst rates of TB in Barnet are below London-wide rates, the borough's rates have remained consistently around 30 per 100,000 since the early 2000s, above the level targeted for London by 2018 (20 per 100,000).

- Local Authority overall rates can mask smaller areas of very high incidence. Rates of TB vary across the borough of Barnet. According to data received from PHE, the top three areas in Barnet are: Colindale, Burnt Oak and Oakleigh. It is important to note that these rates are based on small numbers.[5] Therefore, it is expected that specific figures for these areas within the borough will fluctuate year on year and area-specific data should be interpreted with care.

- Similar to London, prevalence of TB in Barnet is highest in those people born abroad from a country of high TB prevalence, mainly India, who have latent disease and develop active disease several years after arrival in the UK.

- Key to the control of TB in Barnet is prompt identification of active and latent cases of disease; supporting patients to successfully complete treatment and preventing new cases of disease.

- Treatment completion rates in Barnet are above the London average.

- A third of patients with pulmonary disease had a delay of more than three months before diagnosis, which is above the London average and exceeds the national TB strategy guidance recommendation

- Management of latent disease is key as approximately 80% of people who develop active TB do so as a result of the reactivation of latent TB rather than through transmission from someone with active disease.[6]

- New entrant screening does not appear to be happening consistently in primary care further reducing opportunities to identify latent TB. Furthermore, awareness of diagnosis and treatment of TB needs to be better understood and opportunities for training encouraged.

10.3 Current Policy Guidance

The high burden of TB is set against a background of national guidance, policy, regional and sector strategy and recent reorganisation within the healthcare system. Implementation of some of these measures has contributed to stabilising the rate of TB

[5] Personal communication, Gail Morgan, TB Coordinator, North West London Health Protection Team, PHE.
[6] London TB service specification 2013/14. November 2013.

but has failed to reverse the upward trend. Application of national guidance has been inconsistent in some parts of London and there is no systematic approach to detecting and treating latent TB.[7]

Effective local implementation of detection and treatment strategies can reduce the burden of disease from both a human and economic standpoint, minimising the risk of on-going transmission. Active TB is relatively inexpensive and straightforward to treat and cure when identified early.[8]

The responsibility for the prevention and treatment of TB lies with several organisations and a London TB Control Board has been established to provide strategic oversight with the objective to reduce TB across London by 50% by 2018.

NICE has developed a clinical guideline on management of TB as well as guidance on Identifying and managing tuberculosis among hard-to-reach groups.[9] It has also produced a local government briefing on this guidance with recommendations to help local authorities make the most efficient use of resources to improve the health of people in their area.[10] These recommendations are referred to later in this report.

PHE released a proposed Collaborative Tuberculosis Strategy for England, 2014 to 2019,[11] on World TB Day, 24 March 2014. The strategy is open for consultation until 24th June, 2014. It outlines a set of proposals for the organisation and resourcing of services to tackle TB and is open to views from a range of partners. The goal is to build upon the assets already within the NHS and public health system to support and strengthen local services, provide clarity on the lines of accountability and responsibility and provide national support for local action. The ambition is to bring together best practice in clinical care, social support, and public health to strengthen TB control, leading to a year-on-year decrease in incidence, reduction in health inequalities associated with the disease, and to the ultimate elimination of TB as a public health problem.[12]

10.4 Roles and Responsibilities of Stakeholders in Prevention and Treatment of TB

Improving and supporting the basic elements of TB control are crucial. Prompt identification of active and latent cases of disease, supporting patients to successfully complete treatment and preventing new cases of disease occurring are critical components of any actions to reduce the spread of this curable disease.[13]

With the changes implemented in England in public health and health and social care since April 2013, there is a real opportunity for PHE, the NHS, CCGs and local authorities to work together to take a new approach to TB control.[14] The current roles and responsibilities of stakeholders in the prevention and treatment of TB are set out in the report appended to this document.

10.5 Recommendations

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[7] London TB service specification 2013/14. November 2013.
[8] London TB service specification 2013/14. November 2013.
[9] guidance.nice.org.uk/ph37
[10] NICE Local Government Briefing. Tuberculosis in Vulnerable Groups. What NICE says. 25 September 2013. http://publications.nice.org.uk/tuberculosis-in-vulnerable-groups-lgb11/what-nice-says. Accessed 27 March 2014.
[11] PHE. *Collaborative Tuberculosis Strategy for England, 2014-2019*. For consultation. 24 March 2014.

[12] PHE. *Collaborative Tuberculosis Strategy for England, 2014-2019*. For consultation. 24 March 2014. p. 4-5.
[13] PHE. Tuberculosis in London: Annual Review (2012 data): Data from 1999 to 2012. p. 7.
[14] PHE. *Collaborative Tuberculosis Strategy for England, 2014-2019*. For consultation. 24 March 2014. p. 19.

These recommendations are based on findings from the full situational report appended to this paper, relevant recommendations from NICE guidance and other national policy and interviews with key stakeholders.

Local authority

NICE recommends that Local Authorities have a role in supporting informed commissioning.

- Barnet Council should work with the NHS to ensure services reflect the needs in their area, as identified by local needs assessment. TB should be included in the joint strategic needs assessment in areas of high need.

  This should include assessment of the number of TB cases in the area, and the size and composition of local at-risk groups.

- Local Authority staff from housing and alcohol and drug services should link with multidisciplinary TB teams, taking part in cohort reviews when appropriate.

- Strategic housing leads and relevant services within local authorities should work with multidisciplinary TB teams to set up a process for assessing housing eligibility for people with TB.

- Local Authorities can further support improving services and outcomes in general for local vulnerable groups and communities by identifying and linking with relevant NHS and community services, improving inter-service communication and sharing information, identifying opportunities for joint work and activity, and through multi-agency support for health improvement.

Raising and sustaining awareness of TB

- Barnet Council should commission a proactive programme of awareness raising with population-specific communication campaigns to dispel the myths about TB in partnership with the NHS. The communication campaign should also include staff in regular contact with high-risk groups so they can seek medical advice when necessary. Relevant local authority services may also be able to provide links for staff and service users to appropriate NHS services for immunisation, diagnosis and treatment.
- There is a role for the Council to ensure services that support vulnerable groups (commissioned by the local authority or voluntary sector) are facilitated to link into the multidisciplinary TB team for support and educational materials.

Clinical Commissioning Group

Barnet CCG needs to ensure that it is commissioning TB services locally against the London TB Service Specification. Particular areas that need to be addressed with the provider include:

- Ensuring that the multidisciplinary TB teams have the right skill and resource mix necessary to manage those who are from hard-to-reach groups and also those who are not. Also, the teams are adequately equipped to provide ongoing TB awareness-raising activities for professional, community and voluntary (including advocacy) groups.
- Rapid access TB clinics for hard-to-reach groups.

- Assurance that services are adequately staffed to support adequate case finding of active and latent TB and provision of DOT
- Support providers to use the services of Find & Treat for TB patients who have become non-adherent and lost to follow up.
- Continuing participation in cohort reviews.

Barnet CCG needs to prepare to commission universal neonatal BCG in 2015/16 as per the London TB Model of Care recommendations.[15]

Barnet CCG to work with PHE/NHSE to consider how to implement latent TB case finding

NHS England working with Primary Care Services

- Reduce diagnostic and treatment delay by ensuring all new entrants are screened for active and latent TB in line with NICE guidance on TB for new entrants. The London TB Control Board[16] has set a target that at least 60% of new entrants to London from very high incidence countries (countries with rates of ≥150 per 100,000 population) are screened for TB and treatment, if indicated, is offered by 2015.

- NHS England should ensure that primary care services are fulfilling their obligation to register vulnerable migrants.

- Primary care services should support local, community-based and voluntary organisations that work with vulnerable migrants to ensure they register with a primary care provider and know how to use NHS services.

- NHS England should work with GPs in Barnet to improve their knowledge of TB and encourage them to take the free online CPD course offered on the RCGP website.

Other

- Agencies should consider working with TB Alert who have the knowledge and experience to be a valuable partner in contract tracing and to provide assistance in the delivery of community-based DOT services

11 BACKGROUND PAPERS

11.1 None

Legal – LC
CFO – JH

[15] Personal communication, Lynn Altass, NHS England (London), London Strategic Clinical Networks TB Lead.
[16] PHE & NHS England. London TB Control Board, Terms of Reference. Agreed 10 November 2013.