	Health and Wellbeing Board **30 July 2015**
Title	**Tuberculosis Report – Update from TB Situational Report (2014)**
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	September 2014
Status	Public
Enclosures	Appendix 1: Local plan for new migrant LTBI testing and treatment services Appendix 2: TB Awareness Evaluation Report (June 2015)
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Summary

Tuberculosis (TB) is a disease that is preventable and treatable yet it remains a major public health problem in London. Almost 40% of all cases nationally occur in London (41.2/100,000), which ranks as the city with the second highest TB rate in Europe, only behind Lisbon, Portugal (48.2/100,000). (Table 1.)

Rates of TB in Barnet dropped slightly in the three-year average data, from 30.0/100,000 (2010-12) to 25.8 / 100,000 (2011-13). Although this is lower than the London average of 35.5 / 100,000 (2013), there are still hot-spots within the borough with rates above this level. (Figure 3)

The 2014 situational report on TB to the Board recommended, "*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*."

From November 2015 to March 2016 the Public Health team worked with voluntary partners to deliver an awareness raising campaign, details of which are provided within this report.

In January 2015, Public Health England and Department of Health released the Collaborative TB Strategy for England, 2015-2020. This report to the Barnet Health and Wellbeing Board 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.

Recommendations

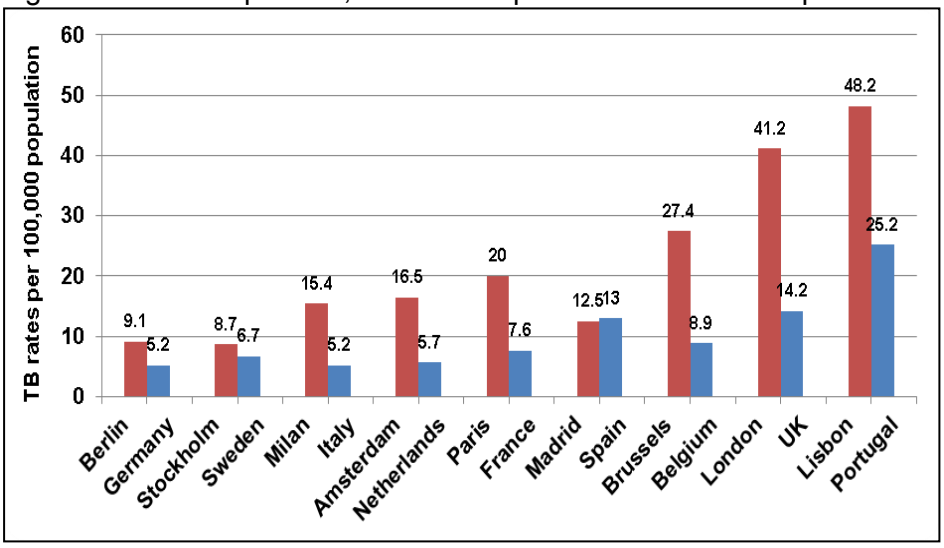
1. **The Health and Wellbeing Board is asked to consider the information provided following the 2014/15 TB awareness campaign and ask partners to support continued awareness raising programmes of work.**
2. **The Health and Wellbeing Board is asked to consider the information provided in the National TB strategy in relation to the Latent TB Infection screening programme and provide on-going strategic direction for Barnet in relation to developing a local programme.**

1. WHY THIS REPORT IS NEEDED

1.1 Background

1.1.1 Most cases of TB occur in major cities, particularly in London, where 38% of all UK cases are reported. TB is concentrated in a number of specific high-risk groups, including drug users, homeless communities in urban areas and those born abroad in countries with high rates of TB; rather than being a disease of the general population. In 2014, as in previous years, almost three quarters of TB cases (73%) occurred among people born outside the UK; only 15% of these were recent migrants (diagnosed within two years of entering the UK).[1]

Figure 1. TB rates per 100,000 for European countries and capital cities



1.1.2 The majority of TB cases in the UK arise due to reactivation of latent infection. Among immigrant groups, 83% of individuals with TB in 2013 were born outside the UK, TB rates decreased in the non-UK born London population[2]. The infection is likely to have been acquired abroad (figure 2.) whereas among the elderly UK-born population, the infection is likely to have been

[1] Tuberculosis in the UK: Annual report 2014. PHE.

[2] Tuberculosis (TB) in London. Annual Report 2013. PHE.

acquired in earlier years when TB was highly prevalent in the UK. The policy of targeting active TB cases for treatment will not be sufficient alone to control and eventually eliminate TB in the UK.

1.1.3 The identification and treatment of individuals with latent TB infection (LTBI) who are at high risk of developing active TB, is the core purpose of the funding attached to the national strategy, and is seen as an essential additional measure provided that:

- true LTBI can be identified (and distinguished from prior BCG vaccination):,
- the probability of developing active TB in people with untreated LTBI can be determined; and
- the intervention strategy available (treatment of latent infection) is effective and can be successfully implemented.

Figure 2. Country of Birth for non-UK born London cases

Rank	Country of Birth	N=	% of non-UK born patients
1	India	756	32%
2	Pakistan	309	13%
3	Somalia	193	8%
4	Bangladesh	141	6%
5	Nigeria	101	4%

Source: TB in London annual report 2013. PHE

1.1.4 TB rates remain highest in northwest and northeast London.[3] North London has one of the highest rates of TB in the capital, and although Barnet does not rank as one of the boroughs with the highest rates, overall rates can mask smaller areas of very high incidence.

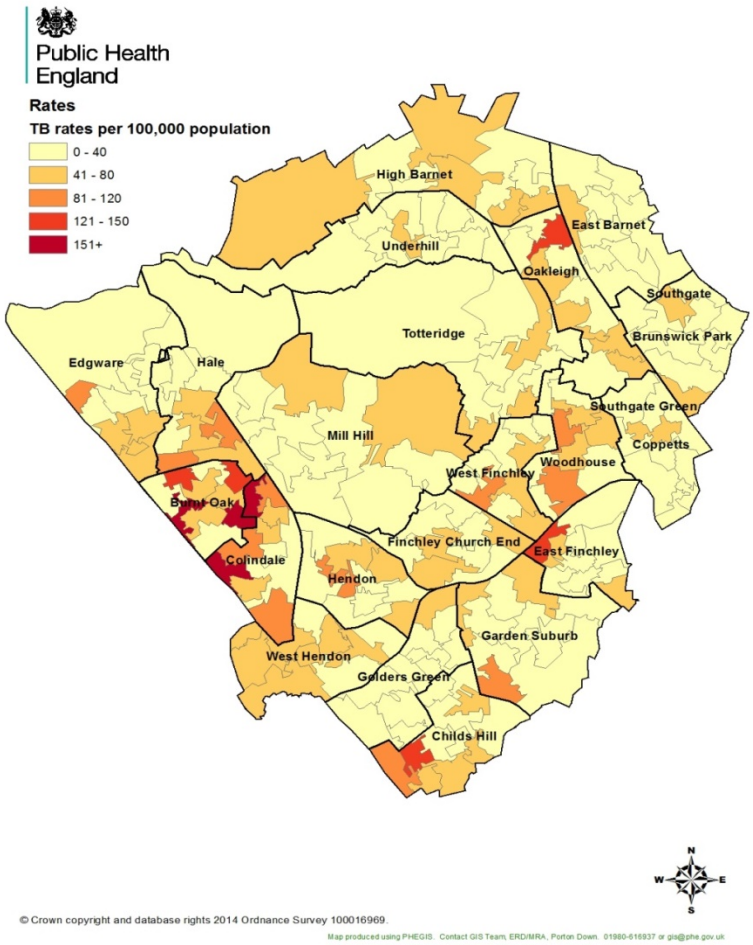
1.1.5 Rates of TB vary across the borough of Barnet - see Figure 3. According to data received from PHE, the top three areas in Barnet are: Colindale, Burnt Oak and Oakleigh. It is important to note that these rates are based on small numbers.[4] Therefore, it is expected that specific figures for these areas within the borough will fluctuate year on year and area-specific data should be interpreted with care.

1.1.6 However, there are similarities within these areas and other high incidence areas in terms of population demography and levels of socio-economic deprivation. These similarities increase our understanding of how TB services can be targeted for maximum impact.

Figure 3: London Borough of Barnet TB Incidence Rate by LSOA, 2012

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

[4] Personal communication, Gail Morgan, TB Coordinator, North West London Health Protection Team, PHE.



1.1.7 A situation paper regarding TB was brought to the Health and Wellbeing Board in June 2014 which outlined the current burden of TB in Barnet and the responsibilities for the prevention and treatment. Recommendations identified from the report to report back on included:

- Barnet Council to commission a proactive programme of awareness raising with population-specific communication campaigns to dispel the myths about TB in partnership with the NHS
- CCG to provide assurance that services are adequately staffed to support adequate case finding of active and latent TB and provision of DOT
- Barnet CCG needs to prepare to commission universal neonatal BCG in 2015/16 as per the London TB Model of Care recommendations
- Barnet CCG to work with PHE/NHSE to consider how to implement latent TB case finding

1.2 Latent Tuberculosis Infection (LTBI) Screening Programme

1.2.1 Public Health England and Department of Health published the Collaborative TB Strategy for England, 2015 to 2020, in January 2015. This strategy has five ambitions:

- To achieve a year on year reduction in TB incidence in England
- To reduce health inequalities

- To contribute to eventual elimination of TB as a public health problem
- Brings together best practice in clinical care, social support and public health to strengthen TB control
- Stimulates action in all local areas, with a particular focus on areas where incidence is highest and the greatest reductions can be achieved

1.2.2 In order to achieve these ambitions, the London TB Control Board, along with sub-regional networks, will have a focus on the strategy ambitions. There will need to be borough-level networks to feed into these and to act as a voice for Barnet.

1.2.3 As mentioned above, treating latent TB infection (LTBI) is effective and can be successfully implemented. The strategy comes with a resource of £10m (national allocation) to set-up a LTBI identification and treatment programme. This programme would be run through GP practices and focused on new registrations. The funding formula takes into account local CCG TB numbers and rates.

1.2.4 To obtain this funding, each CCG will be required to submit a business plan, entitled "Local plan for new migrant LTBI testing and treatment services", a draft template for which is available in [see appendix 1].

1.2.5 CCGs will 'hold' the money on behalf of the TB networks and these will identify local priorities meeting national objectives, as set out in the national strategy and coordinated by the regional TB control boards. Funding for each area would be based on rates of TB. As such, Barnet would have to ensure that the borough hot-spots are highlighted to the London TB control board within their business plan.

1.2.6 A portion of this resource will be used to support regional or sub regional procurement of the IGRA test (Interferon-Gamma Release Assays (IGRAs) are whole-blood tests that can aid in diagnosing TB infection) to ensure best value, database support and primary care costs.

1.2.7 Support and oversight will be through the London TB Control Board and the National TB Programme team (funded by PHE).

1.3 **Local TB Awareness Campaign**

1.3.1 The TB awareness campaign, which ran in both Harrow and Barnet from November 2014 – March 2015, worked with national and local voluntary partners to deliver a series of workshops to community and faith leaders, and to clinical partners.

1.3.2 The aims of the campaign were:

- To raise awareness of the signs and symptoms of TB amongst those communities at high risk.
- To dispel myth about TB and ensure all members of the community are aware of their rights to accessing health services.

- To deliver training and support to relevant local authority staff, and to voluntary and faith groups working in Harrow and Barnet so as to provide them with the skills to educate and support the communities with which they work.
- To inform the work of TB Alert (national charity) within the Harrow & Barnet areas.

1.3.3 To ensure that the message was relevant to the communities we wanted to reach, we worked with TB Alert to develop a workshop programme. In Barnet we worked with CommUNITY Barnet as they have an extensive network of smaller voluntary groups. We also invited faith groups to attend the workshops through liaising with the Barnet Multi-Faith Forum. We worked with the CCG to promote the Royal College of General Practitioners online module, Tuberculosis in General Practice, which has been developed in partnership with Public Health England and TB Alert. And finally, we worked with clinicians and were pleased to have specialist TB nurses attend some of the events.

1.3.4 Although extensive outreach was carried out in Barnet, engagement in the workshops was not as good as hoped, nor was it as good as we experienced in Harrow with the same levels of outreach. Feedback from CommUNITY Barnet was that many of those contacted did not feel that the workshops were relevant to them.

1.3.5 This belief was the same in the community/voluntary sector as it was within the local authority staff groups; there was limited interest in the workshop organised specifically for London Borough of Barnet staff.

1.3.6 Full details and results of the campaign are available in the evaluation report [see appendix 2]. However, the headlines are:

- 3 community events occurred in Barnet with 27 attendees. These included, but not limited to, schools and children's centres, homeless charities, BME community groups, and people working with those with substance misuse issues.
- Unfortunately, there was poor sign-up to Barnet Council staff, which resulted in the event not going ahead. However, any interested staff were invited to attend an event in Harrow.
- Twenty-three attendees completed the pre- and post-session questionnaire assessing the change in knowledge of TB. Eight questions were asked, with an overall score out of 10. In the analysis by TB alert, the average pre-session score was 5.26 (n=23) and the average post-session score was 7 (n=21). There was evidence of an increase in knowledge of types of TB, symptoms, risk factors and transmission methods. There appeared to be no change in the perception that TB is "confined to specific communities". This shows that although there was increased knowledge, there is still work to be done.
- For the same Barnet attendees, the majority reported that they had or would use this knowledge in their work with the client group. Whether the organisations do so and if it has an impact on the population will become more apparent after phase 2 of the project, which is a community grants

programme to support community groups to develop their own TB awareness programmes of work.

1.4 **Barnet CCG**

1.4.1 Barnet CCG have committed to the following actions in relation to the previous situational paper and to ensure the development of the LTBI programme:

- Stock take on current capacity and what is currently in place and where the gaps might be.
- Preparation of the Business case to NHSE regarding access to Latent TB funding.

1.4.2 The agreed approach going forward will ensure that recommendations for the CCG contained in the report are fully responded to, which have been identified as follows:

- 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 of the 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.

1.4.3 Furthermore, discussions have taken place with NHSE regarding immunisation plan and acceptance of universal BCCG. A paper on Immunisation to Clinical Cabinet is scheduled for August where universal BCG will be included.

2. REASONS FOR RECOMMENDATIONS

2.1 The recommendations have been made to gain the strategic support of the Health and Wellbeing Board in developing a Latent TB Infective screening programme in London Borough of Barnet. This will require a local programme network to develop and establish. This recommendation is made in light of the National TB Strategy and associated funding available for the development of an LTBI screening programme.

2.2 These recommendations have also been made to gain the strategic support of the Health and Wellbeing Board to support continued awareness raising work around TB, which will be particularly important as part of the development of an LTBI screening programme.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The Collaborative TB Strategy is part of a National programme and, therefore, opting out of the programme is not a viable option, hence it should not been considered.

4. POST DECISION IMPLEMENTATION

4.1 A member of Barnet CCG is requested to appoint a lead for TB and to develop the local business case in partnership with colleagues in public health, primary and secondary care.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Barnet Corporate Plan 2015-2020 states that Public Health will be an integrated priority across all service areas. It states that "Public Health within the council ensures that increasing health and well-being and reducing health inequalities is a central theme to all activities across the council by 2020."

5.1.2 The Barnet Health and Wellbeing Strategy has four themes, one of which is Care When Needed. The recommendations of this report relate strongly to that theme. But it also relates strongly to overarching aim of "Keeping Well", which refers to a belief in 'prevention is better than cure.' Implementation of an LTBI programme would be a way of preventing a treatable disease from developing.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The resource available to Barnet is unknown at this stage. However, there is a £10m fund to be used nationally and each borough will receive a large proportion of this, with the funds held by the CCG's, due to the high incidence of TB in the capital.

5.3 Legal and Constitutional References

5.3.1 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.

5.3.2 The Care Act 2014 also imposes duties on local authorities to promote individual well-being (section 1) and promote integration of care and support with health services (section 3)

5.3.3 The Council's Constitution (Responsibility for Functions – Annex A) sets out the Terms of Reference of the Health and Wellbeing Board. The responsibilities include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete

physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

5.4 **Risk Management**

5.4.1 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.5

5.4.2 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.

5.5 **Equalities and Diversity**

5.5.1 The National TB Strategy, which this reports' recommendations are based on, includes the following statement:

Equality statement Promoting equality and addressing health inequalities are at the heart of NHS England's and PHE's values. Throughout the development of the policies and processes cited in this document, we have:

- *given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.*
- *given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities*

5.5.2 For the purposes of the Public Sector Equalities Duty and by virtue of the Equality Act 2010, the relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

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[5] COST OF Inaction: *A report on how inadequate investment in the Global Fund to Fight AIDS, Tuberculosis and Malaria will affect millions of lives.* http://icssupport.org/wp-content/uploads/2010/04/COST-OF-INACTION-Sep-12th-2013.pdf

5.6 **Consultation and Engagement**

5.6.1 An extensive consultation took place when developing the national strategy.

5.6.2 A wide range of stakeholders were consulted during the three-month consultation from 24 March to 24 June 2014. Approximately one quarter of the 111 responses were from local authorities, a quarter from the NHS, a quarter from PHE (including collective responses of local stakeholders made up of PHE, NHS, clinical commissioning groups, local government, the third sector and others) and a quarter from other stakeholder groups including the National Institute for Health and Care Excellence, the British Thoracic Society, local government, the Association of Directors of Public Health and third sector organisations. Once received, all consultation responses were analysed through a rigorous three-phase process.

5.6.3 The complete consultation is available on request.

6. BACKGROUND PAPERS

6.1 Tuberculosis (TB): collaborative strategy for England, 2015. PHE. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403231/Collaborative_TB_Strategy_for_England_2015_2020_.pdf

6.2 Latent TB Testing and Treatment for Migrants 2015. PHE and NHS England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/442192/030615_LTBI_testing_and_treatment_for_migrants_1.pdf

6.3 Situational Report on TB in Barnet, Health and Wellbeing Board 27 June 2014, item 11; https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7780&Ver=4

6.4 Tuberculosis in the UK: Annual report 2014. PHE. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360335/TB_Annual_report__4_0_300914.pdf

6.5 Tuberculosis (TB) in London. Annual Report 2013. PHE. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385823/2014_10_30_TB_London_2013_data__1_.pdf

6.6 COST OF Inaction: *A report on how inadequate investment in the Global Fund to Fight AIDS, Tuberculosis and Malaria will affect millions of lives.* http://icssupport.org/wp-content/uploads/2010/04/COST-OF-INACTION-Sep-12th-2013.pdf