

HAMPSHIRE COUNTY COUNCIL**Report**

Committee/Panel:	Health and Wellbeing Board
Date:	1 May 2014
Title:	Consultation on Collaborative TB Strategy for England
Reference:	5814
Report From:	Director of Public Health, Hampshire County Council

Contact name: Dr Ruth Milton, Director of Public Health

Tel: 02380 383331

Email: Ruth.milton@hants.gov.uk

1. Summary

1.1. The purpose of this paper is to brief the Health and Wellbeing Board on the consultation for a TB strategy for England and to support a response within the timeframe.

2. Contextual information

2.1. Public Health England (PHE) published a Collaborative Strategy for England with a three month consultation on 24 March. TB is one of PHE's priorities since England has one of the highest infection rates in Europe and a rate five times higher than the USA. Trends in England are in marked contrast to some comparable countries that have achieved consistent reductions through concerted approaches to TB treatment and control. TB in England is largely focused in a small number of high incidence areas, although highly complex multi-drug resistant cases can occur anywhere in the country. Some areas have had notable achievements in strengthening TB services and there is great commitment from those involved in delivering and organising services.

2.2. However, despite the fact that we have good evidence of what works in TB control, overall rates are not reducing. PHE is enabling us to look again at how we approach the control of TB to build on the assets that we already have in place and reduce the harm that TB causes to many individuals and communities in England.

2.3. As a result PHE has identified TB as a major priority, and indicators of TB incidence and TB treatment outcomes are included in the Public Health Outcomes Framework. The approach, through concerted local action, supported by national expertise, can significantly reduce the suffering and harm caused by this illness, and contributes eventually to elimination of the disease as a public health problem.

2.4. The consultation makes a set of proposals about how England should organise and resource our services to tackle TB, and PHE seeks views from a range of partners. The focus is to build on the assets already in the NHS and public

health system, to support and strengthen local services in tackling TB in areas of high incidence, to ensure clear lines of accountability and responsibility throughout, and to provide national support for local action.

3. TB in Hampshire

- 3.1. The rates of TB infection across Hampshire are within the lowest quintile nationally. This puts people who become unwell with it potentially more at risk unless a supportive and well informed, accessible service is available.

4. Proposed strategic outcomes

- 4.1. Reduce TB incidence year on year (TB incidence is the Public Health Outcomes Framework indicator 3.05ii)

4.2. Reduce diagnostic delay

- a) at least 80% of people with pulmonary TB should start treatment within three months, and 100% within six months of the onset of their symptoms
- b) 100% of suspected infectious TB cases should be seen by specialist services within 48 hours

4.3. Improve high quality diagnostics

- a) 100% of pulmonary TB cases should have a sputum smear result reported
- b) 80% of pulmonary TB cases should be culture confirmed

4.4. Improve support to underserved populations

100% of TB patients should be assessed for social risk factors for TB (a history of drug or alcohol misuse, homelessness or imprisonment)

4.5. Improve TB treatment completion and thus outcomes

at least 90% of TB cases with drug sensitive TB should complete a full course of treatment within 12 months (treatment completion is the Public Health Outcomes Framework indicator 3.05i)

4.6. Reduce drug-resistant TB

- a) achieve a year-on-year reduction in the incidence of drug-resistant TB in UK born TB cases
- b) no patients should develop MDR while on treatment in England

4.7. Reduce TB transmission

achieve a year-on-year reduction in the proportion of TB cases estimated to be due to recent transmission on the basis of mycobacterial interspersed repetitive unit variable number tandem (MIRU-VNTR) clustering (or whole genome sequencing*)

5. Achieving the outcomes

- 5.1. To achieve these outcomes, five main actions are proposed. However the key issue for local consideration is around the first main action regarding TB control boards. It is proposed that TB accountability arrangements are developed at an appropriate geographical level through the establishment of formal TB control boards. Local health and wellbeing boards are the forum at which all partners

come together to agree the local priorities to improve the health and wellbeing of people and communities within a local authority area.

However, tackling TB requires the co-ordinated action of many partners, working together across local authority and NHS boundaries. To establish clear responsibility and accountability arrangements, it is proposed that TB control boards are established to serve appropriate geographical footprints. Two broad options are identified for the approach to the creation of TB control boards, of which the second offers the most consistent approach for all citizens in our communities:

- i) In those areas of highest TB incidence, the partners agree to establish a local TB Control Board. In other parts of the country existing collaborative arrangements for protecting the public's health are used to bring additional focus and drive to improving TB control. This option would ensure that enhanced clinical and public health interventions are focused on the areas of greatest need.
- ii) Local partners in all parts of the country agree to establish a local TB Control Board, perhaps coterminous with NHS clinical networks or PHE Centres. This option provides universal coverage. However, within these arrangements TB control boards will still need to provide enhanced clinical and public health interventions in areas of greatest need.

6. Recommendation(s)

- 6.1. That the Health and Wellbeing Board is aware of this important consultation for the health of small numbers of Hampshire citizens.
- 6.2. That the Health and Wellbeing Board supports a consultation response that identifies the issues for areas such as Hampshire, with low rates of infection.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes/
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes/
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes/
Corporate Improvement plan link number (if appropriate):	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

1.1. To be completed as part of any response

2. Impact on Crime and Disorder:

2.1. To be completed as part of any response

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption? No significant impact

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? Changing disease patterns may be linked to climate change.