Agenda Item 13

Leicestershire County Council

HEALTH AND WELLBEING BOARD:

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH PROTECTION ASSURANCE REPORT

Purpose of report

1. The purpose of this report is to provide a summary of the assurance functions of the Leicestershire, Leicester and Rutland (LLR) Health Protection Assurance Board. It also updates the Health and Wellbeing Board on health protection performance, key incidents and risks and other significant matters considered in the past year that have emerged from January 2018 to December 2018.

Link to the local Health and Care System

2. Health protection assurance is a statutory duty of the local authority, via the Director of Public Health. It is therefore a key element of the Joint Health and Wellbeing Strategy and of Leicestershire County Councils core business. It is an essential element in local health and social care strategies and initiatives including Better Care Together/Sustainability Transformation Plan, and to urgent care work streams.

Recommendations

3. It is recommended that;

    a) The Health Protection Board Report January 2018- December 2018 be noted;

    b) That in noting the report, The Health and Wellbeing Board recognise the specific health protection issues that have arisen locally and the steps taken to deal with them, and the particular areas of focus for the coming year.

Policy Framework and Previous Decisions

4. On 1st April 2013 implementation of the new NHS and Social Care Act (2012) resulted in most of former NHS Public Health responsibilities being transferred to upper tier and unitary local authorities (LAs) including the statutory responsibilities of the Director of Public Health.

5. Each local authority is now required, via its Director of Public Health to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken. The scope of health protection in this context includes these key domains:

    1. prevention and control of infectious diseases

2. national immunisation and screening programmes

3. health care associated infections

4. emergency planning and response (including severe weather and environmental hazards)

6. The Local Authority does not commission the majority of services which contribute to protecting the health of the population, but the Director of Public Health should be absolutely assured that arrangements are robust and that they are implemented in a way which meets the needs of the population for which they are responsible.

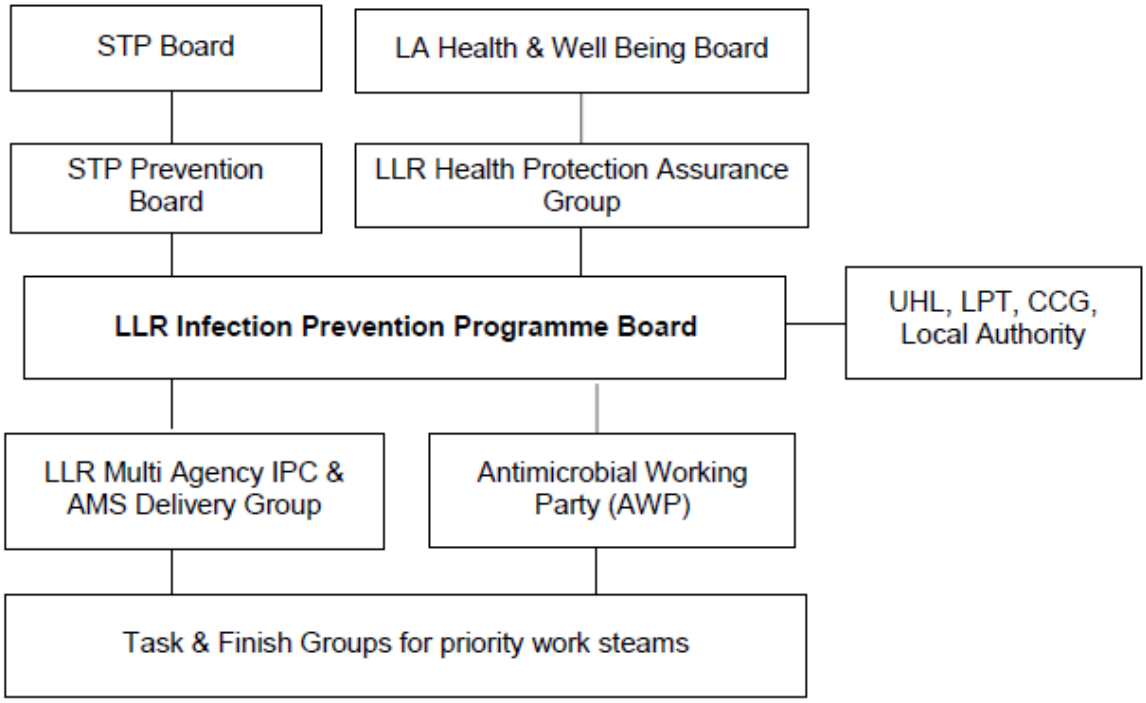
7. This is a local leadership function which requires the Director of Public Health and wider public health team to identify issues and advise appropriately; and to work in close liaison and cooperation with other contributing organisations. Responding to the Director of Public Health's information and advice is the responsibility of these other contributing organisations, who will also be accountable should unheeded advice result in any adverse impact.

8. It is considered beneficial for the Health and Wellbeing Board to have an understanding of the assurance functions of the Leicestershire, Leicester and Rutland (LLR) Health Protection Assurance Board and an overview of the health protection performance, key incidents and risks and other significant matters which have arisen during 2018.

Background

9. The Leicestershire, Leicester and Rutland Health Protection Assurance Board is a sub-group of the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland (LLR) and enables local authorities to discharge their health protection assurance responsibilities,

10. Quarterly dashboards, reports and/or updates are received and reviewed at the quarterly Assurance Board. They cover the key domains identified above. This data is reviewed by the group and if needed, stakeholders are asked to produce more detailed assurance for the group on an exception basis. The Health Protection Assurance Committee is linked into a number of other Health Protection groups across the local system:



Key domains of health protection assurance

Prevention and Control of Infectious Diseases

Organisational Roles/Responsibilities

11. Public Health England (PHE) leads on the epidemiological investigation and the specialist health protection response to public health outbreaks/incidents and has responsibility to declare a health protection incident, major or otherwise.

12. NHS England is responsible for ensuring that their contracted providers are mobilised to deliver an appropriate clinical response to outbreaks/incidents. This responsibility devolves down to local Clinical Commissioning Groups to use contractual arrangements with provider organisations to make relevant resources available (includes screening/diagnostic and treatment services).

13. The Local Authority through the Director of Public Health has overall responsibility for the strategic oversight of an incident/outbreaks and to gain assurance that the local health protection system is robust enough to respond appropriately.

Sexual Health

Table 1 in Appendix 1 summarises the latest diagnostic and treatment rates for the main sexually transmitted infections in Leicestershire.

14. Leicestershire Public Health commission the integrated sexual health services which detect, prevent and treat sexually transmitted infections in the local population. The service has comprehensive arrangements including online testing for Sexually Transmitted Infections and a variety of testing options for HIV.

15. The main Sexual Health contract covering Leicestershire, Leicester and Rutland was re-tendered in 2018 and the new contract commenced 01/01/19. There is a now a greater emphasis on self-managed care whilst preserving the quality of testing, results notification and partner notification. The main site of delivery of services has moved to the Haymarket Shopping Centre, Leicester.

16. Chlamydia Screening:
Whereas the chlamydia detection rate is lower than the benchmark and England average, the prevalence rate in Leicestershire is lower than national average and therefore screening is being undertaken for those at highest risk. The newly procured Sexual Health Service model of delivery will provide increased access to self-sampling tests, including distribution via vending machines, pick up points and sexual health clinic sites

.

Key Issues for 2019 (Sexual Health)

17. An action plan has been developed with key actions for 2019/20 relating to:
    - Improve promotion of offer of tests using wider range of social media options.
    - Review of screening in wider services such as prisons, termination of pregnancy services and maternity pathways to improve offer and uptake.
    - Improve partner notification systems in integrated sexual health service to increase uptake of partner testing and retesting.

Tuberculosis (TB)

18. Although prevalence of TB remains relatively low in Leicestershire, outbreaks do occur and there has been a recent increased prevalence of virulent strain of TB in Loughborough. Appendix 2 contains information concerning the number of TB cases during 2018.

19. **Key issues for 2019 (TB)**

- Continue to explore options and opportunities to provide TB screening and active case finding among migrants and other under-served populations.
- Review commissioning arrangements for paediatric TB patients.
- Explore the potential for use of mobile x-ray units (MXUs) for use in prison.
- Clearly agree and outline local sustainable funding arrangements for TB incidents and outbreaks.

Other Outbreaks

Multi-Drug Resistant Organisms (MDROs)

20. During the summer of 2018 there was an outbreak of a Carbapenemase Resistant Organism (CRO), at the University Hospitals of Leicester (UHL). Further outbreaks have occurred sporadically over recent months. CRO are increasingly prevalent pathogens in hospitalized patients and can cause a variety of infections such as urinary tract infections, wound infections and respiratory tract infections.

21. The importance of CRO derives from the fact that they can spread rapidly in the hospital setting, and that they are commonly multidrug resistant (MDR). There are

still few therapeutic options available to treat these MDR pathogens. Health and care partners across LLR are working collaboratively to (1) screen for CRO in high risk patients and (2) effectively manage those patients who are shown to be positive whether in hospital or community settings. Public Health England have developed a set of toolkits to support this work: https://www.gov.uk/government/publications/carbapenemase-producing-enterobacteriaceae-non-acute-and-community-toolkit.

Key issues for 2019 (CRO):

22. Fully embed practical advice to prevent or reduce the spread of Carbapenemase Resistant Organisms (CRO) in community and non-acute healthcare settings.

Immunisation and Screening

Organisational Roles/Responsibilities

23. NHS England commission most national screening and immunisation programmes through their Local Area Teams.

24. PHE is responsible for setting screening and immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff, employed by PHE are embedded in the NHS Local Area Teams to provide accountability for the commissioning of the programmes and provide system leadership. PHE provides quarterly surveillance reports for each of the national immunisation and screening programmes.

25. Local Authorities through the Director of Public Health require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population.

Immunisation

26. Coverage of childhood immunisations continues to be relatively high and stable in Leicestershire (mostly over 90%, against a national target of 95% for some programmes). Good coverage helps ensure that the local population is protected and does not become susceptible to outbreaks of vaccine preventable diseases. See Appendix 3 for childhood immunisation cover.

Seasonal flu

27. Flu uptake rates remain sub-optimal and there is an ongoing need to strengthen flu vaccine uptake. See Appendix 4 for Flu Vaccine uptake rates.

Key issues for 2019 (Immunisation)

28.

- Increase uptake of MMR
- Increase uptake of influenza vaccine
- Introduction of HPV vaccine for boys in year 8

Screening

29. Both cancer and non-cancer screening coverage continues to be higher than the national average in Leicestershire.

30. Cervical screening coverage remains below the national target of 80% and this reflects recent national trends. Breast screening coverage in 2017/18 is stable and meets the national target of 80%. Bowel screening coverage increased in 2017/18 in all areas and also remains above the national target of 60% and above the national average. Performance in the abdominal aortic aneurysm (AAA) screening programmes continues to be excellent, and coverage is stable and meets acceptable national standards.

Key issues for 2019 (Screening)

- Continue to strengthen collaborative multi-agency action plans to target areas of poor uptake and coverage for each of the screening programmes.
- Work with NHS England to improve areas of performance where national targets are not being met.
- Review performance indicators to determine the measure are relevant to Health Protection
- Need to build on relationships between local authority, NHS England and CCGs
- Move to primary HPV testing for cervical screening
- Introduction of FIT testing to bowel screening programme

Health Care Associated Infections

31. Many healthcare associated infections are preventable. When they do occur, they can have a significant impact on patients and on the wider NHS and care systems

Organisational Roles/Responsibilities

32. The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care to provide a framework in which to measure and monitor how well the NHS is performing. NHS England hold local CCGs to account for performance against indicators under this domain, which includes incidence of preventable healthcare associated meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and incidence of *Clostridium difficile*.

33. PHE through its consultants in communicable disease control will lead the epidemiological investigation and the specialist health protection response to health care associated infection outbreaks and has responsibility to declare a health protection incident.

34. The Local Authority through the Director of Public Health has overall responsibility for the strategic oversight of a health care associated infections impacting on their population's health. See Appendix 5 for information concerning screening programmes uptake during 2018.

MRSA

35. NHS Improvement has continued to set healthcare providers the challenge of demonstrating a 'zero' tolerance of MRSA blood stream infections (BSI) however in March 2018 NHS Improvement announced a change in how MRSA BSI cases were to be reviewed. From April 2018 University Hospitals of Leicester (UHL) and the three local Clinical Commissioning were exempt from completing a formal post infection review as this was now only for organisations with the highest rates of infection.

MSSA

36. Mandatory reporting of all Meticillin Sensitive *Staphylococcus Aureus* (MSSA) has been a requirement for provider organisations since January 2011. However to date national trajectories to reduce these cases have not been set. Locally, the Clinical Commissioning Groups continue to hold providers to account for the number of reported MSSA cases.

C.difficile infection

37. From April 2017 NHS providers were required to input additional information to the PHE data capture system relating to information prior to admission to hospital. This additional information is intended to allow the categorisation of non-hospital onset cases based upon the timing of prior admissions to the reporting Trust. Locally, the CCGs continue to hold providers to account where, following a review of individual cases, a lapse in care was identified that may have contributed to the person acquiring a Clostridium *difficile* infection. During 2017/2018 both UHL and the three local commissioning groups achieved their nationally set trajectories.

E.coli bacteraemia

38. E.coli bacteraemia rates, chiefly community acquired, were static or increasing during the year and are a focus for ongoing infection prevention and control work. Efforts are underway to engage the whole local health and social care economy continue to assess the overall approach to reducing E.coli blood stream infections.

Key issues for 2019 (Health Care Associated Infections)

- Need to strengthen role of Sustainability Transformation Plan in terms of governance and oversight of Health Care Associated Infections
- Work to reduce Gram negative bacteraemia
- Strengthen outbreak monitoring to ensure timely patient transfers, system flow and resilience.
- Aim for and achieve the zero target for pre 48-hour MRSA blood stream infections – there are currently no trajectories set relating to pre 48hrs MRSA BSI cases.
- Reduce the number of Clostridium *difficile* pre 72hour community cases – There are currently no national CDI objectives for community services providers.

Anti-microbial resistance (AMR)

39. Antimicrobial resistance happens when microorganisms (such as bacteria, fungi, viruses, and parasites) change when they are exposed to antimicrobial drugs (such as antibiotics, antifungals, antivirals, antimalarials, and anthelmintics). Microorganisms that develop antimicrobial resistance are sometimes referred to as “superbugs”. As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others.

40. Antimicrobial resistance occurs naturally over time, usually through genetic changes. However, the misuse and overuse of antimicrobials is accelerating this process. System-wide action to address anti-microbial resistance. Oversight of efforts to tackle AMR sits with the LLR Infection Prevention and Control (IPC) Programme Board and also with the LLR IPC Multiagency Delivery Group (MADG).

Key issues for 2019 (Anti-microbial Resistance)

- Further progress is required to develop and implement an LLR AMR strategy
- Increase focus on tackling CRO
- Reduce overall prescribing of antibiotics in primary care.
- Specifically reduce prescribing of cephalosporin, quinolone and co-amoxiclav
- Review arrangements for oversight of infection prevention and control outside hospital settings.

Emergency planning and response (including severe weather and environmental hazards e.g. air quality)

Organisational Roles/Responsibilities

41. Emergency planning has been a Local Authority function since before the Health and Social Care Act (2012), however with Public Health in the Authority there are additional opportunities to consider around the health protection aspects of this function.

42. The local authority continues to engage with the Local Resilience Forum in undertaking their annual exercise programme, responding to incidents and undertaking learning as required.

Key issues for 2019 (Emergency Planning)

- Build on the LHRP Survey capabilities survey to address gaps in the system, particularly related to capacity, resources and governance
- Work to ensure partners are clear on the response structure to major incidents, the causes of delays in action and on the coordination of groups.
- Further discussions are needed at Local Health Resilience Partnership (LHRP) to confirm major incident cover especially over longer term major incidents.
- Continue to review contingency plans as appropriate according to national and local guidance and ensure further testing response arrangements.
- Ensure that there is an on-going approach to learning from experience and that issues identified from real events are acted upon.

- Clarify psychological support requirements in the event of mass casualty events

Air quality

43. Poor air quality is the largest environmental risk to the public's health, leading to significant levels of morbidity and premature mortality. Annually in the UK, particulate matter (PM) air pollution causes 29,000 deaths and 340,000 life years lost. Meanwhile Nitrogen dioxide (NO2) air pollution shortens lives by an average of around 5 months and causes nearly 23,500 deaths in the UK per year.

44. Public Health England, in its 2014 publication '*Estimating Local Mortality Burdens Associated with Particulate Air pollution*', assesses that annually over 300 deaths in Leicestershire can be attribute to PM2.5 pollution. Combined with pollution from Nitrous Oxides, this figure could be around 430 deaths each year.

45. Air pollution was identified as an 'emerging national risk to health' in Leicestershire's DPH 2017 Annual report[i]. Data, and related analysis, was used to illustrate the scale of the problem across the County.

46. Air Quality has also been chosen as a topic for refresh within Leicestershire's Joint Strategic Needs Assessment. The refreshed JSNA chapter concludes:
By its nature, air quality cannot be controlled by geographical boundaries or by a single individual alone. Instead collective, systematic efforts are required to reduce air pollution and its harmful effects on health. The JSNA posits 26 recommendations which focus on four key areas:
    - Aligning and collaborating on local air quality initiatives
    - Prioritising structural efforts to reduce emissions of air pollutants
    - Universal and focused efforts to reduce exposure to poor quality for all and specifically those most at need
    - Strengthening cross organisational working

47. The Health and Wellbeing Board will consider the findings of the Air Quality JSNA Chapter in detail at its meeting in September.

48. A cross Leicestershire air quality partnership has now been formed and the steering group has been meeting since January 2019. The emerging partnership action plan for air quality in Leicestershire will focus on better data and intelligence, active travel promotion in identified hot spots, and a communications campaign to educate the wider public on both the acute and longer-term effects of poor air quality so that they can better protect themselves and their families. At present the Air Quality and Health partnership action plan is Leicestershire focused but join up with Leicester and Rutland colleagues may happen in due course.

49**.** Health and Wellbeing is also a core aspect of the Leicestershire Environment Strategy and members of the public health department are supporting delivery. Good links have also been developed with Leicestershire Environmental Health Managers group.

Key issues 2019 (Air Quality)

- To be determined by both the JSNA and action plan steering group committee but likely to focus around campaigns, active travel and advocacy (e.g. for green fleet review etc)

Conclusions

50. Overall the Leicestershire Director of Public Health is assured that the correct processes and systems are in place to protect the health of the population.

Areas to continue to focus further progress on include:

- Ensuring local health and care systems have the capacity to respond to major incidents (national issue)-including emergency planning and response (e.g. severe weather and environmental hazards)
- Maintaining and improving progress on key health protection indicators particularly relating to:
- Communicable disease
- Environmental hazards especially air quality
- Screening
- Immunisation
- Hospital Acquired Infections

Background papers

Annual Report of the Director of Public Health 2017, Leicestershire County Council, http://www.lsr-online.org/uploads/dph-annual-report-2017.pdf

Public Health England (2013) Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. PHE, London. Available online at http://ow.ly/FXuj309HpNE

Report of the Director of Public Health, Leicester, Leicestershire and Rutland Health, protection assurance report,2017
http://politics.leics.gov.uk/documents/s127313/Health%20Protection%20Annual%20Report.pdf

Officer to Contact

Mike Sandys, Director of Public Health, Leicestershire County and Rutland
Tel: 0116 305 4259 email: mike.sandys@leics.gov.uk

Mike McHugh, Consultant in Public Health, Leicestershire and Rutland
Tel: 0116 3054236 email: mike.mchugh@leics.gov.uk

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Appendix 2 TB epidemiology Leicestershire 2018

Appendix 3 Childhood Immunisations Leicestershire 2018

Appendix 4 Seasonal Flu uptake (Immform Monthly data January 2019)

Appendix 5 Screening programmes uptake Leicestershire, 2018

Appendix 6 Healthcare association infections incidence 2017-18

Appendix 7 Leicestershire Health Protection Risk Matrix

Relevant Impact Assessments

A health protection risk matrix has been produced and is attached as Appendix 7.

Equality and Human Rights Implications

Certain socially excluded groups are at greater risk of environmental hazards e.g. poor air quality in areas of socio-economic deprivation. Some groups are at increased risk of particular infectious diseases e.g. TB in some migrants and asylum seekers.

Certain groups and individuals are also less likely to avail of the protection afforded by immunisation and screening e.g. in areas of socio-economic deprivation

Environmental Implications

Air quality is an important element within the Leicestershire Environment Strategy

Partnership Working and associated issues

Partnership working across health, local authorities, police, fire, districts etc is essential to ensure robust health protection and emergency planning arrangements are in place

Appendix 1

Table 1 Leicestershire sexual health indicators, 2018

	Indicator	Polarity	Target	Latest Time Period	CIPFA Rank	England Value	Latest Value
Sexual Health Indicators	3.02 - Chlamydia detection rate (15-24 year olds)	High	<1,900 | 1,900 to 2,300 | ≥2,300	2017	4/16	1,881.90	1,886.50
	3.04 - HIV late diagnosis	Low	<25% | 25% to 50% | ≥50%	2015-17	N/A	41.1	*
	Gonorrhoea diagnostic rate / 100,000	Low	England	2017	9/16	78.8	33.5
	HIV diagnosed prevalence rate per 1,000 aged 15-59	Low	<2 | 2 to 5 | ≥5	2017	8/16	2.3	0.9
	HIV testing coverage, total (%)	High	England	2017	11/16	65.7	63.1
	New HIV diagnosis rate / 100,000 aged 15+	Low	England	2017	6/16	8.7	3.5
	Syphilis diagnostic rate / 100,000	Low	England	2017	13/16	12.5	5.3

Appendix 2:

Table 2. TB epidemiology Leicestershire 2018

	Indicator	Polarity	Target	Latest Time Period	CIPFA Rank	England Value	Latest Value
TB Indicators	3.05i - Treatment completion for TB	High	England	2016	12/16	84.40	68.40
	3.05ii - Incidence of TB	Low	England	2015-17	9/16	9.9	3.7
	Proportion of pulmonary TB cases starting treatment within four months of symptom onset	High	England	2017	2/15	68.8	79.2
	Proportion of TB cases offered an HIV test	High	England	2017	13/16	96.1	90

Appendix 3.

Childhood Immunisations Leicestershire 2018

Table 3. immunisation uptake at 12 months

Immunisations		Leicestershire County
12 months DTaP/IPV/Hib %	Q1 17/18	96.7%
	Q2 17/18	97.1%
	Q3 17/18	97.1%
	Q4 17/18	96.8%
	Q1 18/19	96.9%
	Q2 18/19	96.7%
	Q3 18/19	97.7%
12 months Rotavirus %	Q1 17/18	94.5%
	Q2 17/18	93.7%
	Q3 17/18	95.3%
	Q4 17/18	94.4%
	Q1 18/19	95.7%
	Q2 18/19	95.3%
	Q3 18/19	95.0%
MenB two doses (%), for infants assessed at six months of age	Q1 17/18	96.3%
	Q2 17/18	96.5%
	Q3 17/18	97.1%
	Q4 17/18	96.8%
	Q1 18/19	97.2%
	Q2 18/19	96.7%
	Q3 18/19	97.6%
National Standard/Target: ≥95%.		

Table 4. Immunisation uptake at 24 months

Immunisations		Leicestershire County
24 months PCV booster %	Q1 17/18	95.8%
	Q2 17/18	96.0%
	Q3 17/18	97.5%
	Q4 17/18	97.0%
	Q1 18/19	96.4%
	Q2 18/19	96.7%
	Q3 18/19	95.7%
24 months MMR %	Q1 17/18	95.6%
	Q2 17/18	95.6%
	Q3 17/18	97.0%
	Q4 17/18	96.4%
	Q1 18/19	96.3%
	Q2 18/19	96.4%
	Q3 18/19	95.4%

National Standard/Target: ≥95%.

Table 5. Immunisation Uptake at 5 years

		Leicestershire County
5 years DTaP/IPV booster %	Q1 17/18	92.8%
	Q2 17/18	93.7%
	Q3 17/18	93.4%
	Q4 17/18	93.8%
	Q1 18/19	92.2%
	Q2 18/19	91.1%
	Q3 18/19	92.6%
5 years MMR 2nd dose %	Q1 17/18	93.9%
	Q2 17/18	94.0%
	Q3 17/18	94.1%
	Q4 17/18	94.2%
	Q1 18/19	94.3%
	Q2 18/19	94.1%
	Q3 18/19	94.8%
National Standard/Target: ≥95%.		

Appendix 4.

Table 5. Seasonal Flu uptake (Immform Monthly data January 2019)

Local Authority	65 and over %	Under 65 (at-risk only) %	All Pregnant Women %	All 2-year olds %	All 3-year olds %
Leicestershire	**73.2**	**46.7**	**47.9**	**59.7**	**61.6**
England	**71.2**	**46.7**	**45.0**	**44.8**	**43.0**
National Aspiration	**75**	**55**	**55**	**48**	**48**

Appendix 5.

Table 6 Screening programmes uptake Leicestershire, 2018

Screening indicators	Indicator	Polarity	Target	Latest Time Period	CIPFA Rank	England	Latest Value
	Breast cancer screening coverage	High	England	2018	1/16	74.9	81.3
	Cervical cancer screening coverage	High	England	2018	4/16	71.4	77.0
	Bowel cancer screening coverage	High	England	2018	4/16	59.0	63.6
	Newborn bloodspot screening coverage	High	Not compared	2017/18	N/A	96.7	*

*No data

Appendix 6.

Healthcare association infections incidence 2017-18

	Apr 18/19	May 18/19	June 18/19	July 18/19	Aug 18/19	Sept 18/19	Oct 18/19	Nov 18/19	Dec 18/19	Jan 18/19	Feb 18/19	Mar 18/19	YTD
CDI ELR	6	6	6	8	10	8	4	7	3	5	1	3	67
CDI LC	8	3	3	9	12	4	5	6	6	3	1	6	66
CDI WL	13	11	10	8	10	7	6	2	7	6	4	6	90
CDI UHL	12	4	5	4	7	2	6	4	6	2	0	5	57
CDI LPT	1	1	0	1	1	0	0	0	0	0	0	1	5
E.Coli ELR	19	18	17	16	15	18	23	10	13	15	14	14	192
E.Coli LC	20	29	17	18	12	25	14	15	11	15	14	20	210
E.Coli WL	18	24	21	17	23	15	17	14	22	22	11	16	220
Hospital onset E.Coli UHL	11	8	3	5	3	11	5	5	6	5	3	9	74
Community onset MRSA BSA LC	0	0	1	0	0	0	0	1	0	0	0	0	2
Community onset MRSA BSA ELR	0	0	2	0	0	0	0	0	0	0	1	0	3
Community onset MRSA BSA WL	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital onset MRSA BSA UHL	0	0	0	1	0	0	0	0	0	0	1	1	3

Appendix 7. Leicestershire Health Protection Risk Matrix

November, 2018			
	Main issue(s)	**Mitigation**	**Anything more to do locally at this point**
Anti-microbial resistance	(1) Lack of progress made on AMR strategy-> increased prevalence of AMR infections. (2) CRO	AMR Board in place. Also Oversight by LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) INFECTION PREVENTION & CONTROL PROGRAMME BOARD and also LLR IPC MULTIAGENCY DELIVERY GROUP (MADG)	Need to strengthen role of STP in terms of governance and oversight of this issue
Healthcare Associated Infections (HCAI)	Healthcare associated infections are preventable and have significant impact on patients and on wider NHS and care systems	Oversight at LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) INFECTION PREVENTION & CONTROL PROGRAMME BOARD and also LLR IPC MULTIAGENCY DELIVERY GROUP (MADG)	Need to strengthen role of STP in terms of governance and oversight of this issue
Emerging and re-emerging infectious diseases	Increased prevalence of virulent strain of TB in Loughborough and Leicester City.	PHE leads and co-ordinates outbreak groups and meetings	Communicable Disease Outbreak Management (PHE) recently published- needs further discussion and dissemination.
Pandemic influenza	Pandemic influenza is the most significant civil risk facing the UK	Links to emergency planning (see below)	
Emergency planning*	Partners not always clear on the response structure to major incidents, causing delays in action and coordination of groups. Capacity, resources and governance		Further discussions needed at Local Health Resilience Partnership (LHRP) to confirm major incident cover especially over longer term major incidents. Additional input needed from regional HP network Need to follow up on LHRP audit of health protection capability, 2017
Climate change and extreme events-floods, heat, cold	See emergency planning above		

Immunization	Intermittent supply issues	Need good communication between NHSE, CCGs and pharmacies	PH to flag issue up at CCGs
Screening	On-going sub-optimal uptake of different screening programmes e.g. cervical screening	Continued oversight at HP Assurance Board	Build on relationships between LA, NHSE and CCGs
Air Quality	Causes significant premature mortality	Leicestershire Air Quality Strategy now in place	Complete (1) Air Quality JSNA chapter and (2) Air Quality **Action plan**
Miscellaneous	Lack of capacity in LLR, environmental health & regulatory teams to deliver statutory functions.	Continued oversight at HP Assurance Board	

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