Agenda item 9

COLLABORATIVE TUBERCULOSIS STRATEGY FOR ENGLAND: RESPONSE TO CONSULTATION

To: **Health Committee**

Meeting date: **29TH May 2014**

From: **Director of Public Health**

Electoral divisions: **All**

Forward Plan ref:

Purpose: To present to the Committee a draft Cambridgeshire County Council response to the current national consultation on the Public Health England draft Collaborative Tuberculosis Strategy 2014-19

Recommendation: The Committee is asked to decide whether it wishes to approve the attached response to the consultation, on behalf of Cambridgeshire County Council.

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1. BACKGROUND

1.1 On 24 March 2014, Public Health England (PHE) published for consultation a draft Tuberculosis (TB) strategy for England. The deadline for response to this consultation is 24 June 2014 and PHE have set a number of specific questions throughout the draft strategy for consultees to address. They have invited responses from several types of organisation, including local authorities and Health and Wellbeing Boards.

1.2 TB incidence in England is at its highest since the 1980s, and trends are in contrast with some comparable countries that have achieved consistent reduction by concerted approaches to TB treatment and control.

1.3 In Cambridgeshire, despite the publicity given to a recent outbreak among workers at a factory in the Chatteris area, TB incidence is low at 5.6 cases per 100,000 population per year. The World Health Organisation definition of an area of high TB incidence is one in which there is an incidence greater than 40/100,000 per year. Overall the incidence in England is 15/100,000, with marked variation across the country. In England the majority of cases are concentrated in large metropolitan areas in London, the West Midlands, Greater Manchester, Leicester, Luton and West Yorkshire.

2 THE STRATEGY

2.1 The ambition in the Public Health England collaborative TB strategy is to bring together best practice in clinical care, social support and public health to strengthen TB control.

2.2 The strategy has the following aims that shall give rise to a set of key performance indicators to monitor the success of implementation of the strategy:

a) Reduce TB incidence year on year - this is a Public Health Outcomes Framework Indicator;
b) Reduce the problem of diagnostic delay;
c) Improve high quality diagnostics;
d) Improve support to under-served populations – a high proportion of people with TB have social risk factors, which can hinder their ability to access health services and comply with treatment;
e) Improve treatment completion and thus outcomes;
f) Improve close contact screening – TB is not highly infectious, but prolonged close residential or work contact with cases increases the likelihood of infection, so close contacts need to be screened;
g) Improve screening for latent TB infection (LTBI) – a proposal for a systematic new entrant screening in local authority areas with a TB incidence greater than 20 per 100,000 – this would affect Peterborough but not Cambridgeshire;
h) Improve BCG vaccination – all new babies born to families at higher risk of TB infection should get BCG:
i) Reduce drug-resistant TB – we have been seeing increasing numbers of drug resistant TB cases in England, this usually is the result of incomplete

treatment of drug-sensitive cases allowing the bacteria to become resistant to the usual drugs. Drug resistant TB requires 2 full years of treatment with a number of drugs which have a higher incidence of side effects;

j) Reduce TB transmission – TB transmission requires prolonged close contact with a case, and early diagnosis and treatment and effective contact screening can reduce this risk;

k) Establish regular TB cohort review – this involves systematic review of all cases in a multi-disciplinary team to ensure learning is shared. TB cohort review takes place every 3 months across Cambridgeshire and Peterborough;

l) Ensure an appropriate workforce is available to deliver TB control – suggested ratio of 1 TB case manager to 40 new cases, reduced to 1 TB case manager to 20 cases who are on enhanced care management due to the complexity of the case.

2.3 The specific questions included in the consultation, and suggested responses from Cambridgeshire are attached in the Appendix to this report.
Our suggested response is that overall the strategy is to be welcomed for providing a renewed national focus on TB, recognition of the need for earlier diagnosis and treatment, and an emphasis on the multi-disciplinary and partnership nature of the care that is needed, especially for the more complex cases. We have suggested that our preferred option would be for proposed multi-agency TB Control Boards to cover a wider geography, including areas with a low TB prevalence like Cambridgeshire, rather than being restricted to high TB prevalence areas. We have also suggested that more prominence should be given to the role of the voluntary sector in providing support to complex TB cases, who often have associated social problems.

3 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

No significant implications

3.2 Helping people live healthy and independent lives.

The focus of the strategy is to strengthen TB control and deliver year on year reductions in TB incidence which will support this priority.

3.3 Supporting and protecting vulnerable people

The strategy recognizes that TB may disproportionately affect people who are disadvantaged or vulnerable. It also recognizes that their care will require both medical treatment and social support. Good care for TB as outlined in the strategy will address the need to support and protect vulnerable people.

4 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no immediate resource implications from responding to this

consultation. However the PHE collaborative TB strategy does suggest that more resources nationally should be used for TB control.

4.2 Statutory, Risk and Legal Implications

No significant implications.

4.3 Equality and Diversity Implications

As outlined earlier, some disadvantaged groups are particularly vulnerable to developing TB.

4.4 Engagement and Consultation Implications

By responding to this PHE consultation we would be engaging as a local authority with a national public health issue.

4.5 Localism and Local Member Involvement

No significant implications

4.6 Public Health Implications

The PHE collaborative TB strategy is intended to improve public health nationally by improving control of TB.

Source Documents	Location
Collaborative tuberculosis strategy for England 2014-2019	http://www.hpa.org.uk/Publications/InfectiousDiseases/Tuberculosis/

APPENDIX

CONSULTATION RESPONSE FORM AND PROPOSED RESPONSE FROM CAMBRIDGESHIRE COUNTY COUNCIL

Collaborative tuberculosis strategy for England 2014 to 2019

Consultation on the collaborative tuberculosis strategy for England

24 March to 24 June
Comments on consultation to be submitted no later than 5pm on 24 June 2014

The consultation can be found at:
http://www.hpa.org.uk/Publications/InfectiousDiseases/Tuberculosis/

Stakeholder comments

1. Please use this form for submitting your comments to Public Health England.

2. Please note: comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline.

3. Please return to: **tbstrategyconsultation@phe.gov.uk**

Table 1: Consultation questions with regards to the collaborative tuberculosis strategy for England 2014 to 2019

Name:		
Organisation:		
Consultation question		**Comments** Please insert each new comment in a new row.
1	Is the ambition on page 5 of the strategy the right one to help deliver TB control in England?	While this is a simple ambition it is a challenging one for the services. The focus is on reducing TB incidence generally. There is a particular issue with complex drug resistant TB cases, which impact on a wide range of services. Recognition of this in the overall ambition may be helpful.
2	Are the outcomes and indicators of success on page 11 the right ones, and if achieved will these improve TB control in England?	Overall we support the outcomes and indicators of success as outlined in the strategy. Clearly we would expect the final version of the strategy to identify the means to deliver these outcomes which will involve a wide range of clinical, social care and third sector providers, and there will need to be a significant emphasis on awareness raising among primary care and other direct access care staff to ensure that early diagnosis can become a reality.
3a	Do you agree with the responsibilities proposed for local TB control boards on page 12 & 13 and in annex 2?	We agree with these responsibilities.

3b	If TB control boards are implemented, should they focus solely on the areas of high incidence (option 1), or should they cover every local community (option 2)?	This is difficult for areas such as Cambridgeshire where incidence of TB is below the national average . Our preference would be for option 2 – TB control boards covering a wider geographical area such as an NHS England Area Team, or sub-divisions of a PHE Centre, and including every local community. This would enable us to work collaboratively with other local authorities with higher TB incidence, and to share resources and expertise appropriately if and when complex cases or outbreaks occur in Cambridgeshire.
3c	If TB control boards are only established in areas of high TB incidence (option 1), how should arrangements for the diagnosis and treatment for those people who develop TB in lower incidence areas be strengthened?	They could be strengthened by formal links with neighbouring TB control boards, by multi-agency self assessments (such as the recent self assessment for health protection incidents co-ordinated across NHS England, Public Health England and local authorities), and by performance monitoring and feedback of TB indicators by PHE and NHS England to all local systems. However our preferred option is option 2 – i.e. for TB control boards to cover wider geographical areas, including areas of low prevalence.
3d	Local TB control boards must have the authority to bring together partners to effectively control TB in the patch. How can TB control boards be empowered to carry out their functions and what mechanisms can be used so partners hold each other to account for improved TB control?	If a consistent approach to TB control boards is expected nationally, then an element of top down regulation and/or guidance may be required.

3e	How do we ensure that local authorities and local health and wellbeing boards have adequate involvement in TB control board work, particularly when TB control boards are likely to cover a number of local authority areas?	Shared membership may be helpful to ensure this involvement, but if TB Control Boards cover very large areas they may become too large to be effective. In this case it may be more appropriate to have more limited Board membership, with a focus on high prevalence areas, but with good communication links between the TB Control Board and all local authorities in the area they cover.
4a	Do the proposed areas for action, on page 14 and in annex 1 include all the required clinical and public health actions that should be included in an integrated service specification?	Tackling TB in under-served populations may need to address the issues of engagement of social support services – social care, housing, benefits agency etc. as well as the voluntary sector services that often have excellent access to vulnerable groups and provide them with support that is often not available in the statutory sector. We believe that recognition of these roles is needed in the strategy.
4b	What are the key features of high-quality local commissioning for an integrated TB control service covering both the clinical and public health interventions?	Commissioning that includes recognition of all the relevant statutory and third sector organisations that have a role in TB control and TB care.
5a	What is the most appropriate way of ensuring adequate resourcing for TB control?	To identify the full packages of care that are needed to support both complex and uncomplicated cases of TB. An integrated care pathway could ensure better care while not costing more than existing services and this approach needs to be explored. Clear modelling to demonstrate the economic case for TB control interventions would help local commissioning decisions.

5b	What additional steps should/could be taken to ensure that investment is sustained?	The evidence from other countries, notably the USA, has shown the effectiveness of appropriate investment to reduce the incidence of TB and that this must be sustained to ensure that TB does not begin to increase again. Economic modelling to support sustained investment would be useful.
6	Do you agree with the proposal on page 16 to strengthen national TB control functions?	As TB is an international issue not just a national one, a national approach is important to ensure consistency of approach that should lead to the necessary reduction in incidence.
7a	Are the proposed suites of indicators on page 17 and in annex 4 appropriate for monitoring the outcomes we want to achieve?	Yes
7b	For Indicator B2, please comment specifically on which option would be most appropriate for monitoring performance at local level?	Option 2 provides a greater challenge as long as it is set within a realistic time frame.
7c	What would be the most appropriate geographical/organisational level to report these indicators to?	Local authority level (County or Unitary authority) and /or CCG level, depending on the indicator.
7d	Should indicators about individual patient management be monitored and reported separately for the cohort of complex patients requiring enhanced case management?	As there is a confidentiality risk in reporting these cases, they should be reported to the local TB cohort review meetings but for areas of low incidence, reporting on these cases may best be aggregated up to a higher geographical level
7e	Are there any indicators that would benefit from reporting more frequently than annually?	Annual reporting is satisfactory

Table 2: Please use the table below for additional comments (Please add extra row as needed)

Please put each new comment in a new row.
Please insert the **section number** in the first column and the page number in the second column.
If your comment relates to the document as a whole, please put **"general"** in the first column.

Name:		
Organisation:		
Section number Indicate **section number** or **"general"** if your comment relates to the whole document	**Page number**	**Comments** Please insert each new comment in a new row