



Office of Public Health

**Health Protection
Annual Report
2013-14**

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Foreword

On 1st April 2013 large changes took place in the health and social care landscape through implementation of the new Health and Social Care Act (2012). This established NHS England, Public Health England (PHE), Clinical Commissioning Groups (CCGs) and transferred the majority of former NHS Public Health responsibilities into local authorities, including Director of Public Health responsibilities.

The Director of Public Health has overall responsibility for strategic oversight of any health protection incidents.

The DPH should brief Local Authority colleagues and local politicians on matters pertaining to Health Protection in Dudley.

Health Protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemical and radiation.

The Dudley Metropolitan Borough Council teams primarily involved in Health Protection Assurance comprise:

The Office of Public Health Communicable Disease Team
(Infection Prevention, Tuberculosis and Immunisation).

The Office of Public Health Resilience and Emergency Planning team
(Emergency planning and incident response).

The Directorate of the Urban Environment – Environmental Health and Trading Standards
(Environmental Protection, Food and Occupational Safety, Trading standards)

This report will provide assurance of arrangement for health protection in Dudley by summarising the health protection activities and responses to risks and incidents for the financial year 2013-14 for each team.



Who is responsible for Health Protection in Dudley?

On 1st April 2013 large changes took place in the health and social care landscape through implementation of the new Health and Social Care Act (2012). This established NHS England, Public Health England (PHE), Clinical Commissioning Groups (CCGs) and transferred the majority of former NHS Public Health responsibilities into local authorities, including Director of Public Health responsibilities. However NHS England also retains some public health functions as well as the overall lead for NHS emergency and incident planning and response.

Health Protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemical and radiation. The Association of Directors of Public Health (ADsPH), Department of Health, Faculty of Public Health, Local Government Association, NHS England and Public Health England agreed that it would be helpful to set out some national principles about the roles and responsibilities of different agencies in relation to local health protection responses (Professional Letter, 2012). These principles agreed by partners build on previous guidance and seek to provide a framework to support the local analysis and review of health protection arrangements.

In Dudley, to support the planning and arrangements for Health Protection incidents and emergencies, a Health Protection Co-operation Agreement has been produced. Since the end of the year this report covers (2013-14) the agreement has been signed by all Dudley partners (May 14) and accepted by Dudley Health and Well Being Board in June 2014.

Roles & Responsibilities in Dudley

The Emergency Preparedness Framework (NHS England 2013), PHE Concept of Operations (Public Health England 2013) articulates the roles and responsibilities of NHS England, Directors of Public Health and Public Health England in response to a significant/major incident as follows:

West Midlands Public Health England Centre

PHE will lead the epidemiological investigation and the specialist health protection response to public health incidents and has responsibility to declare a health protection incident, major or otherwise. PHE would normally Chair the Incident Management Team (IMT) meetings/teleconferences and keep the health protection risks under review during the incident, providing expert health protection advice to the IMT (drawing on specialist advice from regional and national PHE and other experts as required). PHE will normally coordinate the public communications/ media response as required in collaboration and agreement with other local organisations represented in the IMT.



NHS England - Birmingham, Solihull & Black Country Area Team

Has responsibility for managing/overseeing the NHS response to the incident, ensuring that relevant NHS resources are mobilised to support the incident and commanding/directing NHS resources as necessary.



NHS England are key players within the IMT and may, on occasions, take the lead role instead of PHE in responding to an incident. Transfer of the lead response role from PHE to NHS England would be dependent on :

- The size and spread of the incident requiring the deployment of significant NHS resources with significant cost implications
- Where the incident requires complex coordination and/or communications in order to mobilise the NHS response
- Where provider organisations and PHE are not co-operating with each other.



The decision to transfer the lead response role from PHE to NHS England will be undertaken with the agreement of all parties in the IMT.

The NHS England – BSBC AT will co-ordinate the primary care response to the incident. The NHS England - BSBC AT will also co-ordinate any significant or complex response required by Community Trusts and/or Acute Trusts.



Dudley CCG

The CCG role is to support NHS England in discharging its EPRR functions and duties locally.



They must ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements, and provide a route of escalation should a CCG commissioned provider fail to maintain and deliver the necessary EPRR capacity and capability

The CCGs will be Category 2 responders under the Act giving them a duty to provide information and cooperate with civil contingency planning as needed, and to maintain business continuity plans for their own organisation.



Dudley CCG should form part of the IMT as necessary and help inform the IMT's decisions about the appropriate level of NHS response from providers and any CCG resources needed to be released for an integrated approach in response to an incident.

Dudley CCG may be requested by the NHS England BSBC Area Team to provide clinical support for the prescribing and administration of medication and specialist infection control advice where required, depending on the nature of the incident, and as determined by the IMT.

Community Pharmacy Services

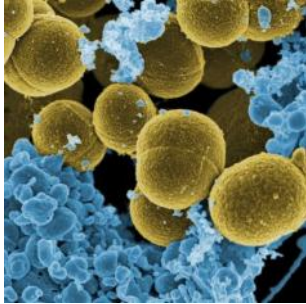
Under the direction of Dudley CCG (with support from Dudley OPH Pharmacy Advisor), local community pharmacy services will support the incident response by obtaining the necessary medication as determined by PHE, dispensing and supplying in a flexible way to meet the needs of the incident.

Dudley MBC Director of Public Health

The DPH has overall responsibility for strategic oversight of an incident. They should ensure an appropriate response is put in place by NHS England and Public Health England; however they have no authority to direct, command or take decisions relating to mobilisation of NHS resources. The DPH should brief Local Authority colleagues and local politicians and mobilise any local authority resources necessary to support. The Office of Public Health will host the Dudley Health Resilience Partnership group, which in turn will review and update the Dudley Health Protection Co-operation Agreement as required.

NHS acute, community and mental health provider(s)

Local acute, community and mental health services providers will deploy and coordinate relevant and available resources as negotiated and agreed with the IMT to support an NHS response including as necessary clinical and administrative staff to enable clinical advice and investigations, and prescribing and administration of medications.



Emergency Planning and Incident Response

Introduction

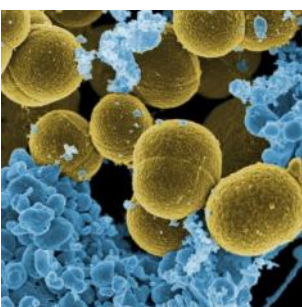
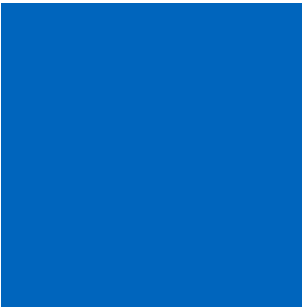
The Resilience and Emergency Planning (REP) team works to support communities, partner organisations, and local authority colleagues in ensuring that they are well prepared to respond to emergencies that affect the borough.

We ensure that the council is compliant with the 7 duties of category 1 responders under the Civil Contingencies Act 2004, which are:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place Business Continuity Management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency
- Provide advice and assistance to businesses and voluntary organisations about business continuity management

We work with colleagues throughout the Local Authority and in partnership with organisations from the voluntary, private, and public sectors. This work is formalised regionally through the West Midlands Local Resilience Forum and locally through Dudley Resilience Forum and the Dudley Health Resilience Partnership.

Following the Council's assumption of Office of Public Health responsibilities on 1st April 2013, the team became part of the Office of Public Health on 1st July 2013 and as a result our emergency planning responsibilities have also broadened. In order to embed this new area of work we have staff attend the West Midlands Health Emergency Planners Group and to contribute to their work programme as appropriate. We are also developing a number of public health plans jointly with the council's Environmental Health colleagues and Public Health England.



Activity

During the year work has been carried out on the following plans:

- Borough Risk Assessment – extensive work has been done nationally, regionally, and locally to assess a wide variety of possible incidents & emergencies, and the highest risks are severe weather and flu pandemic.
- Major Emergency Plan – the current edition was published in October 2013, and the plan reflects the Council’s Public Health responsibilities.
- Rest Centre Plan - arrangements have been revised to include a service level agreement with British Red Cross to provide personnel and equipment for rest centres. We successfully mobilised the Red Cross at a rest centre for the first time under this arrangement on 8th November 2013 (see incidents).
- Temporary Mortuary Plan – as part of our temporary mortuary arrangements we have contracted a supplier to provide personnel, equipment and temporary accommodation, and we have identified an appropriate in – borough site for such a facility.
- A number of other plans were reviewed and updated, including Recovery Plan, Media Plan, and Schools’ Emergency Plan template and guidance.

Senior managers from 36 of the borough’s schools attended training on writing emergency plans for schools and responding to school based emergencies.

We continue to develop our new crisis support arrangements as part of the “Crisis Support UK” (CSUK) organisation. 28 volunteers have received their induction training and are now deployable to provide emotional and psychological support to those affected by an emergency. Further training modules are being delivered leading to volunteers receiving accreditation from the Emergency Planning Society.

On 22nd May 2013 an event took place at Himley Hall to test Health Protection emergency resilience, understand new structures and responsibilities, and identify any gaps in provision across Dudley.

In a table top exercise delegates worked through public health related scenarios that covered 2 areas of risk, chemical/environmental incidents and infectious disease.

Overall organisations who attended understood what would be required of them and felt that they were in a position to fulfil their responsibilities, and undertook follow up work to resolve the few outstanding issues.



During 2013-14 testing of the business continuity plans for the following services were undertaken:

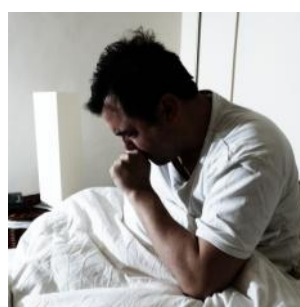
- ◇ Winter gritting
- ◇ ICT services
- ◇ Emergency Planning standby

Incidents

The team provides a 24/7 on call service in order to enable the Council to provide a prompt response to any alert or incident. At any time day or night a team member will provide a “triage” service enabling the right council resources to be mobilised to enable the most appropriate response whatever the nature of the emergency.

Table 1. Incidents in 2013-14

Date	Location	Incident	Assistance
Thursday 16 th May 13	Local primary school	Student assaulted by former student	Crisis Support team on standby
Thursday 13 th June 13	Dudley Road, Brierley Hill	Acid leak from lorry	Road closures on standby
Tuesday 23 rd July 13	Stamford Road, Stourbridge, and Kingswinford	River Stour burst its banks and flooded several roads	Sand bags provided to protect properties
Saturday 5 th October 13	Clark Street, Stourbridge	Suspected wartime bomb found in house	Rest centre facility on standby
Friday 8 th November 13	Chapel Street, Brierley Hill	Water main failure flooding block of 60 flats	Rest Centre provided food and shelter overnight
Friday 29 th November 13	High Street, Dudley	Scaffolding collapse	Road closures set up
Saturday 1 st February 14	Coseley	Illegally imported dangerous dog	Environmental health team called out
Saturday 8 th February 14	Holly Hall, Dudley	House fire involving a fatality	Rest centre sheltered 30 local residents



Coming year

Major initiatives in 2014-15 include:

Planning, training and exercising

- Publication of updated regional and local risk assessments as a basis for ongoing planning
- Major emergency plan - annual update of the plan with a callout test, and training and exercising for senior managers, support staff and call handlers
- Development of an online training and awareness package for staff
- Rest centre plan – annual update and a recruitment and training campaign for coordinators, managers, and volunteers
- Annual application for renewal of RSPCA Contingency Planning Footprint Award – ensuring that animals were taken into account in emergency planning.
- Review and update of the Flu pandemic plan, severe weather planning, and the flood plan
- Business continuity management – ensuring that businesses in Dudley have strategies in place to continue trading if there is an incident.
 - The REP team facilitates the corporate Business Continuity Management Group, and provides a framework for services to fulfil their business continuity management responsibilities.
 - The council's key critical services have been identified and business continuity plans have been written & agreed, and a testing programme for those plans is now underway.
 - An online business continuity training package is currently being developed. This will enable all staff to understand their general responsibilities in respect of business continuity, and will give service managers guidance and advice about planning for their services.
 - The next stage is to look at services that were identified as being at the next level down from top priority and ensure that they have business continuity plans in place.
- Ongoing development of Crisis Support UK through
 - Further volunteer recruitment and training
 - Participation in a live regional exercise scenario testing response capacity and capability
 - Hosting the national CSUK conference in early 2015
- Public information campaign
 - Review and update of public information on the Dudley MBC website
 - Production and distribution of public information leaflets throughout the borough.



Infection Prevention and Control

Introduction

The primary function of the Office of Public Health Infection Prevention and Control Team (PHIPCT) is to support the DPH's Health Protection role in relation to:

- Healthcare Associated Infections (HCAI) resulting from medical care or treatment in hospital (in or out-patient), nursing homes, clinics, or even the patient's own home.
- Support in the control of incidents and outbreaks infection.
- Provide assurance in regards to quality care standards within specific health and social care providers.



With the implementation of the Health and Social Care Act (2012), which came into force on the 1st April 2013 the PHIPCT also have a responsibility to support Dudley Clinical Commissioning Group (CCG), offering advice and support to improve quality and reduce the risk of HCAI from commissioned providers, via an agreement known as the 'Core Offer'.



The new changes brought about in April 2013; mean that the PHIPCT no longer have a responsibility to support General Dental Practice (GDP) within the borough. This responsibility now rests with NHS England Birmingham, Solihull and Black Country Area Team who commission this service. Therefore, previous programme of audit and education are no longer in place. However, the team continues to work with NHS England and the Care Quality Commission (CQC) if concerns are raised.

In addition, on the 1st April 2013 all primary care premises once owned by Dudley Primary Care Trust, became the responsibility of a new organisation, NHS Property Services Ltd the team is no longer responsible for former Primary Care Trust premises.



The changes brought about by the 2012 Act also mean that health economy initiatives to reduce HCAI need to be led by those in healthcare. The PHIPCT have advised the CCG on the introduction of a health economy group to replace the previous group which was in place in Dudley. The CCG launched the '**Dudley Infection Prevention Partnership**' in April 2014, to support efforts in reducing infections across the health and social care economy. The Office of Public Health are part of this group.



Activity

Surveillance

The PHIPCT have a direct link to microbiology at Dudley Group of Hospitals via the ICNet surveillance system. This system enables the team on a real time basis to alert GP practices, community staff, and care homes of patient’s colonisation or infection caused by specific ‘Alert organisms’, advising on appropriate management and treatment.

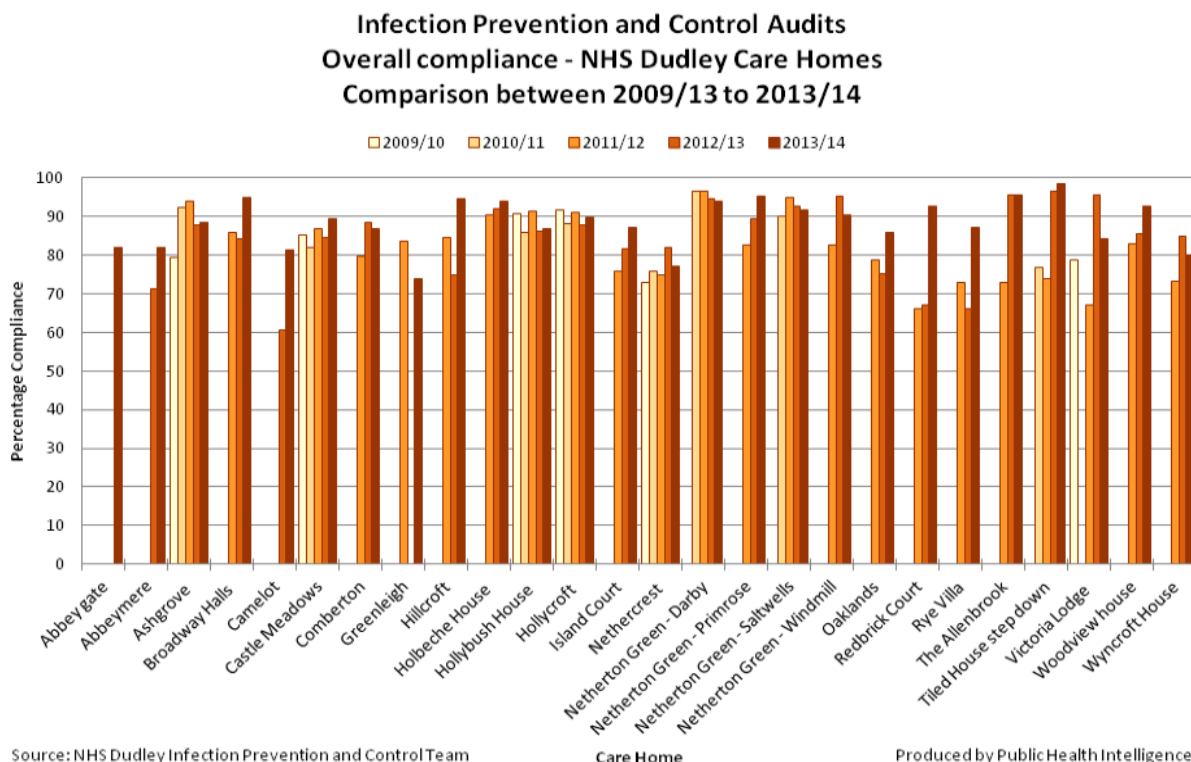
In conjunction with the Office of Public Health Information Team, weekly, monthly and quarterly surveillance reports are produced and shared with Health and Social Care partners. These highlight progress and areas of concern within the borough which require action.

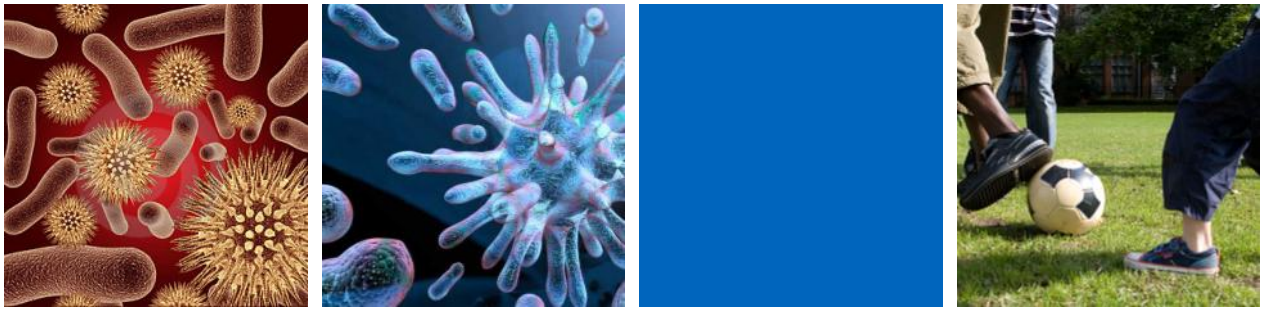
Schools surveillance also takes place over the autumn and spring terms. The surveillance identifies those schools in Dudley with increased sickness. These schools are then contacted to identify themes and offered advice and support. Sickness among school children can act as an early warning system for subsequent community outbreaks.

Audit - Care Homes

The PHIPCT audit of Nursing Care Homes in Dudley has been conducted since 2009. The annual audit programme of care homes in Dudley aims to alert commissioners (NHS/Local Authority), the Care Quality Commission and DPH to concerns identified in nursing, and specific residential homes in Dudley. Working with the homes and commissioners the programme identifies issues around infection prevention and control standards and ensures that work progresses to rectify these concerns; revisiting those homes where they have partial or minimal compliance. In addition further audits are undertaken if safeguarding concerns are identified and the team are requested to visit.

Figure 1. Audit Compliance comparison 2009/13 to 2013/14





Overall 26 audits were conducted (*Figure 1*) in care homes this financial year and a further 5 revisits took place. For the first time since the programme began no home on the scheduled programme was minimally compliant; the lowest achievable result from the audit, indicating the progress made to date. Two residential homes audited due to incidents of infection or safeguarding concerns, were identified as having areas of concern. Ongoing work was undertaken to ensure these issues were rectified, and improvements maintained. These homes will be included in the routine audit programme in coming years.

Audit - General Practice, Primary Care

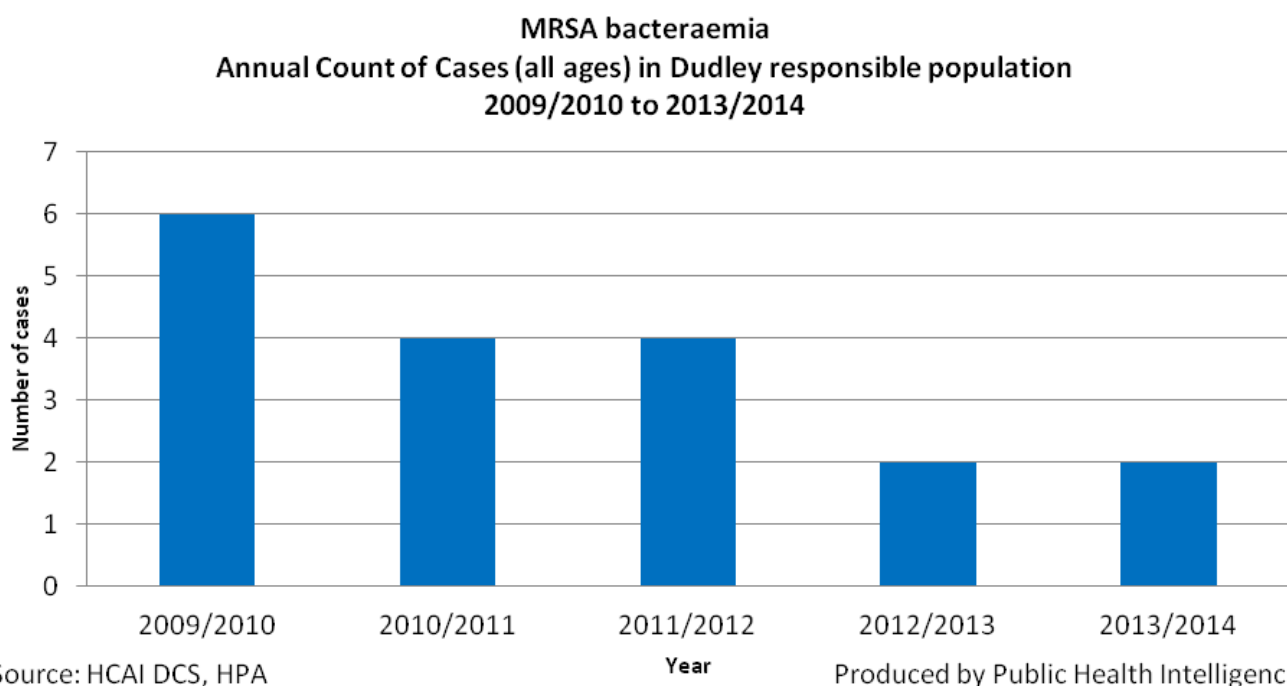
To support Dudley CCG and their role to maintain and improve the quality of Primary Care, the team undertook a targeted programme of GP audit. A total of 4 Practices were identified by the CCG as requiring a visit. The aim is to improve and maintain standards in those Practices, assure the CCG and to assist the Practices in preparation for registration visits by the CQC. This programme will be expanded in the next financial year.

Education

The PHIPCT team offers educational support to all care home staff in Dudley and those who work in General Practice. For care home staff 10 sessions were held, and a total of 319 staff from various positions within the homes attended. For General Practice staff 5 sessions were held and 125 staff attended. Both programmes aim to underpin not only the basic principles of infection prevention and control, but also build on local surveillance, as well as results from audits to improve knowledge, understanding, thus reducing the risks from HCAI and improve quality of care for the people of Dudley.

With the emergence of new or evolving organisms it is important that those involved in the prevention and control meet and share best practice and ideas. To this end a Dudley centric conference was organized. ***New Horizons in Communicable Disease*** was held at Himley Hall, in October 2013 and brought together 125 delegates from across the Midlands Region. Chaired by the Director of Public Health and opened by the Cabinet Member for Health & Wellbeing, speakers included internationally renowned experts and featured the latest information on a wide variety of communicable disease subjects.

Figure 2. MRSA Bacteraemia - Cases in Dudley responsible population



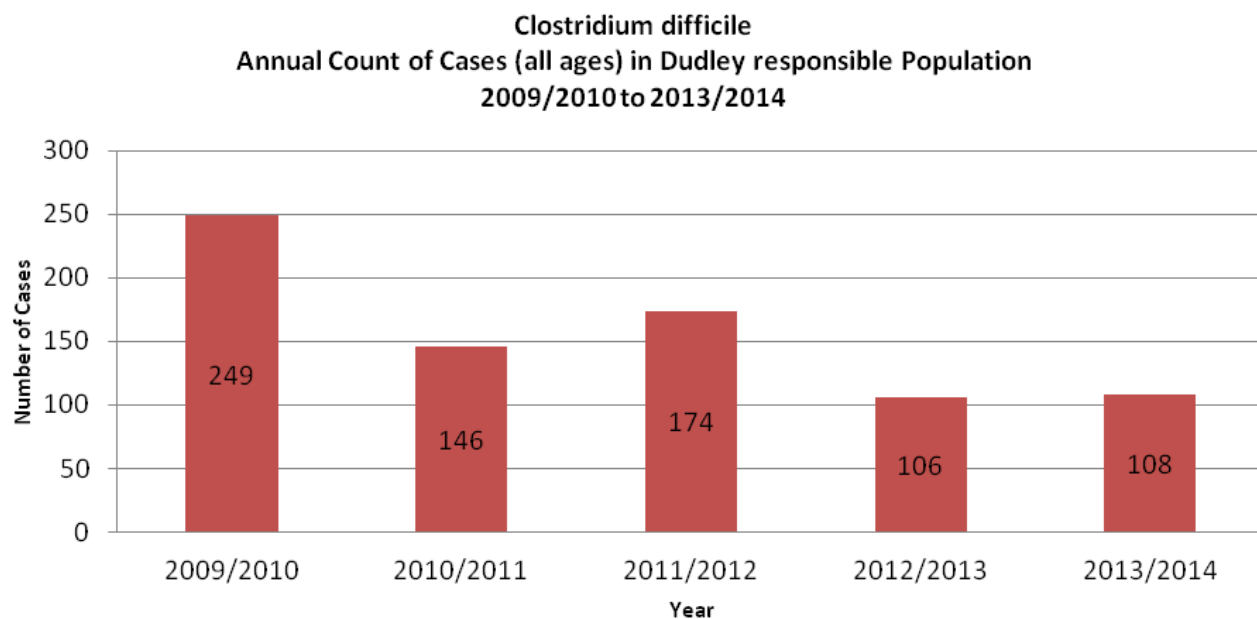
Meticillin Resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI)

Staphylococcus aureus is a common germ that is found on the skin and in the nostrils of about a third of healthy people. In certain circumstances this organism can become resistant to an antibiotic Meticillin, which is used in laboratories to indicate resistance to antibiotics in the Penicillin group. Meticillin (M) resistant (R) *Staphylococcus* (S) *aureus* (A) (MRSA) infections therefore are more difficult to treat and in certain circumstances can enter the blood stream. All bloodstream infections (BSI) caused by MRSA are reportable nationally and must be investigated to identify if anything could have been done to prevent the BSI.

There were two MRSA BSI identified in the Dudley population during 2013-14, the same number as in 2012/13 (figure 2.). Both were complex cases and were investigated using a new process; Post Infection Review (PIR). The PHIPCT and Office of Public Health were involved in the investigation of both cases. The first case investigated using this process involved healthcare professionals from across primary and secondary care, and the Director of Public Health (DPH). The role of the DPH was to facilitate the gathering of as much information as possible to ensure an informed decision could be made on final apportionment of the case and lessons learnt. The first case identified actions for all involved in the process primarily around improved communication between care providers and adherence to guidance. The second case occurred in an inpatient setting, and although the patient had multiple risk factors no clear focus for the cause of the infection could be found. Lessons were identified and shared, and action plans developed for each case.



Figure 3. Clostridium difficile cases in Dudley Responsible population 2009-10 to 2013-14



Source: HCAI DCS, HPA

Produced by Public Health Intelligence

Clostridium difficile in Dudley

It can be seen in figure 3, during 2013-14 there was a small increase in cases of *Clostridium difficile* in those patients registered with a Dudley GP as compared to the previous period (108 cases compared to 106) Dudley CCG.

One development, which has also been seen nationally, is that there has been an increase of cases which develop either outside or shortly after admission to an acute trust. In 2013-14 in Dudley 66% of patients developed their infection outside of hospital; a 16% increase compared to the previous financial year. In Dudley we know that Dudley Group NHS Foundation Trust has introduced a much more rigorous process, adapted from national guidance for when samples should be sent for inpatients. In Primary Care there is little control of samples sent for testing which may account for some of this change.

The PHIPCT undertakes surveillance on all cases of *Clostridium difficile* which occur outside an acute trust (Figure 4).

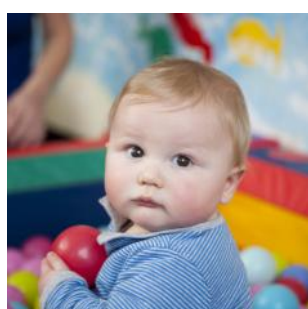
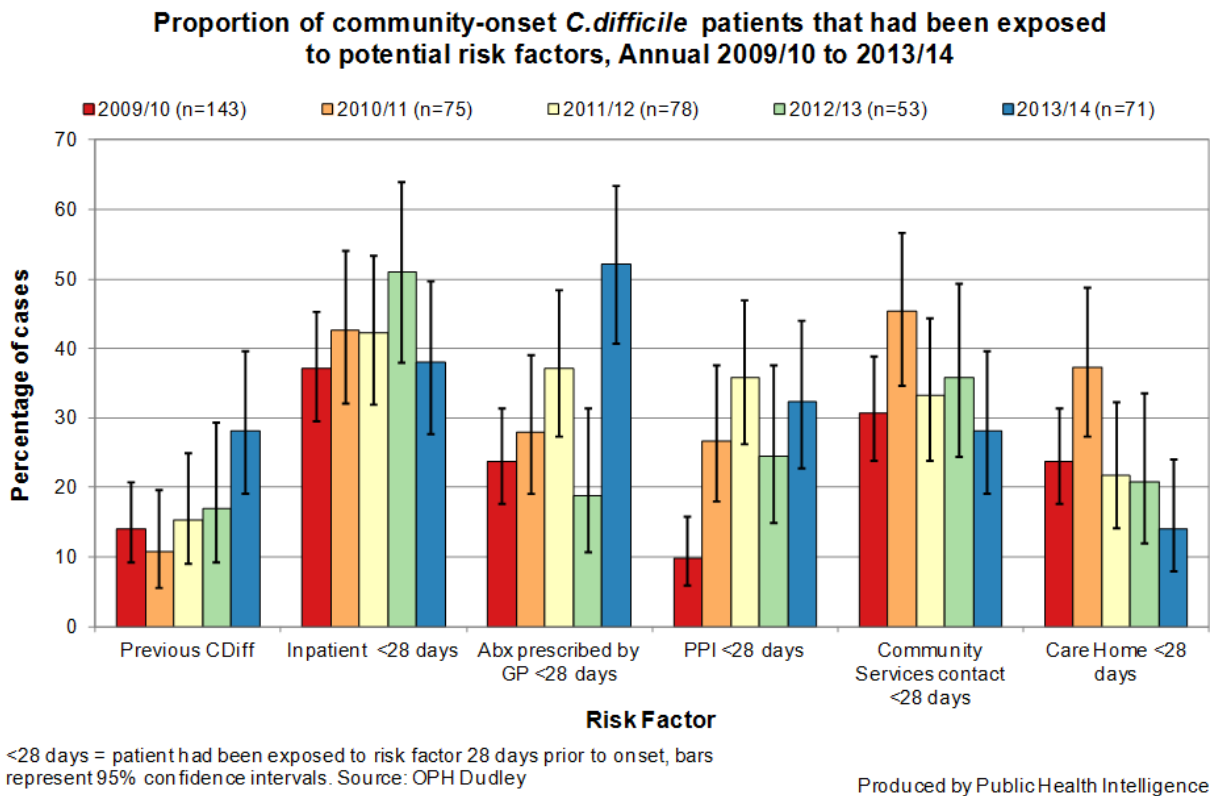


Figure 4. Proportion of community onset C.difficile patients exposed to risk factors



The surveillance for 2013-14 indicates that there had been a fall in the number of cases associated with admission to hospital, and a continuing fall in the number of those cases occurring in care home residents. However it is clear that the number of cases who had been prescribed an antibiotic and the number of cases who had the infection previously has increased considerably.

With the increase in cases associated with the community, it was felt that more needed to be done to identify risk factors from those cases and identify any further actions which could be undertaken to reduce the risks of infection further. Therefore in December 2013 Dudley CCG and Office of Public Health IPCT launched the ***Clostridium difficile Significant Event analysis (SEA) Process***. This is a retrospective investigation that allows the General Practice and other involved parties, to identify what, how, and why, an infection may have occurred. This is a new process for Primary Care however, Practices have been very receptive to the process, and it is hoped that moving forward, lessons and themes emerging from the process will inform best practice and improve patient outcomes.

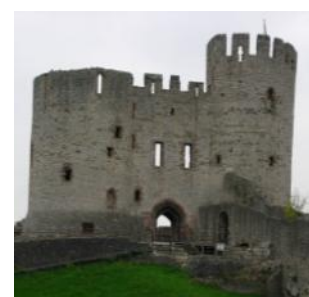


Table 2 Infection Prevention and Control Incidents

Date	Location	Incident	Assistance
April 2013	Dudley Group NHS Foundation Trust	<i>Clostridium difficile</i> Period of Increased Incidence	Attendance at meetings, scrutiny and challenge . Review of Root Cause Analysis
May 2013	Care Home	Diarrhoea & Vomiting	Advice and Support
May 2013	Care Home	Safeguarding Incident	Audit, Advice & Feedback to Adult Safeguarding services
June 2013	Dudley Group NHS Foundation Trust	<i>Clostridium difficile</i> Period of Increased Incidence	Attendance at meetings, scrutiny and challenge . Review of Root Cause Analysis
September 2013	Dudley Group NHS Foundation Trust	<i>Clostridium difficile</i> Period of Increased Incidence	Attendance at meetings, scrutiny and challenge . Review of Root Cause Analysis
December 2013	Care Home	<i>Clostridium difficile</i> Period of Increased Incidence	Carried out a series of Audits Co-ordination with the CQC & PHE Support to home with in-patient plan
December 2013	Non Acute	MRSA Bacteraemia	Root Cause Analysis investigation Support with action plan
December 2013	Care Home	Safeguarding Incident	Audit, Advice & Feedback to Adult Safeguarding services
March 2014	Dudley Group NHS Foundation Trust	MRSA	Attendance at meetings, scrutiny and challenge . Review of Root Cause Analysis

Incidents

The DPH is responsible for strategic oversight of incidents or outbreak management in this regard. The IPCT have a role to support the DPH. Through the 'Core Offer' IPCT support Dudley CCG in their assurance role. The team has been present at meetings held for three Periods of Increased Incidents (PII) at The Dudley Group NHS Foundation Trust; providing feedback and raising concerns with the commissioner and the DPH.



The assurance role also means the team reviews Serious Incidents relating to infection control to ensure reports received from providers are robust.

In addition the team identified and investigated an incident of *Clostridium difficile* at Greenleigh Care Home. Working closely with colleagues at Public Health England, the home was visited on numerous occasions and a series of actions were developed, which were followed through by the team.

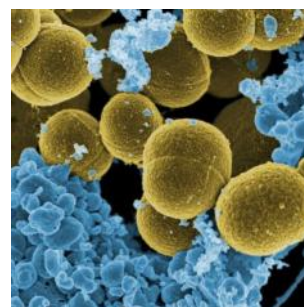
Finally the team has also supported the Dudley MBC Directorate of Adult, Community & Housing Services in safeguarding investigations, investigating two homes on their behalf and reporting back findings, to ensure standards improve.

Coming year

The team will continue to support the ***Clostridium difficile* Significant Event analysis (SEA) Process** ensuring that reports are sent and final reports received, and meaningful information is extracted to ensure initiatives can be developed to further reduce the burden of infection in Dudley.

The team will support the ‘Dudley Infection Prevention Partnership’, working with providers and commissioners of health and social care to ensure standards across Dudley improve.

Finally the Team is launching the Dudley Infection Prevention Link Practitioner Programme. This programme aimed at all care home settings across the borough (both nursing and residential), is aimed to ensure that an informed and knowledgeable workforce is in place. On a daily basis these link practitioners can act as a resource for colleagues ensuring that issues relating to infection prevention and control are managed appropriately, and standards continue to improve. So far 100 link practitioners have been recruited to the programme across care homes throughout Dudley.



Tuberculosis

Introduction

The Dudley Tuberculosis (TB) Nursing Service is part of the Communicable Disease Team which sits within the Office of Public Health, Dudley Metropolitan Borough Council.

The service comprises one Senior TB Nurse Specialist, one TB Nurse Specialist with a Nurse Consultant, Communicable Disease providing leadership and clinical support to the Service. A Project Support Officer provides administrative support to the TB nursing service as well as the whole of the Communicable Disease Team. The TB Clinical lead is Dr M Doherty, Consultant Respiratory Physician at Dudley Group Foundation Trust (DGFT) and expert guidance is provided by a Consultant in Health Protection at the West Midlands West Health Protection Agency.

Service Aims

2.1. The TB Service will:

- Deliver a co-ordinated approach to assessing and meeting the care needs of patients with TB, their contacts and carers across the Dudley Borough.
- Offer specialist knowledge, within national and local guidelines, in the control and treatment of TB to patients, carers, other professionals across Dudley health economy, and where appropriate, the public.
- Offer health education to raise awareness and to implement change, for patients, carers, Dudley NHS, DGFT staff, GP's and the public.
- Offer screening to individuals who have been identified as requiring TB service input, following national guidance, these include:-
 - Contacts of notified cases of TB.
 - Overseas arrivals from high incidence counties.
 - 'At risk' babies who require BCG vaccination.
 - Older children / adults who require BCG vaccination for work purposes and prolonged travel to high incidence countries.
 - Patients who require Skin Testing for diagnostic purposes.
- Increase awareness within those communities, who have been identified as being at higher risk, of developing TB.
- Work in partnership with service users and stakeholders to evaluate the service and identify areas for service improvement.
- Liaise with health and social care colleagues to improve outcomes for TB patients e.g. Housing Dept, Asylum Seeking Team, and Benefits Dept.
- Work in partnership with Public Health England during outbreak/incidents events. Ensure timely surveillance data is completed for notifications of TB and outcomes of treatment.

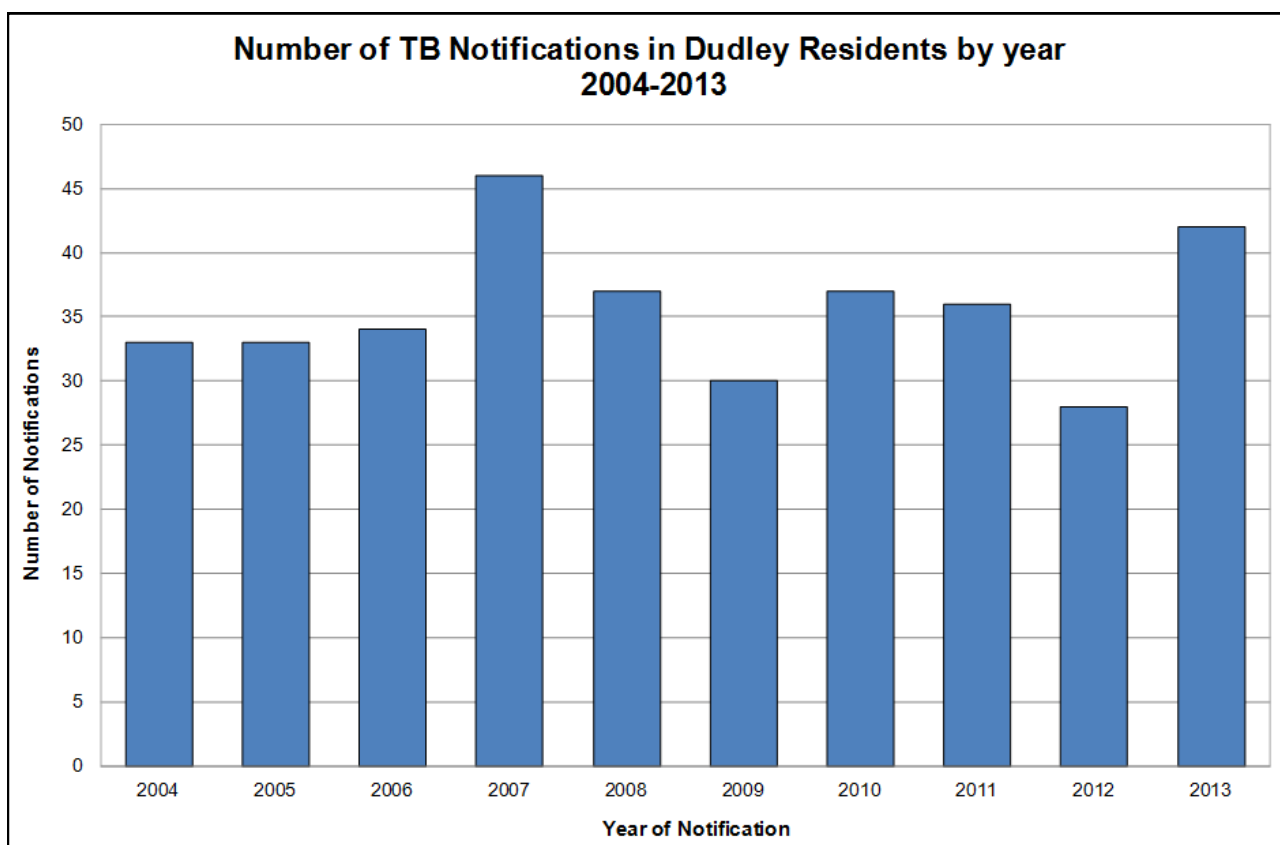
This section discusses TB in Dudley and measures taken by the TB Service to prevent and protect against the disease. TB cases are collated by Public Health England per calendar year; this report therefore refers to those individuals who were diagnosed with the disease January 2013 – December 2013.

Activity

Confirmed Cases

There was an increase in the incidence of Tuberculosis (TB) in Dudley in 2013 with a total of 42 notifications (fig 5.). This is due, in part, to transmission of the disease within a number of family groups, with cases identified following contact screening

Figure 5: TB Notifications in Dudley 2004-2013



Treatment & Contact Tracing

TB Action plan 2003 recommended TB Treatment outcomes to be over 85% figure 6. shows outcomes for TB Treatment from 2003-2012. The reasons for failing to achieve over 85% completed treatment include those patients who are slow to clinically improve, therefore their course of treatment exceeds 12 months.

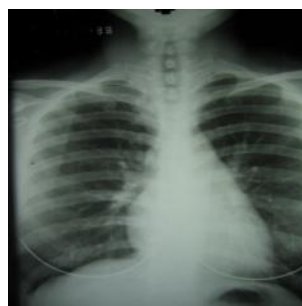
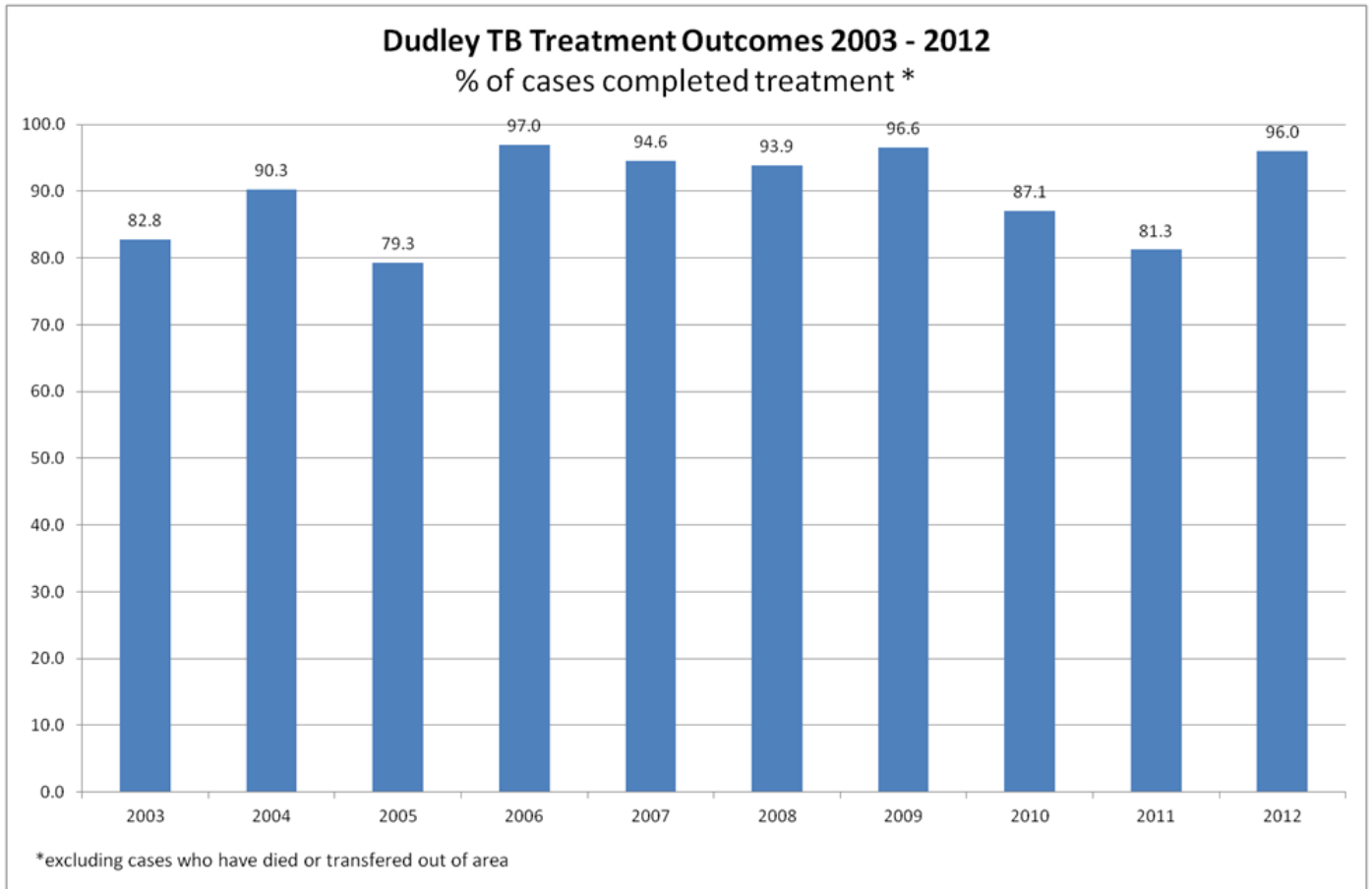


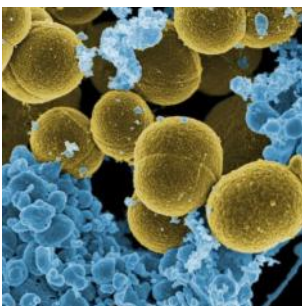
Figure 6. TB Treatment Outcomes 2003 - 2012



Prompt investigation, treatment and follow up of TB cases, and ensuring that all close contacts are traced, requires the expertise of a multidisciplinary team involving Consultants and specialist TB nurses.

Screening over 140 contacts of individuals diagnosed with TB identified 5 patients who required full treatment for TB and 14 requiring chemoprophylaxis (latent TB Infection treatment). The remainder did not require any further action and were discharged from care.

Many patients with TB have challenging medical and/or social circumstances. As the treatment of TB is prolonged and complex, usually involving a combination of drugs for a period of 6 to 12 months. The specialist TB team provide follow up support to all TB cases sometimes intensively when particular problems arise. Following risk assessment 9 patients were identified as requiring enhanced case management.





It is important to ensure that people treated for TB complete their treatment. This prevents recurrence of the disease and is vital in preventing the emergence of drug resistant strains of TB. In 2012, 96% of patients completed their TB treatment in Dudley.

Raising Awareness and Understanding of TB

Raising awareness of TB amongst those at risk of developing the disease, and prompt identification of TB by health care workers will promote early diagnosis and treatment of the disease, resulting in improved clinical outcomes. The TB nursing service held sessions throughout the year to educate and raise awareness with healthcare workers and the public, with over 300 people attending.

BCG vaccination

BCG vaccination is a targeted 'at risk' based programme, delivered as per national policy. Those individuals who are deemed to be in the 'at risk' group are identified and offered BCG vaccination.

In Dudley, babies born to parents/grandparents who in turn were born in a high TB incidence country are identified at birth and BCG is offered on the maternity unit before discharge. The BCG Vaccination is administered by senior midwives from Dudley Group Foundation Trust on the maternity unit therefore ensuring a robust programme of identification and vaccination of those babies deemed to be 'at risk'. Any 'at risk' baby who does not receive the BCG on the maternity unit is referred to the TB nurse led clinic for vaccination, often by Health Visitors or Community Midwives. 94 babies were referred to the TB Nurse led clinic and vaccinated during 2013.

Information from the maternity unit indicates that in Dudley uptake of the programme is thought to be high. However it is difficult to measure accurately because recording of a child's ethnicity or recent family history of TB is often incomplete or not detailed enough.

Incidents

Date	Location	Incident	Assistance
April 2013	Dudley Group NHS Foundation Trust	Breach of Infection Prevention Policies	Attendance at meetings Support with action plan Review of root cause analysis
June 2013	Dudley Group NHS Foundation Trust	Breach of Infection Prevention Policies	Attendance at meetings Support with action plan Review of root cause analysis

Conclusion

The Dudley TB service offers specialist advice for the management and treatment of TB and works in partnership with Public Health England in the event of an incident or outbreak.

A considerable amount of national guidance exists on TB, and national recommendations are followed for the management and control of TB in Dudley. Surveillance is performed on a national level and OPH TB Service provides data to this surveillance.

The numbers of TB cases in Dudley increased during 2013 however this is likely due to family focused infection and high ascertainment from contact screening. Robust efforts in the prompt identification and treatment of cases and contacts by the TB service continues. The TB Service remains vigilant in the investigation and management of TB and continues to support those individuals on TB treatment to ensure completion of their treatment.

Following the recent publication by Public Health England of a national TB Strategy for consultation, future work of the TB service will involve implementing any recommendations of the strategy.



Immunisation

Introduction

NHS England assumed the responsibility for commissioning immunisation services following the abolition of Primary Care Trusts (PCT) on 1st April 2013, as part of the Health and Social Care Act (2012). NHS England commissions the local provision of immunisation services and the implementation of new immunisation programmes through general practice and other providers (Department of Health, 2012). Locally, this is undertaken by NHS England Birmingham, Solihull and Black Country Area Team.

Local Government (through the Director of Public Health) have as part of their health protection remit, a duty to ensure robust immunisation services are in place to protect the population. The OPH Immunisation Team's role is to scrutinise and challenge commissioners and providers to ensure uptake of all childhood and adult vaccinations remains high and improves.

The Immunisation Team are now working collaboratively with NHS England commissioners and Dudley CCG to sustain and improve quality, and continue to support providers in their role.

Activity

Practice Support Visits

During 2013/14 the Immunisation Team continued a programme of Practice support visits. The aim was to share information regarding issues around immunisations, including Practice uptake data, information on how immunisation errors could be minimised and 'best practice' guidance. Also during the visit a vaccine storage assessment was undertaken to ensure Practice's were complying with the Cold Chain Guidance. This ensures vaccines are stored and transported in optimum conditions.

Every GP practice was visited between March 12 and September 13. Visits to practices identified from previous visits as requiring support will resume during 2014/15.

Promotional Activities

During 2013/14 the Immunisation Team planned a series of promotional activities. The aim was to raise awareness of specific vaccines and improve overall uptake amongst risk groups.



Flu vaccine

A health promotion campaign plan was devised which included organisation of;

- Newspaper articles/adverts
- Bus adverts (inside and out)
- Radio advertisements
- Facebook adverts
- Dissemination of leaflets and posters to local pharmacies, Maternity Services and Children Centres.

This work had been planned to support Dudley's 2013/14 flu campaign, and would build upon initiatives planned at national and regional level.

Additional radio, newspaper and bus adverts were organised for Measles Mumps Rubella (MMR) vaccination and the newly introduced Shingles vaccine.

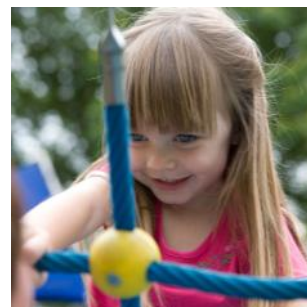
Training/Education

The Immunisation Team organised and delivered education to support providers specifically regarding changes to the national immunisation schedule. Additionally Core Immunisation education is offered to new and current providers.

The team held four influenza vaccine update sessions between August and October 2013. Sessions were attended by Practice Nurses, District and Community Nurses, Health Care Assistants, GPs and Occupational Health Nurses. The sessions were attended by over 240 Dudley Health care workers.

The introduction of Rotavirus vaccine and changes to the Meningitis C (Men C) vaccine schedule prompted the team to organise two educational sessions in June 2013. The sessions were attended by over 80 delegates consisting of Practice Nurses and Health Visitors.

A core immunisation session aimed at new immunisers (or those requiring an update or refresher) was also held in May 2013. The session was attended by 17 delegates, both Practice and District/Community Nurses.



Introduction of new vaccines and changes to the National Immunisation Programme during 2013-14.

The childhood immunisation programme saw a change to the infant Meningitis C immunisation schedule from 2 doses to 1 dose. Additionally a further dose of Meningitis C was introduced for adolescents. Rotavirus vaccine was also added to the programme for babies at 2 and 3 months of age. This year flu vaccine was introduced for 'healthy' 2 and 3 year old children, along with Shingles vaccine for those aged 70 and 79 years.

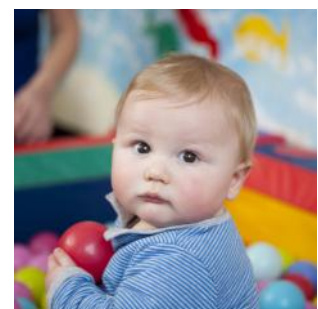
Dried Blood Spot (DBS) Testing for babies born to Hepatitis B positive mothers

Babies born to Hepatitis B (Hep B) positive mothers are at considerable risk from acquiring infection themselves. Testing of the child's blood after they have received 4 doses of Hep B vaccine, confirms if the vaccinations have prevented them from acquiring hepatitis B infection from their Mother.

Current testing involves taking a venous blood sample which can be unpleasant for both child and parent. Access to phlebotomy services can also be problematic. In September 2013 Public Health England (PHE) published "The national Dried Blood Spot (DBS) testing service for infants of hepatitis B positive mothers". The test involves obtaining a few spots of blood from the child's heel. The blood is then applied to a card and posted to the PHE laboratory for testing.

The Office of Public Health Immunisation Team (OPHIT) applied for, and were approved by PHE to be registered as the Local Co-ordinators for this service.

The OPHIT believe that this DBS service will be most effective in Dudley. Since 2009 Dudley OPHIT has had a bespoke robust service in place to ensure that all of these children receive their Hepatitis B vaccines in a timely manner. Throughout this time, Dudley has maintained 100% uptake for these children (COVER data). However the number falls considerably for those attending for the post vaccination blood test. The first child to have their blood taken using this DBS method is due in June 2014.



Performance

COVER data

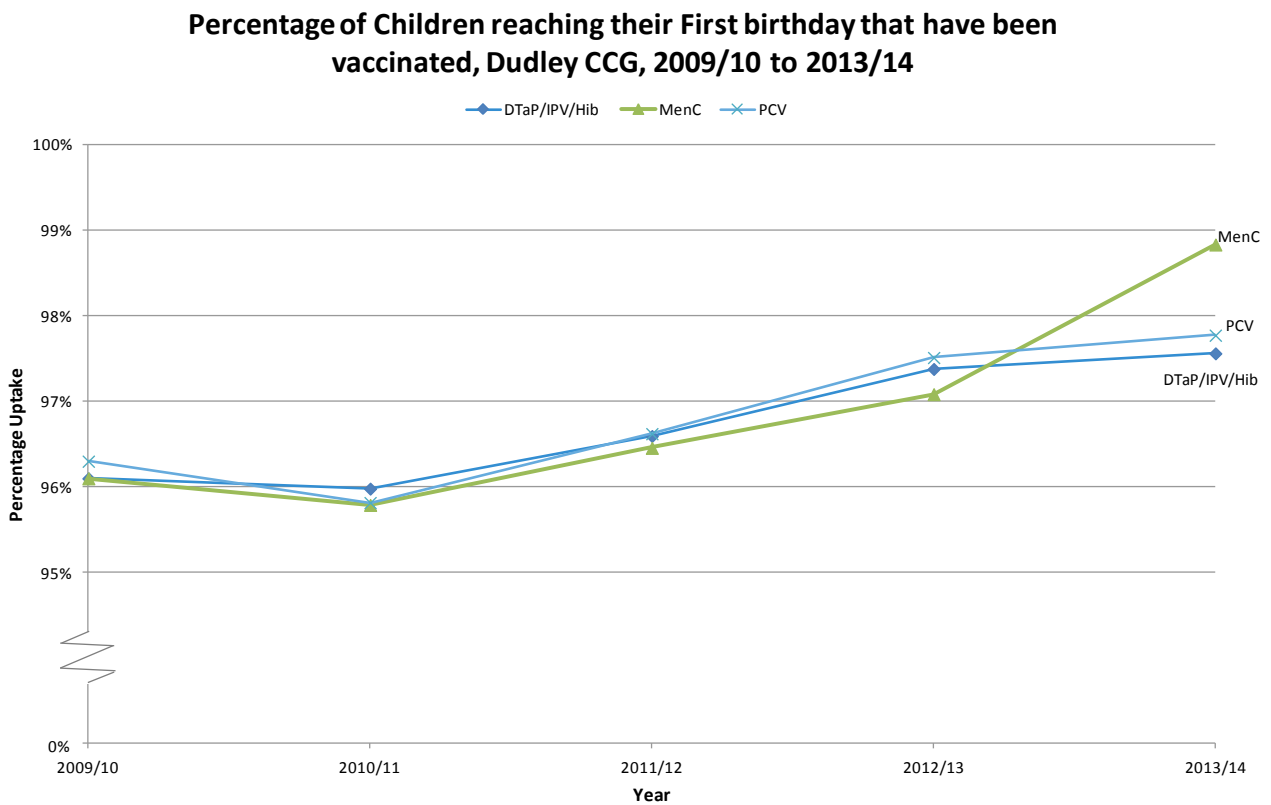
The routine childhood vaccination coverage statistics for children up to the age of 5 years are calculated from figures which are extracted from the Child Health Information System and reported to Public Health England through the COVER data system.

2013/14 Annual uptake

Age 12 months

DTaP/IPV/Hib	Men C	PCV
97.6 %	98.8%	97.8%

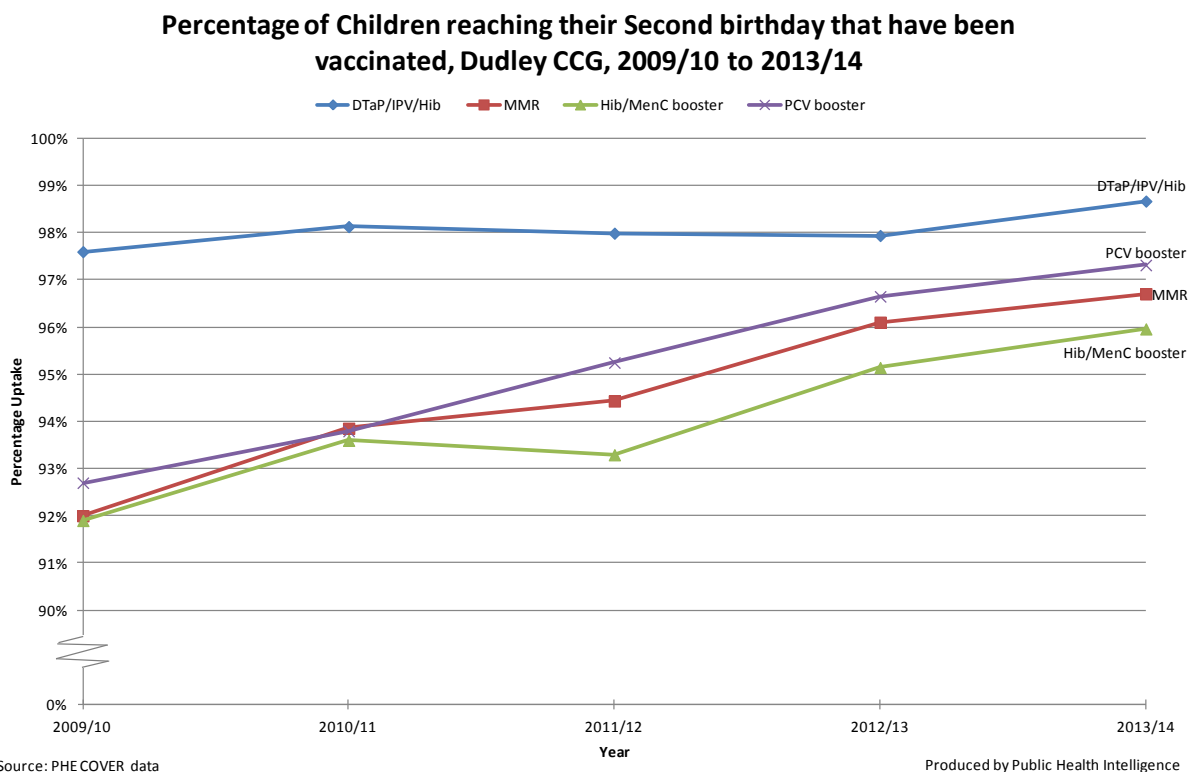
Figure 7. Percentage of children vaccinated at the age of 1, Dudley 2009-10 to 2013-14



Age 24 months

DTaP/IPV/Hib	MMR	Hib/Men C	PCV
98.7%	96.7%	96.0%	97.3%

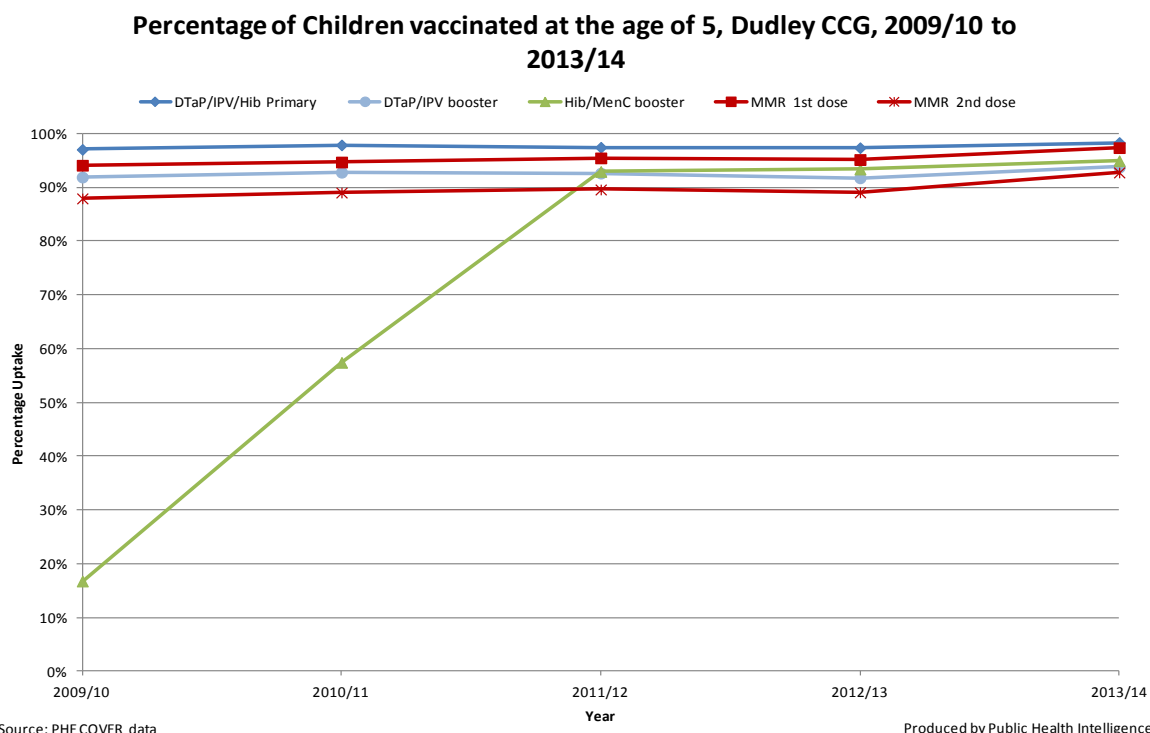
Figure 8. Percentage of children vaccinated at the age of 2, Dudley 2009-10 to 2013-14



Age 5 years

DTaP/IPV/Hib	MMR	DTaP/IPV booster	Hib/Men C booster	MMR 2 nd dose
98.4%	97.4%	93.8%	95.0%	92.8%

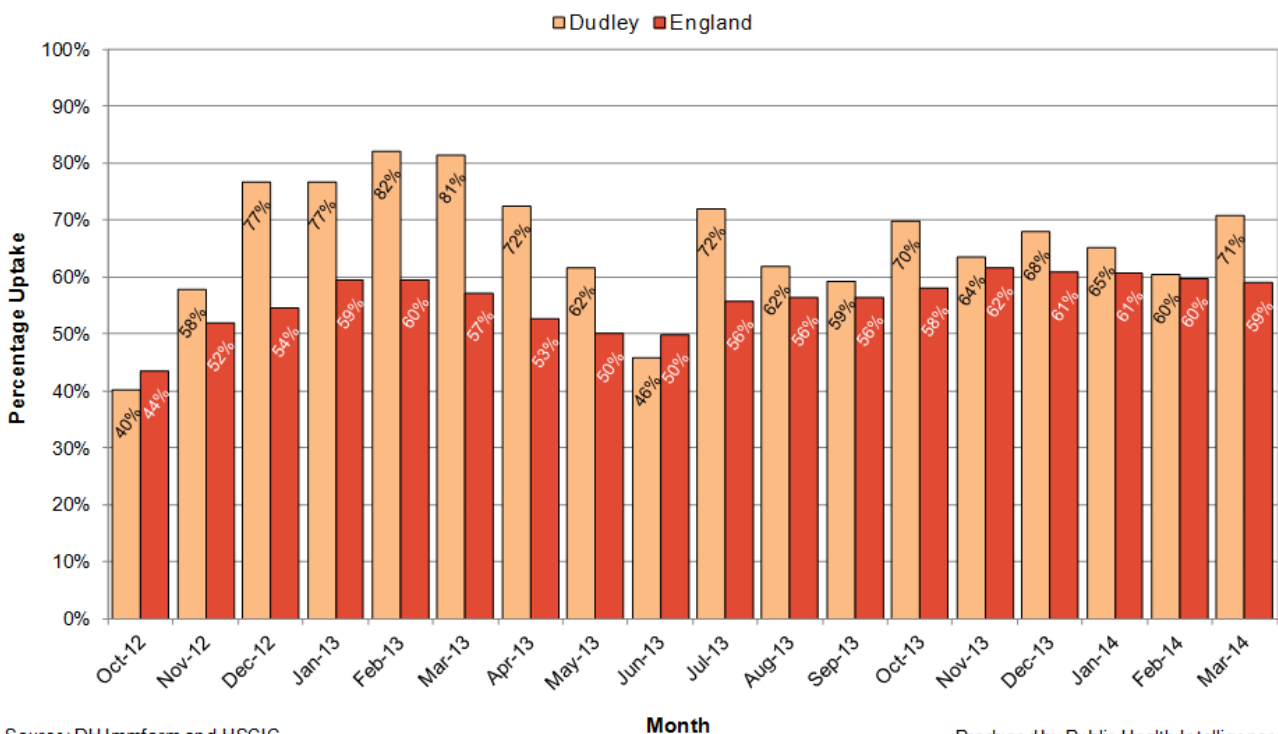
Figure 9. Percentage of children vaccinated at the age of 5, Dudley 2009-10 to 2013-14



Pertussis (Whooping Cough) vaccination for pregnant women

Since October 2012, a temporary programme of Pertussis vaccination of pregnant women has been in place. This was introduced in response to increased levels of Pertussis activity across the UK. The purpose of the programme was to boost antibodies in the vaccinated women late in their pregnancy so that antibodies could be passed from mother to baby. Pertussis immunisation was offered to women between 28-38 weeks of pregnancy to allow time for the vaccine to protect the baby. The vaccine was also offered to women from 38 weeks of pregnancy, up to the time that the child would be receiving their 1st routine immunisations (age 2 months).

**Monthly uptake of prenatal pertussis vaccination, uptake in pregnant women with an estimated delivery date within the month, Dudley CCG and England
October 2012 - March 2014**



Source: DH Immform and HSCIC

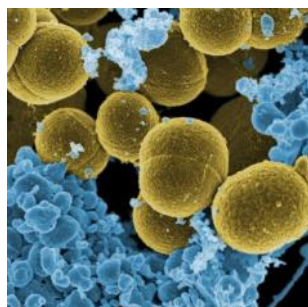
Produced by Public Health Intelligence

Dudley uptake by month compared to England average can be seen in the chart below.

Figure 10. Monthly Uptake of Prenatal Pertussis vaccination, Oct 2012 to March 2014

Human Papilloma Virus (HPV) Vaccine

The national HPV immunisation programme for girls in school year 8 (those aged 12-13 years), continues. The programme for 2013-14 commenced in September 2012. This was the only immunisation programme the OPHIT made a monthly and annual data submission for. Uptake for



other immunisation programmes is submitted to the national ImmForm website by NHS England Birmingham, Solihull and the Black Country Area Team.

Uptake for all three doses during the academic year (September 2012 – August 2013) remained encouraging at 92.0%. Uptake in Dudley is also consistently higher than that in both England and the Birmingham, Solihull and Black Country Area Team average.

Flu vaccine

Flu vaccine uptake is collected via the national PHE ImmForm website. NHS England Birmingham, Solihull and the Black Country Area Team have responsibility for commissioning the local flu programme and ensuring data is submitted to the Immform website.

Table 3. Dudley uptake as at 31st January 2013

Risk Group	Dudley uptake 2013/14 (%)	Dudley uptake 2012/13 (%)	BSBC uptake (%)	National uptake (%)
Over 65s	72.9	72.7	71.3	73.2
Under 65s at-risk	52.9	53.0	50.9	52.3
Pregnant women	46.4	47.3	39.0	39.8
All 2 year olds	42.2	-	36.2	42.6
All 3 year olds	39.3	-	33.8	39.6
Healthcare workers	65.6	61.6	62.6	NA

Pneumococcal Polysaccharide Vaccine (PPV)

The adult vaccination programme has continued during 2013-14. Uptake is measured for those aged 65 years and over having received a pneumococcal vaccine at anytime up to 31st March 2014, and for those who have received a vaccine during the year. Dudley uptake was respectively 69.4%.and 4.1%. BSBC Area Team uptake was 65.6%

School Leaver Booster

Children are due a reinforcing dose of Td/IPV (Diphtheria, Tetanus and Polio) between the ages of 13 and 18 years. The Black Country Partnership Foundation Trust School Health Service administers this vaccine to children in school year 10.

Uptake among adolescents in Dudley was 92.3% which is much higher than the estimated 70% uptake in this age group nationally.



Service improvement – Inequalities meeting

In October 2013 an inequalities meeting was set up to assess immunisation provision for the Gypsy, Roma and Traveller communities in Dudley as part of the regular review of NICE Guidance PH21, *Reducing differences in the uptake of immunisations*. The aim was to

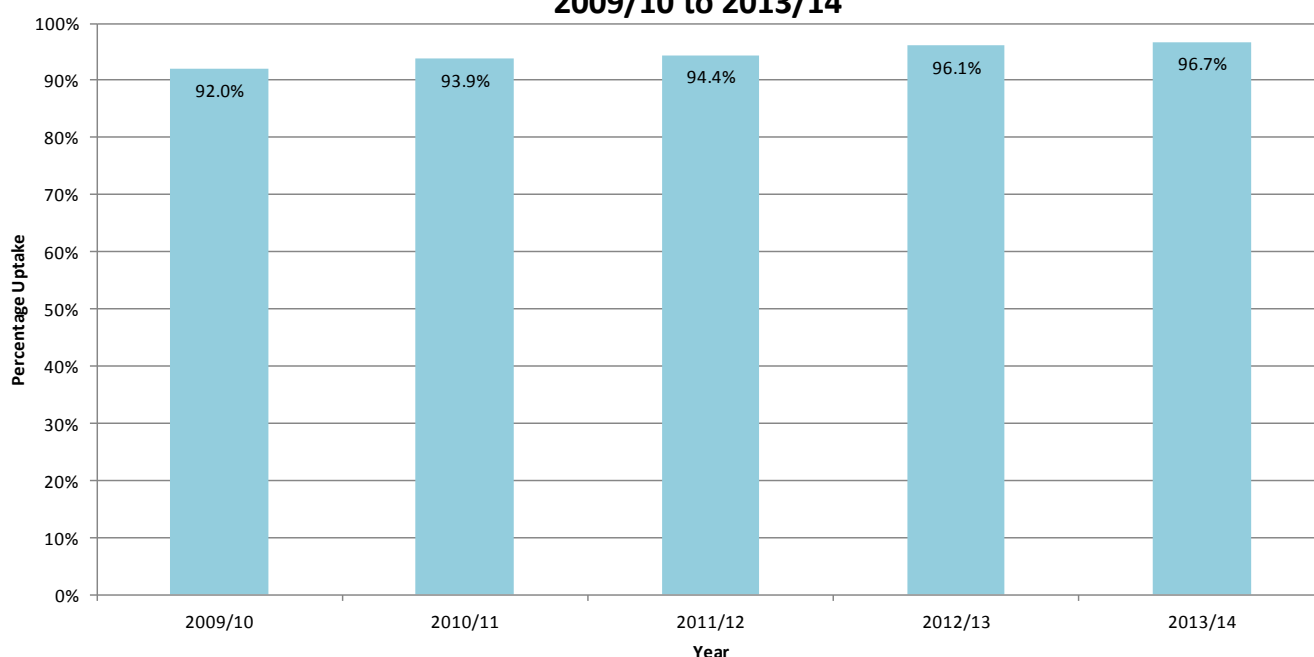


establish whether persons from these communities were accessing immunisation services by assessing uptake in these groups. Work with partners on this initiative continues.

MMR (Measles, Mumps and Rubella) vaccine uptake

The primary initiative to improve vaccination uptake has been the continuation of the Public Health Domiciliary Immunisation role. Children who are about to turn 2 years of age and have not had MMR and other vaccines are invited to receive immunisation at home. This ensures that the immunisations are administered and documented in a timely manner which is reflected in the COVER data for the relevant quarter. The graph below highlights a year on year improvement in uptake.

Percentage of Children vaccinated for MMR by the age of 2, Dudley CCG, 2009/10 to 2013/14



Source: PHE COVER data

Produced by Public Health Intelligence

Figure 11. Percentage of children vaccinated for MMR by age of 2, 2009-10 to 2013-14

Contribution/Advice to other Services

Members of the OPHIT receive a number of emails and telephone requests on a daily basis from Practice Nurses, GP's, Health Visitors and members of the public. Requests are generally for clinical advice or advice regarding data collection. Since NHS England BSBC Area Team commission the immunisation programmes, when appropriate, enquiries are referred to that team.

Incidents

The Child Health Information System (CHIS) generates approximately 700 childhood immunisation appointments each week.

During April 2013 – March 2014 there were 45 immunisation incidents. These ranged from

incorrect vaccines administered, vaccines given too soon, fridge failures and an expired vaccine being administered.

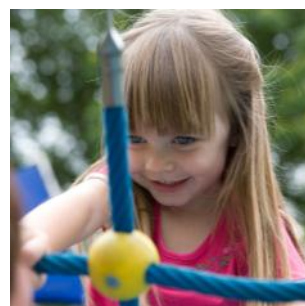
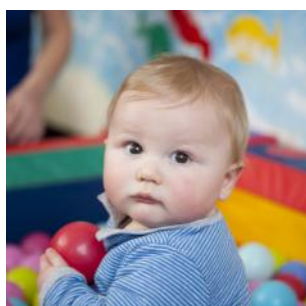
The Office of Public Health are informed of immunisation errors generally by Practice Nurses or by Child Health Records Department staff who raise queries with OPHIT when inputting data received from Practices. When OPHIT are notified of any immunisation errors, they make contact with the relevant Practice to ascertain as much information as possible regarding the error and also to advise as necessary on what actions to take.

All immunisation errors are entered onto a bespoke database and detail of the incidents is shared with the Birmingham, Black Country and Solihull Area Team.

Coming year

The Office of Public Health Immunisation Team will;

- ◇ continue to support providers by offering clinical advice and educational sessions.
- ◇ challenge commissioners and scrutinise immunisation service plans to ensure uptake remains high.
- ◇ complete work streams around the Gypsy/Traveller immunisation provision
- ◇ ensure the Dried Bloodspot Testing service for neonatal Hepatitis B vaccine is implemented successfully in Dudley.



Environmental Health

Introduction

The Environmental Health Service is located within the Council's Directorate of the Urban Environment but works very closely with the Director of Public Health and colleagues in the Office of Public Health on health protection matters coming within the Health Protection Co-operation Agreement, such as matters of infection control, communicable disease, including zoonoses infections capable of affecting humans, and chemical contamination. During 2013-14, the cabinet member responsibility for Environmental Health was transferred to the Cabinet Member for Health & Wellbeing to sit alongside all other health protection responsibilities of the Council.

The environmental health service improves health and well being through the delivery of food safety and hygiene control, health and safety enforcement in commercial premises, animal health and welfare enforcement, industrial and commercial noise and emissions control, regulation of industrial permitted processes, domestic smoke control and emissions from burning waste materials, contaminated land remediation and air quality strategy and improvement.

Environmental Health Officers carry out on an annual basis:

- Approximately 1200 food hygiene inspections
- The investigation of over 600 food poisoning notifications
- 200 plus health and safety interventions in addition to dealing with approximately 150 accident notifications
- License in excess of 30 premises for the sale or boarding of animals
- Deal with approx 400 complaints of noise nuisance
- Permit in excess of 120 industrial processes
- Monitor air quality at over 80 locations across the Dudley Borough
- Undertake up to 10 part 2A Contaminated land investigations
- Provide up to 1000 planning consultation responses & interventions
- Deal with 290 domestic smoke control & bonfire complaints
- Deal with approximately 3,700 requests for service.

Specific health protection measures delivered by Environmental Health in terms of the Health Protection Co-operation Agreement include:

- The investigation of food poisoning incidents and outbreaks
- The inspection of food premises for food hygiene and safety standards to ensure the microbiological safety of foods stored, prepared and sold in the borough
- The investigation of complaints about fitness and microbiological safety of foods sold

- Microbiological food sampling
- Preventing the spread of other notifiable diseases such as legionella and zoonoses conditions associated with animals
- Preventing illness from chemical contamination arising from contaminated land use
- Dealing with emergency pollution incidents which cause a risk of respiratory and other health effects, such as asbestos incidents.

Activity

Food premises inspections

The inspection of food businesses operating in the borough is an essential contribution to health protection in ensuring that food offered or exposed for sale is fit for human consumption and to expedite the removal of hazardous product from the food chain. Through the delivery of food hygiene inspections, food business proprietors receive advice and assistance in implementing food safety management systems essential to prevent avoidable illness in their customers.

There are just over 2,400 food business registered in the Dudley Borough. Results of food hygiene inspections of premises supplying food direct to the public are published on the Food Standards national website at www.food.gov.uk/ratings and via a direct link to the Dudley data from the Council's website. On 31st March 2014, the breakdown of the 2,040 food hygiene ratings published for Dudley was as follows:

- 839 premises (41.1%) Rated 5 (Very Good)
- 520 premises (25.5%) Rated 4 (Good)
- 461 premises (22.6%) Rated 3 (Generally Satisfactory)
- 95 premises (4.7%) Rated 2 (Improvement necessary)
- 110 premises (5.4%) Rated 1 (Major Improvement necessary)
- 17 premises (0.8%) Rated 0 (Urgent Improvement necessary).

Premises rated 2 or lower receive re-visits and follow up enforcement as necessary, including service of statutory Improvement Notices and prosecution where proprietors consistently fail to comply with the law or present a severe threat to public health. Environmental health officers take emergency action to close food businesses where there is an imminent risk to the public (e.g. rodent infestations). During the year, 5 prosecutions were completed involving 3 takeaways, one cafe and a public house which failed to achieve minimum levels of food hygiene and safety. Fines totalled £56,000 with over £9,000 in costs being awarded to the local authority. All concluded prosecutions are published in the prosecution register on the Council's website.



Food poisoning notifications

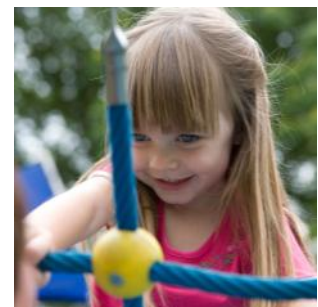
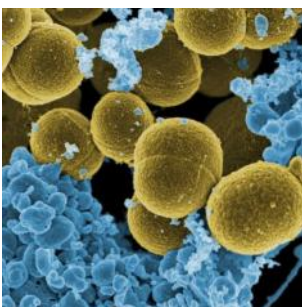
Officers from West Midlands West Public Health England team have been appointed as proper officers for the receipt of statutory notifications of food poisoning and other communicable disease, with all cases of notifiable food poisoning and other gastrointestinal illnesses being referred to Environmental Health Officers for investigation. 622 cases of food poisoning and other diseases were reported in 2013-14, made up of:

- Campylobacter- 448 cases
- Salmonella- 53 cases
- Suspected food poisoning – 52 cases
- E. Coli 0157- 2 cases
- Giardia – 43 cases
- Cryptosporidium- 14 cases
- Shigella dysentery- 6 cases
- Hepatitis A- 2 cases
- Hepatitis E- 1 case

All campylobacter cases were contacted by advisory letter about the infection, potential sources and preventing further spread. All other cases were contacted within 24 hours, the vast majority on the same working day, and information on potential sources sought and necessary advice on preventing spread and the exclusion from work or school given, with any other household contacts being followed up as appropriate.

The 52 cases of suspected food poisoning were mainly self reported by members of the public who suspected food poisoning after consuming food at premises within the borough. 51 such complaints were made about food premises suspected of causing food poisoning but 48 were not substantiated. 3 complainants were confirmed as suffering from Campylobacter, in 3 unrelated complaints about 3 different premises; however in all cases the premises complained of was not considered likely to have been the source due to the short time between consumption of food and onset of illness as Campylobacter infection has an incubation period of 3-5 days.

No significant suspected outbreaks of alleged food poisoning arose during the year although 6 small incident investigations are detailed in the incidents table over.



Food Complaints

84 complaints about food products were received during the year, although the vast majority of food complaints were about foreign body contamination. 29 complaints about specific food products purchased were classed as microbiological complaints concerning fitness to eat, under cooking, mould contamination or decomposition. Only one food complaint was alleged to have caused illness but not substantiated. One food complaint concerning the service of under cooked chicken purchased from a takeaway is being pursued for legal proceedings.

Microbiological Food Sampling

311 food samples were procured as part of the routine food sampling programme from food retailers, caterers and manufacturers in the borough and submitted to the Public Health England accredited laboratory at Good Hope Hospital in Birmingham for microbiological analysis. Of the 311 samples 126 were prepared restaurant or takeaway dishes and 75 were meat or poultry products. The programme included samples taken as part of two national sampling projects on fresh herbs and pre-packed sandwiches and as part of three regional projects on cloths used in catering establishments, ambient shelf stable foods imported from outside the EU and hygiene of recently washed equipment by either mechanical or hand washing.

25 samples of the 311 taken were found to be unsatisfactory in terms of total viable counts of microorganisms and indicator organisms but none were found to be unacceptable, i.e. unfit for human consumption due to the presence of pathogens. The unsatisfactory samples were 9 prepared dishes from restaurants and takeaways, 4 meat or poultry products, 1 herb/spice and 11 others. All unsatisfactory samples received appropriate follow up with either a visit by an environmental health officer or advice issued by letter followed by formal re-sampling



Legionella Control

Environmental health are responsible for keeping of register of all wet cooling towers and evaporative condensers in the borough irrespective of whether the premises comes under the local authority or the Health & Safety Executive (HSE) as the enforcing authority for health & safety. The register currently has 23 premises with 50 cooling towers. Only 2 premises (5 towers) come under the local authority as enforcing authority and both premises are visited annually to check that the legionella risk assessments and monitoring controls, including cleaning and disinfection of the towers, are suitable and sufficient to prevent the growth of legionella bacteria.



Thirteen care homes inspected by environmental health officers during the year were also checked for adequacy of their legionella risk assessments and the implementation of recommended controls to prevent the growth of legionella in water systems.

An investigation into a notified case of legionella infection is normally led by Public Health England with environmental health officers assisting in site visits and environmental sampling. One such incident arose during 2013-14, detailed in the incidents table below.

Skin piercing registrations

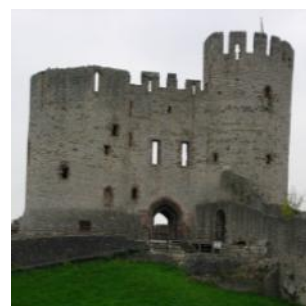
Environmental health are responsible for registering and inspecting skin piercing activities such as tattooists, acupuncturists, ear and body piercers, electrolysis, cosmetic piercing and semi permanent skin colouring. The registration and control of skin piercing activities is essential to ensure that diseases such as hepatitis and other blood borne diseases are not transmitted to customers. Inspections focus on infection control measures, staff training and hygiene and disinfection of premises and equipment and enforcement is carried out where necessary under Dudley byelaws and health and safety legislation. In 2013-14, 25 new premises were registered for skin piercing carried out by 37 practitioners who also require registration. This area of work has increased due to more people becoming self employed and starting businesses from home or using existing beauty salons for start up businesses involving skin piercing.

Contaminated Land

The Contaminated Land Team is responsible for regulating and enforcing Part 2A of the Environmental Protection Act 1990. During 2013 / 14, ten potentially contaminated sites were subject to an initial investigation including nine desk studies and one site subject of limited exploratory investigation (hand dug pits and mini-boreholes). The sites are selected through a screening process which ranks potentially contaminated sites on the basis of the presence of a potentially contaminative activity and receptor and the possible pathway, the main focus being on human health.

Other Pollution incidents

During 2013 / 14, 42 asbestos related incidents and complaints were received by Environmental Health. Two of the incidents involved building fires where asbestos was present; this situation presents the most likely scenario for the release and dispersion of asbestos fibres into the



atmosphere. Five of the incidents involved the demolition of buildings, this matter is regulated by the Health & Safety Executive and the details of the incidents were forwarded onto the HSE. One incident involved an allegation of buried asbestos materials which was investigated by the contaminated land team. The remainder of the recorded incidents involved enquiries about the presence of asbestos in various construction materials in domestic properties and fly tipping involving materials allegedly containing asbestos.

Incidents

Environmental health work to emergency incident plans for the full range of emergency incidents which may arise, including food poisoning incident and outbreak plans, animal health plans, including rabies, foot and mouth, avian flu and other diseases and pollution incident plans.

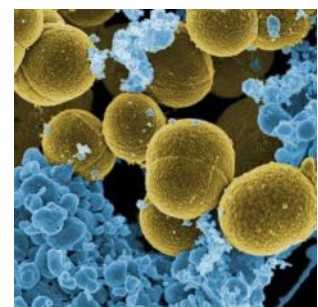
Date	Location	Incident	Assistance
April 2013	Public House, Sedgley	Alleged food poisoning incident – 3 persons affected	Premises visited & practices investigated. No faecal specimens provided by cases. Not substantiated
April 2013	Domestic Premises, Dudley	Fire in garage which has a roof containing asbestos	Officer coordinated the removal of all asbestos contaminated materials by a private contractor.
May 2013	Void industrial building, Amblecote	Fire in building partly constructed from asbestos cement panels	Fire service attended, owners removed & disposed of asbestos contaminated materials following instruction from officers.
May 2013	Industrial premises, Halesowen	Asbestos materials discovered during embankment stabilisation	Owners engaged a private contractor to remove & dispose of the asbestos waste
June 2013	Industrial premises, Halesowen	Remediation of oil contamination from leaking storage tank	Premises engaged consultants to investigate extent of contamination and excavate and dispose of oil impacted soils.
October 2013	Care Home, Dudley	8 residents & 3 staff reported with gastrointestinal symptoms	Investigated. Specimens obtained, all negative. All recovered. No cause identified.
October 2013	Restaurant, Brierley Hill	Alleged food poisoning incident – 3 persons affected	Premises visited & practices investigated. Formal food samples taken. Samples & specimens negative hence not substantiated

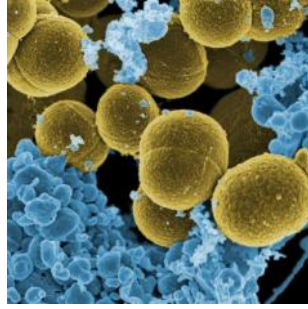
Date	Location	Incident	Assistance
November 2013	Nursing Home, Wordsley	8 residents & 1 staff reported with gastrointestinal symptoms	Investigated. Specimens obtained, all negative except 1 resident with C.difficile. All recovered.
December 2013	Domestic premises, Brockmoor	Alleged chlorine poisoning incident- 4 persons reported eye & breathing problems	Medical investigations undertaken. Premises inspected, environmental investigations, water & air samples taken, all satisfactory. Source of symptoms not ascertained. All recovered.
February 2014	Nursing Home, Wordsley	8 residents reported with gastrointestinal symptoms	Investigated. Specimens obtained, all negative. All recovered. No cause identified.
February 2014	Domestic premises, Coseley	Report of suspected illegally imported puppy from Lithuania without adequate rabies vaccination	Investigated. Premises visited & documentation including passport & rabies vaccination checked. Not substantiated.
February 2014	Public House, Halesowen	Alleged food poisoning incident – 3 persons affected	Premises visited & practices investigated. Formal food samples taken. Samples satisfactory. Cause was norovirus not linked to food premises.
February 2014	Takeaway, Dudley	Alleged sale of undercooked chicken in takeaway meal	Chicken confirmed under cooked by chemical analysis. Prosecution pending under Food Safety Act 1990
March 2014	Domestic premises, Dudley	Confirmed case of legionella infection	Investigated with PHE. Water samples from house were negative. Nearby water sources including cooling towers checked. No source identified. Case recovered.

Coming year

Environmental Health will be undergoing internal service re-alignment in June 2014 to reduce from three teams in Environmental Health & Trading Standards to two teams. The new Food and Consumer Safety Team will be responsible for delivery of the Trading Standards service as well as all food functions including food safety & hygiene, infectious disease control and food standards, including labelling, presentation and composition of food. The new Environmental Safety and Health team will deliver all other Environmental Health services except food and smoke free enforcement and will be responsible for all industrial and commercial noise and pollution control, air quality health and safety enforcement and animal health and welfare. The contaminated land team relocated to the Building Control Service in April 2014.

Delivery plans for 2014-15 are available for the environmental health service and they include the continued delivery of routine proactive inspection programmes for food safety, health and safety, skin piercing registrations animal licensing and industrial pollution control as well as delivery of the air quality strategy objectives. The service will respond as necessary to reactive incidents including emergency incidents where action is required to protect the health of the public using legislation available to environmental health officers. Emergency plans including the animal health disease plans will be updated during the year and additional staff trained in new areas of work as a result of the service realignment.





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