

Report to: Executive Cabinet Member –
Deputy Leader's Portfolio

Date: 17th November 2014

Bolton Council

Report of: Wendy Meredith, Director of Public
Health

Report No:

Contact Officer: Debra Malone, Consultant in Public
Health

Tel. No: 01204 337821

Report Title:
Tackling TB in Bolton

Confidential /

Non Confidential:
(delete as approp)

(Non-Confidential) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public.

Purpose:

To advise on the incidence of TB in Bolton.

To propose a programme of action to raise awareness of TB across Bolton's communities and front line health and social care professionals.

Recommendations:

To:

- Note the position relating to TB incidence in Bolton
- Support the proposal to ensure a programme of TB awareness raising is developed and delivered over the next calendar year.

Decision:

Background Doc(s):

- National draft TB Strategy (<https://www.gov.uk/.../collaborative-tuberculosis-strategy-for-england-2014-to-2019>)
-
- Tackling Tuberculosis – Local Government’s Public Health Role. (www.local.gov.uk/.../Tuberculosis+-+Local+government's...role/20581cca-5ef1-4273-b221-ea9406a78402)
- PHE 2013 Report: Tuberculosis in the North West of England 1999-2012 Enhanced Surveillance

Signed:

Leader / Executive Member

Monitoring Officer**Date:**

Summary:

In July 2014, the LGA and Public Health England published a document entitled “Tackling Tuberculosis – Local Government’s Public Health Role” The document includes answers to FAQs about TB itself but also suggests actions local Councils may wish to take in order to protect their populations from TB.

Generally, between 55 and 65 cases of TB are diagnosed in Bolton residents each year. Between 1999-2009 TB rates in Bolton fluctuated year on year but since this time, and up to the end of 2012, a steady downward trend has been observed. Nevertheless Bolton continues to a higher than average incidence of TB compared to England as a whole and anecdotal evidence suggests that locally TB incidence may begin to rise again in 2014/15.

There has not been any co-ordinated TB awareness activity in Bolton for approximately three years. Whilst treatment completion rates have previously been good, it is clear that treatment can only commence when individuals present with symptoms and receive a confirmed diagnosis.

It is therefore felt that for Bolton, the main focus of local public health action should be on:

- Raising awareness of symptoms – particularly in those communities most at risk of contracting TB.
- Raising awareness of symptoms with health care professionals – particularly primary care and urgent care professionals but also with social care providers.
- Working to reduce the stigma of TB with at risk communities.
- Working with the wider community to understand the risks and costs of failure to complete TB treatment.
- Working with at risk communities to confirm that TB treatment is free and confidential.

Tackling TB in Bolton

1.0 Background Information

- 1.1 In July 2014 the LGA and Public Health England published a document entitled “Tackling Tuberculosis – Local Government’s Public Health Role” (www.local.gov.uk/...Tuberculosis+-+Local+government's...role/20581cca-5ef1-4273-b221-ea9406a78402)

The document includes answers to FAQs about TB itself but also suggests actions local Councils may wish to take in order to protect their populations from TB.

- 1.2 Greater Manchester, has for some time, had a Greater Manchester TB Group whose remit has largely been to improve the treatment and management of individuals with TB, especially children and young people. There is also a Bolton TB Network Group, chaired by Public Health England colleagues, which again focuses on TB management and treatment completion.
- 1.3 Whilst there is a national draft TB Strategy (<https://www.gov.uk/.../collaborative-tuberculosis-strategy-for-england-2014-to-2019>) due to be published in final form imminently, there currently is no Greater Manchester Strategy. However, lessons have been learned from the experiences of the Greater Manchester TB Group, particularly in terms of improving the effectiveness of local actions. Also, it is felt across the north west public health community that, in its current draft form, the national TB Strategy is too London centric to be wholly applicable to Greater Manchester.
- 1.4 Additionally the recently published national document from the LGA and PHE (referred to above) suggests Councils carry out actions that are not necessarily appropriate to the local context. The most pertinent recommendations in this document for Bolton are:
- Local health service commissioners should prioritise the delivery of appropriate clinical and public health services for TB, especially in areas where TB rates are highest and for underserved groups, and drive improvements in early diagnosis and appropriate treatment which are key to reducing TB levels in the UK.
 - Ensure information about TB is cascaded into key teams – for example Children’s Services, Adult Services, Housing and Benefits, Citizen’s Advice.

2.0 TB Incidence in Greater Manchester and Bolton

- 2.1 Across Greater Manchester only Manchester itself is defined as a “high incidence” TB area with an average rate of 39.7 cases per 100,000 population (2012 data). Oldham, Bolton and Rochdale (in that order) currently have relatively TB high incidence (Bolton’s rate is 21.3 cases per 100,000 population) but do not trigger the thresholds for actions more appropriate to “high incidence” areas.

Generally, between 55 and 65 cases of TB are diagnosed in Bolton residents each year. Between 1999-2009 TB rates in Bolton fluctuated year on year but since this time and up to the end of 2012, a steady downward trend has been observed. (PHE 2013 Report: Tuberculosis in the North West of England 1999-2012 Enhanced Surveillance). Nevertheless Bolton continues to a higher than average incidence of TB compared to England as a whole and anecdotal evidence suggests that locally TB incidence may begin to rise again in 2014/15.

3.0 TB Treatment Completion Rates

- 3.1 The Public Health Outcomes Framework indicator for TB relates to treatment completion rates; with a target of 95% of individuals completing treatment. Bolton has relatively good treatment completion rates and generally meets or exceeds the national target. However, recently Bolton Foundation Trust’s TB Team have reported higher than average rates of DNAs (did not attend) in relation to treatment follow up and completion. Failure to complete treatment can increase the risk of individuals and communities developing multi-drug resistant TB.

4.0 Suggested Local Actions

- 4.1 There has not been any co-ordinated TB awareness activity in Bolton for approximately three years. Whilst treatment completion rates have previously been good, it is clear that treatment can only commence when individuals present with symptoms and receive a confirmed diagnosis.
- 4.2 It is therefore felt that for Bolton, the main focus of local public health action should be on:
- Raising awareness of symptoms – particularly in those communities most at risk of contracting TB.
 - Raising awareness of symptoms with health care professionals – particularly primary care and urgent care professionals but also with social care providers.
 - Working to reduce the stigma of TB with at risk communities.
 - Working with the wider community to understand the risks and costs of failure to complete TB treatment.
 - Working with at risk communities to confirm that TB treatment is free and confidential regardless of immigration status.

5.0 Capacity to Deliver

- 5.1 The Public Health department currently has some capacity and resource to jointly deliver and/or commission a relatively small scale programme of work which could focus on the key aspects of TB transmission. An outline action plan for 2015 has been discussed internally with Public Health Specialists which would include:
- Work with community and faith organisations focusing on myth busting, symptom awareness raising and the importance of treatment completion.
 - Input into the CCG annual programme of training for GPs and Practice Nurses to ensure that TB is covered as part of respiratory disease updates.
 - Consideration of a one off event for wider health and social care staff which would again focus on symptom awareness and the importance of early diagnosis. This could be timed to be delivered on World TB Day (i.e. 24th March 2015).
- 5.2 An outline programme is attached (Appendix 1). Whilst this programme is relatively basic it is felt that an incremental approach to raising awareness is preferable given the anticipated levels of misunderstanding about the disease.

6.0 Equality Impact Assessment

- 6.1 This report is not requesting a decision on a policy change and therefore an Equality Impact Assessment is not required.

7.0 Recommendations

- 6.1 To:
- Note the position relating to TB incidence in Bolton
 - Support the proposal to ensure a programme of TB awareness raising is developed and delivered over the next calendar year.

Outline Programme for TB Awareness Sessions

Arrival, registration and refreshments (15 minutes)

Welcome and Purpose (5 minutes)

Introduction to briefly cover (5 minutes):

- Disease trends over the last 10-12 years, globally, nationally and locally

FAQS on (30 minutes):

- What is TB?
- How is TB transmitted?
- Who can get TB?
- What are the most common risk factors?
- What are the signs and symptoms of TB?
- Why are people still getting TB?
- How is TB diagnosed?
- Is TB curable?
- What is the treatment?
- Who is entitled to treatment?
- Is there a cost?
- What happens if TB treatment is not completed?
- What support is available to help people complete treatment?

TB Alert “The Truth About TB” Campaign (15 minutes):

- Play DVD to reinforce FAQs but also to emphasise that TB can affect anyone and can be difficult to diagnose, especially in children.

Final Questions from the floor/discussion (10 minutes)

Close

Aim to Deliver 4-7 Sessions in 2015 in the format outlined above to the following groups:

- Bolton Council of Mosques (1-2 sessions)
- CVS (1-2 sessions)
- Hindu Association (1-2 sessions)
- BRASS (1 session)

Aim to Deliver One Large Scale Open Session for Health and Social Care Professionals and Community Groups to coincide with TB Awareness Day in March 2015.

This session would largely follow the format of the smaller sessions but would last 90 minutes with a greater focus on small group work/discussion. This would be set in the context of the feasibility of implementing some of the LGA recommendations, locally, including the possibility of developing a network of TB champions.