



Chartered  
Institute of  
Environmental  
Health

# Collaborative Tuberculosis Strategy for England 2014 to 2019 – Consultation Response

Response from the Chartered Institute of Environmental Health (CIEH)

24 June 2014

# The Chartered Institute of Environmental Health

As a **Chartered professional body**, we set standards and accredit courses and qualifications for the education of our professional members and other environmental health practitioners.

As a **knowledge centre**, we provide information, evidence and policy advice to local and national government, environmental and public health practitioners, industry and other stakeholders. We publish books and magazines, run educational events and commission research.

As an **awarding body**, we provide qualifications, events, and trainer and candidate support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice in volunteers, employees, business managers and business owners.

As a **campaigning organisation**, we work to push environmental health further up the public agenda and to promote improvements in environmental and public health policy.

We are a **registered charity** with over 10,000 members across England, Wales and Northern Ireland.

For correspondence relating to this consultation response and for any further information

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## Section 1: Position statement of the Chartered Institute of Environmental Health (CIEH)

The CIEH has a longstanding concern and historic involvement in measures to control and prevent TB infection. It is therefore a matter of serious concern to us and our members that incidence in England is at its highest level since the 1980s, higher than most other Western European countries. We note that a good proportion of the 8000 new cases each year are generated within the UK and that the Department of Health Minister responsible for Public Health, Jane Elliston MP, has stated (HC Debate 08 April 2014 ) "Experience from the United States and many western European countries demonstrates that rigorous TB control programmes can lead to major reductions in TB, and that failure to implement such programmes can lead to widespread transmission."

It has been a continuing matter of concern to the CIEH that the role and resources of local authorities have been under-utilised in the national strategic plans for reducing the incidence of TB. To that end our Principal Policy Officer, who has prepared this response to your consultation, has previously been a member of the Chief Medical Officer's TB Action Plan Advisory Group in order to emphasise the role of local authorities and their environmental health officers and to highlight the previous commitment of some individual local councils.

Health protection is the branch of public health concerned with policies and practice to improve the prevention and control of infectious diseases and other environmental threats to the health of the population. The environmental health profession has a significant role in the delivery of health protection measures and the environmental health workforce in local government has a key role in delivering the environmental health capability to support the work of the Directors of Public health and their teams locally and the delivery of PHE's objectives nationally.

In order to confirm and enhance our role and contribution, a Memorandum of Understanding has been established between Public Health England (PHE) and the Chartered Institute of Environmental Health (CIEH) which sets out the framework for a working relationship between the two bodies. The principles of co-operation between PHE and CIEH include agreement that the public health system needs the contribution of an effective environmental health workforce at both national and local level.

## Section 2: Response to the consultation

The CIEH has circulated the consultation documents widely amongst its members. No specific responses have been received in relation to the detailed proposals and the consultation questions.

However, our members have expressed the wish that the CIEH should state its full support for the intentions and ambitions expressed in the consultation document.

### Need for a collaborative strategy

In particular the CIEH fully supports the intended adoption of a 'collaborative strategy' and sees this as essential because to offer the best possible chance of successful detection and

treatment, and to prevent onward spread of TB, treatment services require input and support from a range of other agencies in the community, including housing and social services and, on occasion, the use of the local authority health protection powers.

We have been impressed with the approach taken by the Royal College of Nursing in its publication *Tuberculosis case management and cohort review – Guidance for health professionals*, 2012, and its description of 'Principals of best practice for TB service delivery' .

In Section 2 - *Providing TB services*, it states:

*Successful prevention, control and treatment of TB requires a multidisciplinary approach. NICE guidelines and the TB action plan have emphasised the roles of TB clinicians, specialist TB nurses or health visitors and health advocates and their liaison with primary care, secondary care and local authority resources.*

Later in the same section it states:

*Tracing the contacts of infectious cases requires a robust and well defined structure with close cooperation between the acute hospital service and the consultant in communicable disease control and the local health protection unit.*

Under the new arrangements for public health services, it should be expected that the local health protection team would be working closely with and fully supported by the local authority staff and we would expect to see environmental health officers identified as key contributors to this work.

#### Local authority engagement

The CIEH is concerned that the roles and responsibilities of local government have not been fully identified and described in relation to the intended collaborative strategy. The proper inclusion of local authority services, resources and powers will be essential.

The website *The Truth About TB* has an information page entitled *Living Conditions* which contains sections on TB and money, TB and overcrowding and TB and homelessness – all of which are local authority concerns.

In the PHE publication *Tuberculosis in the UK: 2013 Report* it is stated in the conclusions:

*The particular vulnerability of these cases (those with social risk factors) highlights the importance of targeting active case finding at those with complex social risk factors, and of addressing their underlying needs to support them to successfully complete treatment. In addition to the individual benefit, such interventions are likely to help to reduce transmission within the UK-born population.*

Referring again to the Royal College of Nursing publication *Tuberculosis case management and cohort review – Guidance for health professionals*, 2012, in Section 4 - *Promoting Adherence*, it states:

*A safe and supportive environment is essential to recovery and prerequisite to TB treatment. All TB patients should have their housing circumstances systematically assessed by the case manager . . .*

*For the purposes of TB control, a broad and inclusive definition of homelessness is needed which incorporates overcrowded and substandard accommodation to include people:*

- *who share an enclosed air space with individuals at high risk of undetected active pulmonary tuberculosis (that is, those with a history of rough sleeping, hostel residence or substance misuse)*
- *without the means to securely store prescribed medication*
- *without private space in which to self-administer TB treatment*
- *without secure accommodation in which to rest and recuperate in safety and dignity for the full duration of planned treatment.*

#### Further involvement by CIEH

In the future development of the collaborative TB strategy, the CIEH will be interested in representing the need for local authority involvement in this strategy generally and particularly the following aspects:

- There is a clear relationship between TB and deprivation, with significantly higher numbers and incidence rates in more deprived areas.
- Social determinants are included among the key risk factors for TB for example poor ventilation and overcrowding in homes, workplaces and communities increase exposure risk.
- Poverty and poor diet may increase susceptibility to disease and severity of outcome. Chaotic lifestyles, for example drug and alcohol misuse, may increase the likelihood of infection and make the treatment harder to complete.
- Whilst medical control efforts are important it is also necessary to address factors in the daily living conditions of TB patients and their communities to reduce the spread of TB.
- Treatment services for TB are provided by the NHS through hospitals and in particular community based TB services. Diagnosing TB is complex and treatment is takes place over many months and involves several medications daily. This can make completing treatment difficult, particularly for those experiencing other difficulties such as insecure housing or drug and alcohol problems. There is often recourse to the local authority health powers to require individuals to be examined and tested and even isolated.

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