

MAYOR OF LONDON



Public Health
England

Dr Onkar Sahota AM
Chair of the Health Committee
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Our ref: MGLA111215-1145

Date: 10 FEB 2016

Dear Onkar

Thank you for your letter of 11 December 2015 and for enclosing a copy of London Assembly Health Committee's helpful report on Tuberculosis (TB) in London.

As your report makes clear, this is a very important public health issue for our city and we are already working very hard to tackle both TB itself and its causes. We have read your report and its recommendations carefully and set out our joint response below.

Recommendation 1

The Mayor, in conjunction with the third sector and Public Health England, should develop and deliver a London-wide programme to educate the general public about the symptoms of TB and how it is spread.

The Greater London Authority (GLA) and Public Health England (PHE) London are currently working together to produce a short film involving the Mayor's TB Ambassador Emma Thompson and her son Tindy. This will form part of an awareness campaign which will be launched on World TB day in March this year. We will also work closely with 'TB Alert' and other third sector organisations who play a critical role in helping raise awareness of TB in London.

Recommendation 2

NHS England London should, in response to this report, set out how it plans to ensure universal BCG coverage across all London boroughs by 2017. Public Health England should consider what steps can be taken to educate the public about the benefits and limitations of the BCG vaccine.

From 1 April 2015 NHS England (London region) has commissioned universal BCG vaccine to all newborns and infants up to the age of 12 months. This includes the offer of BCG in the maternity tariff and the commissioning of community provision for those London resident infants who missed the offer in hospital or have moved into London. Despite the vaccine stock shortage of BCG during 2015, NHS England (London region) have been working with healthcare providers to ensure the universal offer is in place through London.

Healthcare workers in maternity units will continue to be encouraged to discuss the benefits and limitations of the BCG vaccine.

Recommendation 3

The Mayor should make the business case to Government for funding to maintain and potentially expand the London Find & Treat service and the London TB Extended contact tracing team. Funding should be secured until 2020 as a minimum, in line with the lifetime of the national TB strategy.

Presently, the Mayor has no responsibility for commissioning of TB services in London; this responsibility lies with London's 32 clinical commissioning groups. The Find & Treat Service is embedded in NHS services for London and is commissioned on a recurrent basis as a pan-London service by London's CCGs. The LTBEEx service was funded as a pilot programme to support local TB teams with contact tracing. This innovative service has been well received and contributed to the evidence base. The resources and learning from the LTBEEx pilot service are being disseminated across local health protection teams and NHS TB services who will continue to be responsible for contact tracing.

Recommendation 4

The GLA should explicitly consider provision of TB services as part of its commissioning of pan-London rough sleeping services.

The GLA recently re-commissioned its pan-London rough sleeping services, in line with the Mayor's Rough Sleeping Commissioning Framework. The providers commissioned will operate from April 2016, delivering services that are broadly similar to those provided over the period 2011-16.

The Commissioning Framework identifies a number of aims, including 'meet[ing] the physical and mental health needs of rough sleepers'. This very much includes the treatment and prevention of TB – something that the Mayor's rough sleeping services take very seriously. Services routinely work closely with specialist TB services, including Find and Treat. The service regularly visits the assessment centres of the Mayor's flagship service No Second Night Out, as it does other hostels and day centres for rough sleepers that operate across the capital. As commissioner, GLA will ensure that its new services continue to assist in the detection, prevention and treatment of TB among rough sleepers. It is keen to encourage its providers to support particular initiatives related to TB where appropriate.

GLA continues to fund Groundswell's peer mentoring service, whereby former rough sleepers support rough sleepers to attend medical appointments. The service, which now operates in six London boroughs, runs a specific project through which mentors assist rough sleepers to complete treatment for TB.

Recommendation 5

In response to this report, the GLA should:

Assess the policy – as implemented in Hackney – of housing homeless TB patients for the duration of their treatment, and determine if other boroughs could implement this policy. Set out how it could encourage other boroughs to adopt a similar approach.

Stable accommodation is crucial for achieving successful completion of TB treatment. The London TB Control Board is exploring how a pan-London approach to the issue of accommodation for individuals with TB, who have no recourse to public funds, could be developed. However, in the meantime, local authorities are encouraged to consider approaches such as the service level agreement in the London Borough of Hackney.

Recommendation 6

The GLA Intelligence Unit should work in collaboration with TB researchers and epidemiologists to determine how to map new and existing data on the social risk factors for TB in London.

The PHE Field Epidemiology Service in London manages the London TB Register and produces an annual TB report for London which is available online and distributed to key partners. Links between PHE and the GLA data store are already strong and we will explore how these links can be developed to ensure data linkages are made. In addition, PHE TB epidemiologists and London's Find and Treat service have been linking their datasets to analyse and map social risk factor data with TB case data and have summarised their findings in a paper recently submitted for peer review publication.

Recommendation 7

The Mayor should examine the feasibility of using the existing Team London volunteer network as TB community health champions.

It is important to ensure TB information is delivered in a knowledgeable and culturally sensitive way by professionals, or respected local religious or community leaders. Team London has a web portal that connects volunteering opportunities with volunteers. If a charity were running a TB campaign and looking for volunteers they should register on the web portal and we would help them to recruit suitable volunteers.

Recommendation 8

The next Mayor should work with the Health team to explore options to continue and expand the role of London TB Ambassadors. City Hall should also host an awareness event to coincide with World TB Day.

Whilst the Mayor has no specific responsibility for TB control, the issue has been taken very seriously which has led to the appointment of a London TB Ambassador. PHE London will work closely with the health team at the GLA to ensure that we capitalise on the opportunity that World TB Day will provide in raising awareness of TB.

Recommendation 9

The Mayor, in his capacity of strategic convenor, should use his influence through the London Congress to promote TB control and management across London, ensuring every London borough attends cohort review and includes TB as part of its health and wellbeing strategy.

Cohort Review in London is established and is an important way of improving patient outcomes and identifying areas for service development. Attendance of relevant stakeholders at local cohort reviews is always welcome. The London TB Control Board is currently looking at ways in which information is captured at cohort reviews and disseminated to relevant local stakeholders. Local authorities use different mechanisms to prioritise TB and as health and wellbeing strategies are locally determined it would be inappropriate for the Mayor to dictate local priorities. To support local prioritisation PHE produces local TB profiles for each London Borough (available at: http://www.lho.org.uk/LHO_Topics/Data/LondonBriefings.aspx). They can be used to assist local leaders in developing local health and wellbeing strategies.

Recommendation 10

London's Mayor should assume political ownership of TB control in the capital. This should include Mayoral/senior political representation on the London TB Control Board.

Although it is important to harness the power that political figures such as the Mayor can provide, leadership for TB control in London lies jointly with the Regional Director of Public Health for London, who is also the Mayor's Statutory Health Advisor, and the NHS. In line with the Collaborative TB Strategy for England, London has an established TB Control Board which is chaired by the Regional Director of PHE London who regularly reports on progress.

Recommendation 11

Progress on the delivery of each element of the national TB strategy should be reported to the London Health Board annually by the NHS/Public Health England. The GLA should include TB incidence as an indicator in the Mayoral Health Inequalities Strategy.

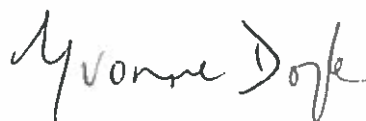
Progress against each of the elements of the Collaborative Strategy for England is discussed regularly at the London TB Control Board. The chair of the London TB Control Board also sits on the London Health Board and is well placed to update the London Health Board as and when required. The indicators for the Health Inequalities Strategy's delivery plan have already been agreed following consultation with the Assembly.

Thank you once again for your insightful report. We hope that our response makes clear our determination to continue the fight against TB and we look forward to working closely with the Assembly on this important issue for Londoners.

With best wishes,



Boris Johnson
Mayor of London



Professor Yvonne Doyle
Regional Director of PHE London &
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