

**Report of the Cabinet Member for  
Community, Public Health, Transportation and Environmental  
Services**

**Introduction**

I have been asked to report to Council by Members as follows:

- 1. by Councillor G Hook on the Public Health Annual Report and the Council's response to tackle Lyme Disease and malaria transmission in the South West, as follows:**

*I imagine we all received a copy of the County Councils Public Health Annual Report (2019-20) "Planetary and Human Health". I would like to congratulate all those responsible for its production; it is an excellent, stimulating and most informative report.*

*The chapter on "Disease" ( Chapter 7) was particularly challenging as it raises issues which perhaps we do not consider seriously enough in the day to day management of public health. The world has suddenly become painfully aware of the spread of viral disease, caused in part by human contact with animals, contaminated food and water. Our environment is altering rapidly and climate change is also responsible for changing patterns of ill health.*

*It is reported that there is a steady increase in Lyme Disease in the county, and particularly but by no means exclusively in East and Mid Devon. The second area of concern is regards the projected risk of malaria transmission in the UK but specifically of course here in the south, with Devon's coastal communities at particular risk.*

*While it is only a medium-low risk for the 2020's, it would appear that the increasing impact of climate change is projected to have a medium to high impact on the re introduction of malaria to the UK and in particular the south of the country with Devon at significant risk of infection by 2050.*

*It would be valuable and reassuring to know what is being done currently and what is planned for the foreseeable future to combat the increasing threat from these two infections. I therefore seek a PH report covering these points.*

- 2. by Councillor Hannaford on the Independent Medicines and Medical Device Safety Review, as follows:**

*The Independent Medicines and Medical Device Safety Review has revealed a systemic denial of women's health concerns, that has contributed to*

*decades of medical scandals, great personal suffering, and life changing events, that are still not being addressed.*

*The review considered the use of vaginal mesh, Primodos a hormonal pregnancy test, and the use of sodium valproate an anti-epilepsy medicine that harmed unborn babies.*

*Can the cabinet member please confirm how many women and children have been affected by these practises in Devon?*

*What will we do with key partners to challenge the culture in the medical establishment of “elitism, and deeply entrenched institutional denial and misogyny”?*

*How will we work with key partners to make sure that the reviews recommendations are implemented in full?*

### **3. by Councillor G Hook on Council engagement with the traveller community, as follows:**

*What engagement does DCC have with the Traveller community?  
Has this engagement increased or decreased over the recent past?  
Can more be done to engage constructively with Travellers and all responsible agencies to provide long term and lasting solutions to what appears to be an increasing problem throughout Devon and the West Country, particularly in the summer months?*

## **Reports**

Taking the requests for reports in order:

### **1. Lyme Disease and malaria transmission**

#### **Actions to combat Lyme Disease:**

The Tick Surveillance Scheme was set up by Public Health England (PHE) in 2005 to record tick distributions on a national scale to inform assessments of the public health impact of ticks. Tick samples can be sent to PHE by members of the public, health practitioners, veterinary practitioners, wildlife groups and others. These provide valuable information on the distribution of tick species present across the UK, their seasonal activity and their host associations, and helps PHE to detect the presence of species that are not normally resident in the UK.

DCC continues to utilise PHE’s ‘Be Tick Aware Toolkit’. Public Health works closely with the Communications team to increase knowledge of tick exposure and the potential health risks during tick season, and to promote the adoption of preventative behaviours, such as carrying out regular tick checks and prompt tick removal. This month, we have included tick awareness articles in two of the coronavirus ConnectMe bulletins which go to over 30,000 people and in the Care ConnectMe bulletin which goes to 15,000 subscribers. We also continue to promote

tick awareness across our social media platforms and have previously promoted PHE's 'Tricky Ticks' lesson plans with our schools.

### **Actions to combat Malaria:**

PHE runs a nationwide Mosquito Surveillance Project to develop and update our understanding of the status, distribution and abundance of these potential endemic vector species. They also run a network of mosquito traps to understand the population dynamics and seasonality of mosquitoes at key habitats and across regions. Mosquito traps are run for 2 weeks every month, from mid-April to mid-October, and samples are identified by PHE's medical entomology.

PHE also conducts surveillance for invasive mosquitoes in the UK, facilitated by industry and business across the country. There are several exotic mosquitoes that have become established in Europe more recently. [The National Contingency Plan for Invasive Mosquitos](#) outlines actions to be taken at a local level in the event of detecting non-native invasive mosquito species in England. There are currently no local authority mosquito surveillance sites in Devon other than surveillance of a used tyre importer which is visited twice a year by the PHE medical entomology service to provide specialist support and assurance.

## **2. Independent Medicines and Medical Device Safety Review**

The Independent Review was commissioned in 2018 by the then Secretary of State for Health, Rt Hon Jeremy Hunt MP, to assess the use of three medical interventions across the NHS. Baroness Julia Cumberlege chaired the independent review and concluded that for three medical interventions – Primodos (a hormone pregnancy test taken by 1.5 million women before being withdrawn in 1978), sodium valproate (an epilepsy medicine, similarly contraindicated in pregnancy) and pelvic mesh – patients' concerns had been dismissed, where regulatory bodies could have acted sooner and where poor communication with and between doctors prevented patients knowing about the risks. There were concerns about conflicts of interest and other links with pharmaceutical and medical device companies.

Primodos was withdrawn 40 years ago and in January 2020 the Department of Health and Social Care launched the valproate pregnancy prevention programme (<https://www.gov.uk/drug-safety-update/valproate-epilim-depakote-pregnancy-prevention-programme-updated-educational-materials>). NHS Devon Clinical Commissioning Group (CCG) has been involved in the work around pelvic mesh safety over the last two years. The CCG's National Institute for Health and care Excellence (NICE) Planning & Advisory Group (NPAG) undertook a full review across all hospital providers as soon as the initial National Patient Safety Alert was published, and provided the CCG with assurance that all local Consultant Surgeons had ceased use of this particular medical device at that time. However, some women had previously received this surgical medical device during surgical procedures, and with their consent, ahead of the patient safety concerns being identified. The detail of which individual women have received the product is known by the hospital providers as it forms part of their hospital record. The CCG does not hold patient-specific information on this so is unable to supply numbers.

The CCG is currently aware of one group of affected women and is involved in supporting both the hospital provider and the patient group, directly and via Healthwatch. They are all women who have had the mesh inserted during surgical procedures prior to the National Patient Safety Alert and believe this has led to longer-term health issues. The Trust has put a number of actions in place to support this patient group but outcomes from the complaints and challenges made by the women remain in progress.

The Care Quality Commission (CQC) will be working with the CCG next week to work through the recommendations made in the Cumberlege Report. More information is awaited from NHS England and Improvement and the CQC to detail the national improvement programme (announced by Nadine Dorries MP) and how local areas will need to take forward the recommendations and report on progress. Devon County Council will work with the CCG to ensure that recommendations are implemented, both specific to these issues and in general terms, recognising the Council's commitment to - and championing of - equality and diversity.

### **3. Engagement with the traveller community**

There is not a single 'Traveller Community', rather there is a diverse range of groups with diverse needs. The shared and most acute need of all these groups lies in the lack of suitable accommodation in the form of provision of pitches on sites, both permanent and transit and appropriate housing. As such, the strong engagement of Devon's district councils as housing and planning authorities is paramount. District councils have established an increasing network of Traveller Community Forums which focus on local permanent needs. Devon County Council is strongly engaged with all these and also convenes a peninsula group comprising relevant agencies including district councils, neighbouring authorities and Police to consider wider needs and provision.

A network of temporary stopping points county wide, coordinated across all local authority areas is needed and being explored to help fill this gap in provision. In the absence of such provision, there is nowhere people can stop in an authorised way in Devon in the travelling months. This in turn gives rise to headlines about people stopping in high profile, unsuitable locations.

Devon County Council's role in the peninsula group has led to a consistent, coordinated approach to movements during pandemic restrictions. The group will continue to meet, discuss and explore different ways of working which can lead to better outcomes for Travelling communities, who currently have a life expectancy 10-12 years shorter than the general population and face the worst attainment levels in education.

**Councillor Roger Croad**  
**Cabinet Member for Communities, Public Health, Transportation and Environmental Services**