



HEALTH AND WELLBEING BOARD

19th March 2020

Report sponsor: Robyn Dewis, Acting Director
of Public Health
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Lead (Health Protection)

ITEM 10

Health Protection Board Update

Purpose

- 1.1 To provide the Health and Wellbeing Board an update and overview of key messages from the Derbyshire Health Protection Board which met on 21st January 2020.
- 1.2 The issues covered include:
 - Emergency Resilience and Response
 - Screening and Immunisation Programmes
 - Infection Prevention and Control
 - Environmental Health
 - Inequalities
 - Emerging and Recent Incidents and Outbreaks.

Recommendation

- 2.1 The Health and Wellbeing board is asked to note the update report.

Reason

- 3.1 To ensure the Health and Wellbeing Board is kept updated on health protection issues affecting residents of Derby.

Supporting information

Emergency Resilience and Response

4.1 (a) Derbyshire Health Protection Response Group (HPRG)

The board were informed the HPRG discussed:

- HPRG scenario matrix and existing gaps highlighted. It had been agreed at a recent infection control meeting that where advice was needed following an outbreak in a community setting the infection control service would provide advice.

- The Primary Care Networks (PCNs) should now be able to provide a more resilient response to outbreaks in care homes via the enhanced specification. However, there was still a need to determine what was included in the 'basket of services' for health protection emergency responses by primary care.
- New Infection Protection Control service to be commissioned and its remit discussed.

4.2 (b) Local Resilience Forum (LRF)

The board were informed that the following items had been discussed at the LRF:

- Severe weather.
- The Kerslake Report - an independent review into the preparedness for, and emergency response to, the Manchester Arena attack in May 2017.
- LHRP workplan and mass casualty plans.
- Blackstart exercise.
- Reviews of pandemic flu and evacuation and shelter plans.
- Future of Health Emergency Planning Officers Group.
- Feedback from HPRG.
- Update from the previous LRF discussion concerning the Toddbrook Reservoir incident and Operation Yellowhammer.
- Brexit exercise.
- Latest version of Health Protection Memorandum of Understanding signed off.

Terms of reference reviewed and agreed that these would be amended to indicate that the accountable officers should attend 50% of the meetings and that the Health Emergency Planning Group be developed to sit under the LHRP.

Screening and Immunisation Programmes

4.3 (a) Screening and Immunisation Overview

The Board received the report prepared by the Screening and Immunisation Team (SIT) which highlighted the following:

- Significant Impact on seasonal influenza vaccination uptake by the delay in vaccine supply for the two and three years old and school aged cohort group. Uptake across the whole programme lower than last year except for the over 75 year cohort. There were also severe problems with norovirus causing many school absences and issues with a school due to the porcine content in the vaccine. Multi-agency work in place, including public health, to support the schools to increase the immunisation uptake.
- The childhood immunisation data for quarter 2 2019/20 shows that Derby City was below target for most of the programmes. The SIT continued to work with stakeholders to improve uptake and were going to look at pre-school booster uptake.
- The PHE Centre convened an MMR Elimination Scoping Group for the extended locality incorporating the collaborative work implemented in Derbyshire by the SIT and Derby and Derbyshire CCG.
- It had been confirmed in April 2019 that England will follow a 1 + 1 PCV

schedule based on the advice of the Joint Committee of Vaccination and Immunisation (JCVI).

- The shingles vaccine working group in Derbyshire continued to work in partnership to focus upon practices where uptake was highest in order to identify best practice for sharing learning with other practices.
- As of 29th December 2019 there was a 24-day average 'Turnaround Time' (TAT) for primary HPV screening at Royal Derby Hospital. There was a backlog and the Trust had therefore employed additional staff to address this.
- Bowel Cancer screening uptake levels had increased following the introduction of the Faecal Immunochemical Test (FIT) test.
- Audit of the forty-one women with breast implants affected by previous advice to opt-out of breast screening had been undertaken to ensure that they were now re-invited for screening.

4.4 (b) **Abdominal Aortic Aneurysm (AAA) Screening Programme**

The Board received a report prepared by the Screening and Immunisation Team (SIT) which highlighted the following:

- The NHS abdominal aortic aneurysm (AAA) screening programme was available for all men aged 65 and over in England. The programme aimed to reduce AAA related mortality among men aged 65 by means of a simple ultrasound test.
- AAA was a well performing programme that regularly met the National Quality Standards.
- The uptake rate 86.7% which was slightly lower than 87.3% achieved in 2017/18, but still above the achievable standard threshold of $\geq 85\%$ and higher than the national average of 80.9%.
- A variety of initiatives were used to ensure that screening was accessible and equally available to all those eligible for screening. It was suggested that AAA screening would be a good programme for a health literacy initiative due to its relative simplicity compared to other programmes.
- A DNA audit was undertaken via a questionnaire on those men who had attended appointments with the aim of collating data about barriers to attendance and how these could be addressed to make the service more accessible.
- From the 116 GP practices served by the Derbyshire AAA Screening programme 112 practices (96.6%) had met the acceptable level of $\geq 75\%$ and 91 practices (78.4%) had met the higher achievable rate of $\geq 85\%$. Four practices (3.4%) had not met the acceptable level.

4.5 (c) **Cancer Research**

The Board heard that the role of a Cancer Research UK (CRUK) Facilitator was to engage with healthcare professionals and commissioners to improve the early diagnosis of cancer and also increase prevention. The UK lagged behind other countries with similar healthcare systems in diagnosis rates and so the CRUK facilitators attempted to work closely with primary care professionals, especially GPs and their practice teams, who had a crucial role to play in early diagnosis which in turn would improve survival rates.

Training could be offered to all levels of staff in the surgeries from receptionists to GPs to promote the messages about screening. There is a desire by CRUK to move away from initial contacts with individual GP practices to attendance at meetings with the emergent PCNs. The board heard all screening data sets would be aligned with the PCNs so that the average screening rates by PCN could be viewed. This would enable practices with low uptake to be targeted more effectively.

4.6 (d) BCG Vaccination Commissioning

The Board noted that there was now a commissioned service at Royal Derby Hospital to provide BCG vaccinations for those children who came into Derby City from high prevalence TB countries.

Infection Prevention and Control

4.7 Derbyshire CCG Infection Prevention Control (IPC) Update

The Board received a report from Derby and Derbyshire Clinical Commissioning Group (CCG).

In the light of the formation of the CCGs new IPC services, future reports to the Board would be reviewed.

Environmental Health

4.8 Air Quality Working Group

The Derbyshire County and Derby City Air Quality Strategy had been developed and approved by the City and County Health and Wellbeing Boards and also Joined Up Care Derbyshire. The priorities in the strategy would be to facilitate travel behaviour change; reduce sources of air pollution and mitigate against the health impacts of air pollution.

An action plan had been developed which included a number of actions with measurable data. A separate meeting would be convened to involve key stakeholders to go through the action plan and secure their commitment. Oversight of the monitoring of the strategic priorities and progress will be undertaken via the Air Quality Working Group which would report at least annually to the Health and Wellbeing Boards.

Emerging and Recent Incidents and Outbreaks

4.09 The following incidents were raised with the Board:

- Two cases of shigella.
- Some cases of confirmed Legionnaires' disease
- A meeting has been held with the 'Derby Telegraph' to discuss the concept of TB and outbreaks. A World Health Organisation meeting was held on 22nd January regarding Wuhan coronavirus and Public Health measures.

Public/stakeholder engagement

5.1 Not applicable.

Other options

6.1 None.

Financial and value for money issues

7.1 None.

Legal implications

8.1 None.

Other significant implications

9.1 None.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor	Robyn Dewis, Acting Director of Public Health	10/03/2020
Other(s)		