

Health Protection Board Annual Update

SUMMARY

- 1.1 The Health Protection Board, a sub group of the Health and Wellbeing Boards Derbyshire County and Derby City Councils, seeks to provide assurance of arrangements for the prevention, surveillance, planning and response required to protect the public's health. The board is a high level forum for agreeing strategic priorities, seeking assurance and challenge and facilitating strategic relationships.
- 1.2 The scope of the Board includes
- National Screening and Immunisation programmes commissioned by NHS England
 - Communicable disease control
 - Infection prevention and control
 - Environmental Hazards
 - Emergency planning via links with the Local Health Resilience Partnership and Local Resilience Forum

The Board utilises standard agenda items and a reporting framework. This enables regular oversight of areas outlined within the scope as well as periodic detailed review of specific areas to assess inequalities.

- 1.3 The Board's Priorities are:
- Infection Prevention and Control
 - Emergency Planning, Resilience and Response
 - Screening and Immunisation programmes
 - Environmental risks
 - Communicable disease

RECOMMENDATION

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

REASONS FOR RECOMMENDATION

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

SUPPORTING INFORMATION

4.1 Infection prevention and control

The Board receives regular reports from each CCG, providing a summary of health care acquired infections, risks, priorities and identifies themes and best practice. Whilst there has been a decline in many health care acquired infections, a significant proportion of infections originate in the community, particularly evident in relation to E coli.

Actions to support reductions in infection locally are therefore focused on the care sector and community, including collaborative analysis of data around Ecoli, promotion of hydration and urinary tract infection management. In conjunction with the whole health economy the board aims to undertake an audit of local infection prevention and control resource.

4.2 Emergency Planning, Resilience and Response

The Board receives regular updates from the Local Health Resilience Partnership and Local Resilience Forum. The board also reviews progress from the Derbyshire Health Protection Response Group around progress of actions following the recent national LHRP audit of local health protection response. Whilst locally stakeholders have demonstrated effective collaborative response to local incidents, the audit identified gaps within contractual arrangements to support response and documented governance arrangements. Actions from the audit are due to be completed by September 2018 and a repeat audit undertaken.

4.3 Screening and Immunisation programmes

National screening and immunisation programmes are commissioned and performance managed locally by NHS England. The Board receives regular oversight reports from NHS England providing details of changes to programmes, risks and work areas. A timetable of detailed reports ensures annual oversight of each programme; these include data at local geographical areas, oversight of work to address inequalities and facilitates stakeholder engagement to improve coverage. A summary of Screening and Immunisation coverage is provided in Appendix 2.

Following a report on the Bowel Cancer Screening programme the Board recommended a detailed Health Equity Audit of the programme. The audit has been conducted in partnership with stakeholders of the Board and recommendations are being implemented via the STP Cancer Screening work stream. The audit highlighted specific segments of the population where uptake of cancer screening is lower and rates of positive screens are higher. This has enabled the identification of population groups with highest need, and the

targeting of evidence based interventions. The Board will continue to seek assurance of work to address inequalities in Bowel Screening. A cervical Cancer Screening Health Equity Audit is planned for 2018/19.

In relation to immunisation the Board seeks oversight of both adult and childhood immunisation programmes, through regular reporting from NHS England. Local work to support improvements in immunisation uptake has focused on MMR vaccination. Stakeholders of the Board have supported a task and finish group to support increases in uptake of MMR locally. Similar work is planned to support improvements in Shingles vaccination uptake for 2018/19.

4.4 Environmental risks

The Board receives reports of emerging environmental risks in response to incidents and an annual report from the Chief Regulators Group on air quality. The report provides a summary of local air quality monitoring data and review of trends. The Board also receives regular updates from the Joint Air Quality Working Group, a multi stakeholder sub group of the Health Protection Board. This includes updates on air quality management areas and clean air zones, mapping of local air quality, local initiatives to support improvements in air quality and awareness raising campaigns such as Clean Air day.

The Air Quality Working Group is working collaboratively to develop a draft Air Quality Strategy for 2018/19 and aims to support implementation of planning guidance and low emission strategies.

4.5 Communicable disease

Communicable diseases are those that can be spread from person to person. Preventing and controlling the spread of disease is a key part of public health. Monitoring of communicable disease and management of communicable disease outbreaks is undertaken locally by Public Health England. The Board receives regular reports from Public Health England of communicable disease outbreaks and risks impacting the local population. Key priorities for communicable disease include work to address TB within the underserved population and reduction of Hepatitis C. The Board receives regular reports on progress of implementation of latent TB screening.

During 2018/19 stakeholders of the Board aim to map processes to ensure access to housing and social support locally for those with TB. Stakeholders of the Board are also supporting working groups to raise awareness of Hepatitis C, increase testing and improve access to treatment.

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| OTHER OPTIONS CONSIDERED |
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5.1 Not Applicable

This report has been approved by the following officers:

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| Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s) | Dr Cate Edwynn, Director of Public Health Dr Robyn Dewis, Consultant in Public Health Medicine |
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| For more information contact: Background papers: List of appendices: | Jane Careless 07814141624 jane.careless@derby.gov.uk None Appendix 1 – Implications Appendix 2 – Screening and Immunisation Coverage |
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| IMPLICATIONS |
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Financial and Value for Money

1.1 None

Legal

2.1 None

Personnel

3.1 None

IT

4.1 None

Equalities Impact

5.1 The report provides assurance around inequalities related to health protection issues.

Health and Safety

6.1 None

Environmental Sustainability

7.1 None

Property and Asset Management

8.1 None

Risk Management

9.1 None

Corporate objectives and priorities for change

10.1 Provide assurance over health protection systems. Support strategies to reduce morbidity and mortality and address inequalities.

Appendix 2

Derby City Screening and Immunisation Coverage

Immunisation uptake by local authority 2017/18

| | England | Derby City | |
|---------------------------------------|---------|-----------------------|-------|
| | Q3 | Q3 | Q2 |
| DTaP/IPV/Hib at 12 months | 93.1% | 93.8% | 93.8% |
| MMR at 24 months | 91.1% | 90% | 87.8% |
| MMR dose 2 at 5 years | 87.3% | 83.9% | 81.9% |
| DTaPIPv booster | 85.9% | 84.2% | 82.3% |
| HPV 2016-17 (2 doses age 13-14 years) | 83.1% | 77.1% (Annual figure) | |
| Shingles vaccination 2016-17 | 48.5% | 46.6% (Annual figure) | |

Screening coverage by local authority 2016/17

| Programme | Age range | England | Derby City |
|-------------------------------------|-------------|---------|------------|
| Cervical screening | 25-64 years | 72% | 73.3% |
| Breast screening | 53-70 years | 75.4% | 76.6% |
| Bowel screening | 60-74 years | 58.8% | 57.6% |
| Abdominal aortic aneurysm screening | 65 years | 80.9% | 84.5% |