

**HEALTH AND WELL-BEING BOARD
11 JULY 2017****UPDATE FROM THE HEALTH PROTECTION GROUP**

Board Sponsor

Cllr John Smith, Cabinet Member with Responsibility for Health and Well-being

Author

Dr Frances Howie, Director of Public Health

(Please click below
then on down arrow)

Priorities

Older people & long term conditions	Yes
Mental health & well-being	No
Being Active	No
Alcohol	No
Other (specify below)	Health Protection

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the work of the Health Protection Group during 2016/17;
 - b) Ask that a report be made annually to it for assurance, and by exception for escalation of any key issues; and
 - c) Support a review of membership and business of the health protection group; and
 - d) That board members prioritise working together to resolve issues highlighted; and that the board
 - e) Supports the specific priority and partnership work of the HPG in increasing flu immunisation uptake, particularly in pregnant women and at risk groups under the age of 65 in the first instance; and

- f) Supports the prioritisation of partnership work in the sub group to achieve assurance of the capacity and quality of TB services in the county.**

Background

2. The Health Protection Group (HPG) was set up in 2013 as a sub-group of the Health and Well-being Board, with the purpose "to provide assurance that adequate multi-agency arrangements are in place to protect the public from major threats to health and well-being in Worcestershire." This group meets twice a year (May and November). With the potential for group members to escalate issues to the chair in the interim period as issues arise.

3. Health protection is the domain of public health which seeks to prevent or reduce the harm caused by communicable diseases and to minimize the health impact from environmental hazards such as chemicals and radiation and adverse weather events.

4. This broad definition includes the following functions within its scope, together with the timely provision of information and advice, ongoing surveillance and alerts and tracking of existing and emerging threats to health:

- a) National programmes for vaccination and immunisation
- b) National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening
- c) Management of environmental hazards including those relating to air pollution and food.
- d) Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. TB, pandemic flu) and chemical, biological, radiological and nuclear hazards.
- e) Infection prevention and control in health and social care community settings
- f) Other measures for the prevention, treatment and control of the management of communicable disease as appropriate and in response to specific incidents.

System Responsibilities for Health Protection

5. The secretary of state for Health has the overarching duty to protect the health of the population.

6. From 1 April 2013, the NHS reforms arising from the Health and Social Care Act 2012, transferred health protection responsibilities to the following organisations:

- a) Public Health England (PHE) brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to incidents and outbreaks
- b) NHS England (NHSE) is responsible for the commissioning and implementation of national screening and immunisation programmes across Worcestershire.
- c) NHS England is responsible for the co-ordination and support of the Local Health Resilience Partnership (LHRP), which along with preparedness, co-ordinates any NHS multi-agency response to an emergency. The LHRP

covers the wider footprint of Herefordshire and Worcestershire. With the chair rotated between the two Local Authorities (LA) Directors of Public Health (DPH).

- d) The counties Clinical Commissioning Groups (CCGs) (Wyre Forest, Redditch and Bromsgrove and South Worcestershire) are responsible for commissioning treatment services when this is required as part of a strategy to control communicable disease.

7. The council has a statutory duty under the Health and Social Care Act 2012 and associated regulations, to provide information and advice to relevant organisations and the public with an oversight function to ensure that all parties discharge their roles effectively for the protection of the local population. This duty is discharged through the Director of Public Health.

Main/key issues to be considered

8. Performance against health protection outcomes, including immunisation and screening, is reported through the Public Health Outcomes Framework (PHOF). This is a national set of indicators, set by the Department of Health and used by LAs, NHS and Public Health England to measure public health outcomes. It is regularly updated and is available at www.phoutcomes.info.

9. The Health Protection Group meets biannually and members who deliver functions (which are highlighted in section 6 above) prepare detailed reports on these functions that consist of PHOF indicators and further contextual and oftentimes confidential information. This information is scrutinised by the members of the HPG. Two examples of where this contextual information is particularly useful are;

- a) To be able to monitor early in the flu season how flu immunisation uptake is progressing and what was done as a result of the information.
- b) Monitoring infections in an outbreak situation to inform multiagency current and future response.
- c) Highlights of national and local issues in screening and immunisation programmes which enable identification of emergent issues and appropriate responses.

10. Broadly performance in Worcestershire has been noted by the HPG as good, however, there a few areas that are highlighted in this report which could be focused on to improve performance.

Areas where Worcestershire has good outcomes

11. Immunisation uptakes in general are either similar to or better than the England average in Worcestershire. Public Health England (PHE) makes available to both the Clinical Commissioning Groups (CCGs) and the Local Authority (LA) practice level immunisation uptake data. This is a robust and real time resource that has recently been integrated into Improving Quality Supporting Practices (IQSP) visits by the CCGs to highlight and improve immunisation uptakes at practice level. It is planned by PHE that the same level of data will be made available within the year for all screening programmes which are highlighted in 4(a) above.

12. Health care worker uptake of seasonal influenza immunisation has increased significantly within the past year. This is thought to due to in part to the availability of

a flu immunisation Commissioning for Quality and Innovation (CQUIN). It was noted by the HPG that in social care there is a lack of information available to inform the group on uptake flu immunisation of care staff.

13. Investigations of community E.coli infections in Worcestershire have been highlighted as regional best practice.

14. Robust emergency planning and preparedness arrangements based on the Civil Contingency Act (CCA) with a joint multiagency exercise planned for later this year in Herefordshire and Worcestershire on response to an animal health related incident. This is particularly important across both areas due to the rural nature of both counties.

15. There are currently ten Air Quality Management Areas (AQMAs) in place across the county that are managed by Worcestershire Regulatory services (WRS). Poor air quality is intermittent and linked to congested streets at peak traffic times. This is not seen as a major threat currently and District priority actions for each AQMA are in place, reporting to a steering group which the HPG receives updates from.

Areas where there is scope for improvement with further work

16. Flu immunisation uptake in those under 65 in a risk group continues to be low. Although the HPG has noted that they are similar to the England average and there is evidence of improvement from last year's figures. This still means that half or less of those who would be eligible, receive an immunisation. PHE have been working with the CCGs to be able to utilise this data in their practice quality visits to target the improving uptake.

17. Flu immunisation uptake in pregnant women also continues to be low, with two of the CCGs being around the England Average (South Worcestershire, Wyre Forest) and one below the England average (Redditch and Bromsgrove). The Health Protection Group noted as disappointing that a potential to implement immunisation through midwifery services was not taken up in Worcestershire. The evidence shows where such programmes have been implemented uptakes have been increased and which prevents the potential complications of flu.

18. Shingles immunisation uptake has dipped although this is still at the England average where previously Worcestershire was better than the England average. This programme was introduced in 2013 for over 70s. This is important as shingles can have severe impacts on the older population and this promotes further resilience to infection within this population. Unlike the flu immunisation it is required once only and not annually. As an action from the HPG these figures have been highlighted to the CCGs in the recent quarterly CCG report.

19. The Breast cancer screening programme continues to be of concern and equipment for taking biopsies available in Worcestershire is not in line with current guidance. This means that Worcestershire is now an outlier in having the recommended equipment (VAC-B). This is currently being prioritised by PHE.

20. The HPG noted potential exacerbation of cervical screening inequalities in access to services thought to be due in part to new commissioning responsibilities for sexual health services. In response to highlighted issues PHE are now in a process

of re-commissioning cervical screening from Genito-Urinary Medicine (GUM) services.

21. The West Midlands Tuberculosis (TB) control board and the West Midlands PHE Director have highlighted that Worcestershire and neighbouring Herefordshire are outliers in the West Midlands in not having a TB clinical network. Worcestershire and Herefordshire are low incidence areas and there has not been clinical interest or capacity in developing a TB network. Both Directors of Public Health in Worcestershire and Herefordshire have agreed that this wider footprint for a clinical network would be pragmatic as a border is shared and similar issues exist as regards to low incidence but maintaining efficient, effective and responsive services and that this should be progressed locally.

22. Weaknesses in capacity to respond to TB have been highlighted by a number of TB incidents in Worcestershire this year with issues of capacity of services to provide surge. Although arrangements were quickly made with neighbouring areas to provide surge capacity to deal with these incidents, the HPG have highlighted this as a risk. Whilst Worcestershire is a low incidence area it shares borders with higher incidence areas and services need to be able to respond to incidents as they emerge.

23. The HPG noted that there was need in Worcestershire to focus on reducing inappropriate attendances and admissions to hospital related to Urinary Tract Infections (UTI). This has included systems prevention work on management of catheters that the CCG had highlighted as important to potentially assist these reductions. This is being supported by shared working between the LA and the CCGs to enable the implementation of initiatives to ensure good urinary catheter management in the community.

24. The HPG noted the hard work of the CCG's in countywide infection control in particular work to support awareness raising of the importance of antibiotic prescribing in antimicrobial resistance. However, the group also noted the need for medical leadership particularly in investigation of incidents of infection to influence a systems wide approach to ensure a culture of driving down infection.

25. The HPG has noted in general the post 2013 Public Health changes which has meant fragmentation of systems, with responsibilities spread across organisations. It has also been noted that many of the HPG members' organisations have been through restructures recently. As a result of this and to ensure effective and efficient partnership, the HPG is keen to review current membership, terms of reference and structures of the HPG to ensure that partnership working across organisations can be prioritised and enabled.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Dr Frances Howie, Director of Public Health

Tel: 01905 845533

Email: fhowie@worcestershire.gov.uk

Supporting Information

- Appendix - Terms of reference of HPG
- Appendix - Screening and immunisation uptake figures for Worcestershire