worcestershire countycouncil

AGENDA ITEM 8

HEALTH AND WELL-BEING BOARD
25 SEPTEMBER 2018

HEALTH PROTECTION GROUP ANNUAL UPDATE

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

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	(Please click below then on down arrow)
Priorities	
Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	Health Protection
Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**

    a. **Note the work of the Health Protection Group during 2017/18;**
    b. **Prioritise working together to resolve the issues highlighted; and**
    c. **Support the specific priority and partnership work of the HPG in increasing flu immunisation uptake, particularly the Health and Social Care workforce.**

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 quarterly. 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 minimise 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 new-born; 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 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.

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. Environmental Health services are food standards, pollution (including air quality), pest control, nuisance and dog services (dog wardens, fouling), The statutory duty for this sits with the 6 Worcestershire District Councils. In June 2010, the 6 District Councils set up a Joint Committee under Section 101 of the Local Government Act 1972 to oversee the delivery of these services across the County on their behalf, by a single body called “Worcestershire Regulatory Services” (WRS).

10. Trading standards are a part of WRS, and the statutory duty sits with the County Council. The service vision for trading standards is 'that Worcestershire is a healthy, safe and fair place to live, where businesses can thrive.'

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

Main/key issues to be considered

12. The uptake of seasonal influenza immunisation by Health care workers across the Acute and Community Trusts continues to improve against previous years. WAHT and WHCT both achieved over 70% staff uptake. This is good and should continue to be actively promoted aiming for 100% uptake recognising the importance of protecting patients and also the health of staff. Furthermore a high level of immunisation gives greater potential to reduce winter pressures, a key priority for all partners. Midwifery has agreed to provide flu immunisation to pregnant women from 18/19 season which should further increase uptake to this group.

13. Cancer related screening continues to perform above the England level however uptake of both breast and cervical screening is showing a continued downward trend. Recognising a dip in cervical screening uptake, since the 2013 transition of Health responsibilities, PHE has re-commissioned Genito-Urinary Medicine (GUM) to offer cervical screening to increase access and opportunistic screen offer. Currently nearly 40% of those eligible for bowel screening are not screened. We should be aiming for 100% uptake of screening programmes and need to address existing health inequalities, recognising those whose lifestyle or wider socio- economic circumstance puts them at higher risk are less likely to be screened. Work is required to better understand Worcestershire's profile of screening at this level and to develop action to improve screening to this population.

14. Robust emergency planning and preparedness arrangements based on the Civil Contingency Act (CCA) are in place across the West Mercia Local Resilience Forum area. A joint multi-agency animal health related incident response exercise was undertaken across Herefordshire, Shropshire and Worcestershire over three days in

March with initial reports indicating no critical failings during or post exercise. A full report is due October 18 which will provide comprehensive detail on strategic and tactical response processes and define further development recommendations. This is an important area of focus recognising the rural nature of these counties and the high level of livestock kept.

15. WRS have continued to undertake all the statutory reporting on behalf of the six Worcestershire Districts. Poor air quality is intermittent and linked to congested streets at peak traffic times. In Worcester City a number of additional locations have been identified that required declaration of an AQMA or incorporation into a single larger AQMA. The Licensing & Environmental Health Committee has decided to declare a citywide AQMA. Alongside this, WRS have facilitated the commencement of a Task & Finish Group for Air Quality Measures.

16. WRS 2017/18 annual report showed successful performance for the year. It is however important moving forward to recognise the risk and challenge to maintain preventive activity rather than becoming, as a consequence of the current economic climate, an increasingly reactive service. Investment is made from the Public Health Ring-fenced Grant to support trading standards, in particular regarding proactive tobacco control and protecting vulnerable people, at a time when the service has had capacity reductions following budget pressure.

17. Following the PHE surge audit on Worcestershire's capacity to respond to infections / incidents the CCG and WCC PH have worked jointly to develop a co-operation agreement between NHSE and the CCG as commissioners of surge resources. This is due to be ratified by the end of October 18. Detailed disease specific pathways are included in the agreement which should ensure timely and effective response to reduce public health risk where outbreaks are beyond business as usual.

18. Our review of the local TB service has been undertaken by WCC PH and received by the CCG (July 18). A task and finish group has now been established to develop an action plan.

19. An oral health needs assessment has been completed and has highlighted priorities to be addressed. A multi-agency steering group has been developed and a local action plan developed focusing on 4 key priorities; early years, adults at risk of poor oral health, healthy older age and improving access to dentistry.

20. Immunisation uptakes in general are either similar to or better than the England average in Worcestershire, **although it should be noted that the uptake of a number of childhood immunisation are reducing and are now just below the national clinical standard required to control disease and ensure patient safety** (see appendix 1on-line).

21. Worcestershire has a well-established Health Care Infection Prevention and Control Forum which draws together the health economy to monitor and prevent Health Care acquired infections. It has developed a 3 year strategy (2018/21) focussing on

- Developing a culture of continuous improvement
- Taking a whole systems approach, with clear structures, roles and responsibilities.

- Ensuring staff compliance with good infection prevention and control practices
- Providing a clean and appropriate environment that facilitates the prevention and control of infections
- Working collaboratively with all agencies to ensure seamless care.

The Forum monitors levels of reportable infections, Clostridium difficile, Gram negative E coli and MRSA Blood Stream Infections (BSI) at a CCG level and Trust level. It looks at both incidence but also whether lapses in care were contributable. For Gram negative e-coli Worcestershire had a target to reduce by 10% against the 2016 baseline however this has not been achieved. Hydration and urinary tract infection (UTI) avoidance work-streams have been developed to address this, recognising e-coli as a common cause of UTIs.

Areas where there is scope for improvement with further work

22. Improving levels of flu immunisation across the social care workforce requires focussed attention recognising both occupational health responsibilities but also importantly the health and protection of those receiving care. NHSE has confirmed that funding for health and social care workers will be made available in 18/19. Work is being undertaken jointly by CCG and WCC to promote this offer and measure uptake in line with wider healthcare expectations.

23. Immunisation of those under 65 in a risk group was identified last year as an area requiring improvement. Latest data shows improvement has been achieved and Worcestershire uptake is now similar to the England average, it could be improved further. Currently only half of those eligible receive an immunisation. Further joint work by PHE, WCC PH and the CCGs is planned to target practices where uptake is lower.

24. Uptake of Shingles immunisation for 70 year olds has continued to decrease, although remains slightly above the England average.

25. The Breast cancer screening programme continues to be of concern over radiology capacity and how this is affecting both the breast screening and symptomatic service. The situation is being investigated by PHE to understand how best to pragmatically manage the current position, whilst recruitment is being progressed.

26. There are changes in how screening for bowel cancer will be undertaken which is likely to lead to improved uptake. The plan is for bowel scope screening to be offered as a single screen to all 55 year olds in addition to faecal immunochemical test (FIT) screening which is offered to 60-74 year olds. Currently the trajectory for implementation of bowel scope screening in Worcestershire is not being achieved. PHE will continue to monitor this.

27. Prisoner health is the responsibility of NHSE, and PHE for screening. Prisoners held across the LA footprint are recognised as Worcestershire residents. The Director of Public Health therefore has a duty ensure equitable health improvement and health protection provision is in place for this population. This is particularly important recognising the likely existing poorer health, increased likelihood of infectious diseases and ageing prisoner population. Following a number of incidents this year

there is concern that the system is not functioning effectively to achieve equitable access. WCC PH and the CCG will continue to challenge this at a local and national level.

28. 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 will be progressed locally in 2018/19.

29. Significant work has been undertaken to address Urinary Tract Infections (UTI) through development of local guidance, training and systems to better manage and prevent inappropriate attendance at A&E. Clarity on the management of catheters and improving hydration are key to this. This now needs to be fully embedded and sustained across Acute and Community healthcare, including care and domiciliary settings and its impact will be measured by the CCG.

30. Excess deaths linked to pandemic flu or other major incidents would overwhelm existing mortuary facilities and therefore work needs to be undertaken urgently across the system to develop arrangements. This is a complex multiagency piece of work which has developed partly due to national disbandment of mass fatalities facilities and unclear systems across the West Midlands.

Legal, Financial and HR Implications

Employers will need to consider the cost and HR requirements in achieving significantly improved staff update of immunisations.

Privacy Impact Assessment

N/A

Equality and Diversity Implications

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

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Supporting Information

- Appendix 1 - Screening and immunisation uptake figures for Worcestershire (Available on-line)

- Appendix 2- Terms of Reference (Available on-line)