

**HEALTH AND WELL-BEING BOARD
10 MAY 2016****UPDATE FROM THE HEALTH PROTECTION GROUP**

Board Sponsor

Cllr Marcus Hart, Cabinet Member with Responsibility for Health and Well-being

Author

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(Please click below
then on down arrow)

Priorities

| | |
|-------------------------------------|-----|
| Older people & long term conditions | Yes |
| Mental health & well-being | No |
| Obesity | No |
| Alcohol | No |
| Other (specify below) | |

Groups of particular interest

| | |
|--|-----|
| Children & young people | Yes |
| Communities & groups with poor health outcomes | Yes |
| People with learning disabilities | No |

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 2015;**
 - b) **Ask that a report be made annually to it for assurance, and by exception for escalation of any key issues; and**
 - c) **Ensure that their own organisations contribute to improvement where needed.**

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."

3. The full terms of reference are attached and detail the objectives of the Group. These include assurance around Emergency Preparedness, Resilience and Response (EPRR); immunisation and screening programmes; health and social care acquired infections; and other major threats to health and well-being.

4. Membership includes CCGs; NHS England; Public Health England; Regulatory Services; Worcestershire Acute Hospitals Trust; District Councils and the County Council.

5. The HPG meets twice a year (April and November) and a summary of its work for 2015 is included below.

6. Emergency Preparedness, Resilience and Response.

The HPG received and discussed reports on the Cold Weather Plan; Local Heatwave Plan; and Local Health Economy Pandemic Influenza Plan. It noted a multi-agency table top event was held in November to test the off-site Emergency Plan for the Roxel control of Major Accidents Hazards (COMAH) site near Kidderminster. It noted refreshed multi-agency contingency planning in response to a fire hazard from the storage of illegal waste materials. Sixteen regulated sites in Worcestershire have been assessed by the Environment Agency as requiring fire response plans, and these are in place. The risk to public health comes from facilities which operate illegally. Two such sites have been identified and site specific contingency plans have now been drawn up by a group convened through Local Resilience Forum structures. A desk top exercise of the contingency Plan took place in September.

7. Immunisation

Performance reports have been received from Public Health England/NHS England on immunisation programmes on influenza and childhood immunisations. In general, uptake of childhood immunisation is at or above national targets, and 35 out of 67 practices achieved 100% uptake among children at 12 months of age. The County Council Public Health team produce detailed reports quarterly for CCGs to enable local discussions on pockets of lower take-up. The HPG discussed the 2015/16 flu immunisation programme in some detail, and noted that it would be the first year of a national flu programme delivered to all children in Years 1 and 2 of primary schools. Flu immunisation rates were expected to dip due to low vaccine efficacy in 14/15, and a national stalling is already evident over several years. It was also noted that a national community pharmacy flu immunisation programme for eligible adults was put in place and that this may lead to confusion for patients and also under-reporting of the numbers immunised. The HPG noted that a NHSE Public Health team was coordinating the flu immunisation work and had clear plans to maximise uptake in the 15/16 season.

8. Screening

The HPG received reports on the quality and performance of all NHS screening programme in Worcestershire, including incident reporting. Programmes include screening for bowel, breast and cervical cancer; diabetic eye screening; antenatal

and newborn screening; and screening for abdominal aortic aneurism. Overall coverage and uptake in Worcestershire is in line with or better than national averages. Pockets of low take-up are shared with the CCGs for their consideration.

9. Other threats to health and wellbeing.

The HPG received confidential reports from Public Health England Health Protection team, summarising incidents and outbreaks relating to communicable disease. These were broadly similar to previous years, and the most commonly reported are gastro-intestinal disease. Outbreak management is led by PHE, and the transition to new systems as a result of NHS reform has been carefully managed with all processes now embedded. Further changes are in hand, and assurance about capacity will be sought in future meetings.

10. Air quality.

The HPG receives regular updates on this. Ten Air Quality Management Areas (AQMAs) are in place across the County and are managed by regulatory Services. Poor air quality is intermittent and linked to congested streets at peak traffic times, where there is minimal air flow and residential properties close to the curbside. This is not seen as a major threat at this stage and District priority actions for each AQMA are in place, reporting to a Steering Group. The HPG continues to receive updates and seek assurance.

Contact Points

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Supporting Information

- Appendix - Terms of reference of HPG