



## Health Protection Board Update

### SUMMARY

- 1.1 To provide an overview of the key messages arising from the Derbyshire Health Protection Board which met on the 14th March 2016.
- 1.2 The Board was assured that the Aortic Aneurysm screening programme is performing against its standards. Uptake of the programme is better than the England average, however there is variation across Derbyshire and work is planned to reduce this.
- 1.3 The Board were informed of work by the Chief Regulators Group to reduce the impact of air quality issues on the health of the population. This is presented in a separate report to the Health and Wellbeing Board.
- 1.4 The Board have highlighted an issue raised during the management of a meningitis outbreak in Derbyshire last year. Commissioners and Providers had a lack of clarity on roles and responsibilities, particularly around prescribing, and have requested that clarity is provided in a timely manner.
- 1.5 The Board will receive updates on Healthcare Associated Infections and the Bowel Cancer Screening Equity audit later this year.

### 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 Stakeholder reporting timetable was agreed and Terms of reference to be reviewed

#### Performance

- 4.2 The Abdominal Aortic Aneurysm (AAA) Screening programme is offered to all men in their 65<sup>th</sup> year. It is designed to detect abnormal swelling of the main

blood vessel in the abdomen and to provide an opportunity to repair this through a planned operation. If this is not carried out there is a risk of rupture, an event which frequently results in relatively sudden death.

A detailed report of screening performance was provided by the Screening and Immunisation Lead. The AAA screening programme has met the minimum standard in all areas and the achievable standard in most. However, uptake across practices demonstrates variation. The board proposed a review of screening clinics against coverage data to ensure adequate provision, and the consideration of practice profiles to support primary care involvement.

- 4.3 A detailed report on Healthcare Associated Infections was provided by North Derbyshire CCG. A report from Southern Derbyshire CCG is expected in December 2016.
- 4.3 A verbal update from the Chief Regulators Group was provided to the board, including an overview of current work to address air quality associated morbidity and mortality.
- 4.4 The Board received a report from the Senior Health Protection Manager providing an overview of the key work stream areas of the Public Health, Health Protection Team, including; commencement of planning for 2016 flu programme, collaborative paper developed with the Chief Regulators Group on air quality, migrant health day for SDCCG primary care planned on for 5th May, JSNA for City updated to reflect health protection issues, tattoo hygiene rating scheme commenced and a formal launch due, and undertaking mapping of infection control training and CPD across the health economy.

#### Inequalities

- 4.5 Protocol for Bowel Health Equity Audit submitted, expected to commence May 16

#### Incidents and Outbreaks

- 4.6 Public Health England provided a summary of incident and outbreaks. This included a number of influenza outbreaks in care homes, however less than in previous years. An outbreak audit tool is currently in development and findings will be reported to the board. There have been increased cases of scarlet fever and two recent legionnaire disease cases. Assurance was given that all necessary action had been taken.
- 4.7 PHE presented the East Midlands Post Incident Constructive Outbreak Debrief Report which concerned the meningitis outbreak in Derbyshire in October 2015. Concern around clarity of roles in outbreak response was highlighted, with reference to primary care. A task and finish group would be established to ensure strategic planning is reflected within operational delivery. The Board highlighted concern about the current position and highlighted the importance of clarity around operational issues and the review being undertaken in a timely manner.

Strategic Updates

- 4.8 Public Health England provided an organisational update. The recent national consultation exercise has been completed, it is unlikely that the current size of the East Midlands Health Protection Team would change; consideration was being given to the extension of the service from 8.00 to 20.00. An increase in calls regarding availability of Meningitis B vaccine for children over one year was noted. The board noted the current position of the Department of Health had not changed due to cost effectiveness of the programme.

<b>OTHER OPTIONS CONSIDERED</b>
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- 5.1 Not Applicable

**This report has been approved by the following officers:**

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	Dr Cate Edwynn, Director of Public Health Dr Robyn Dewis, Consultant in Public Health Medicine
<b>For more information contact:</b>  <b>Background papers:</b> <b>List of appendices:</b>	Jane Careless, Senior Public Health Manager- Health Protection 07814 141624jane.careless@derbyshire.gov.uk None Appendix 1 - Implications

<b>IMPLICATIONS</b>
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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 None

**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 None