

# Health and Wellbeing Board 13<sup>th</sup> September 2018

**ITEM 13** 

Report of the Director of Public Health

# **Health Protection Board Update**

#### **SUMMARY**

- 1.1 Changes are being made to the tests used for both the cervical and bowel cancer screening programmes. Both of these tests are expected to improve accuracy and the new screening test for bowel cancer should also improve acceptability and uptake. Specific work has also been undertaken in Derbyshire and Nottinghamshire to improve uptake for people with learning disabilities.
- 1.2 Work to improve the uptake of childhood vaccinations, to establish a school aged TB immunisation service and to improve the uptake of the Shingles vaccination is ongoing.
- 1.3 Concern remains regarding the inequity of provision and stretched capacity of Infection Prevention and Control services across Derbyshire. This has been escalated to Public Health England.
- 1.4 Work is being undertaken to develop a hospital discharge pathway for patients who are homeless and admitted for treatment of TB. This will ensure a more timely discharge process and help to reduce delayed discharge from the University Hospitals of Derby and Burton.

## **RECOMMENDATION**

2.1 The Health and Wellbeing Board is asked to note the update report from the meeting of the Health Protection Board, 24<sup>th</sup> July 2018.

#### 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

#### **Emergency Preparedness, Resilience and Response (EPRR)**

4.1 (a) The Local Health Resilience Partnership (LHRP) were reported to have approved the Memorandum of Understanding in principle, following minor

amendments. Excess deaths/mass casualty's plans under development.

(b) Derbyshire Health Protection Response Group.

An action plan has been prepared to address the gaps identified through the Health Protection Audit undertaken in 2017. Pathway developed for the governance arrangements including lessons learnt to be ratified at the next LHRP. September meeting due to focus on primary care and environmental health response.

#### **Screening and Immunisation**

- 4.2 (a) Screening and Immunisation Programs
  - An incident in the national breast screening service found some women had not been invited into the programme. NHS England North Midlands were working with local breast screening providers to support the additional services required.
  - HPV primary screening (new test for cervical screening) commenced on 1st June 2018 across Derbyshire.
  - NHS England North Midlands and Integrated Sexual Health Providers are discussing the delivery of opportunistic cervical cancer screening, to reach women who are either at 'risk' or have missed their routine recall.
  - The current test for bowel cancer is to be replaced with the faecal immunochemical test (FIT). This test should improve accuracy but also make the test more acceptable and so improve uptake.
  - A project to increase the take up of the three NHS Cancer Screening and AAA Screening Programmes in Derbyshire and Nottinghamshire by people with learning disabilities has been undertaken and is awaiting evaluation. A final report is expected later in 2018.
  - (b) Immunisation Programmes Performance Report 2017/2018
    - The childhood vaccination uptake for Derby City is currently below target for vaccines given up to one and two years of age, and for pre-school booster and MMR. Targeted action was being undertaken by the Increasing Uptake Working Group and close work with the CCGs.
    - There were a small number of hepatitis B at risk babies in Derby City but the performance for the follow up vaccination of these babies was 100%.
    - Uptake for the children's flu programme had been higher than the national average in 2017/18, but performance had been lower in the City than the County. An increase in uptake in the over 65 years, at risk and pregnant women had also been observed.
    - The Seasonal Flu Plan for 2018/19 was published in March 2018 and circulated to all stakeholders. It highlighted an extension to the Healthy Child Influenza programme for 2018/19 with the primary school children in school year five now included in the eligibility cohort. The schools provider has changed in the City this year from Nottingham City Care to Derbyshire

Community Health Services NHS Foundation Trust.

- The Screening and Immunisation Team has met with the renal team at Derby Teaching Hospitals Foundation Trust (DTHFT) to commission an influenza vaccination service to target renal in-patients and out-patients.
- DTHFT had achieved uptake rates between 85% and 97% for the identified cohort for the pre-natal pertussis (whooping cough) programme each month to date.
- (c) BCG Vaccination Commissioning Update

The CCG are continuing to work with providers to commissioning a BCG vaccination service for school aged children in Derby City.

## (d) Shingles Working Group

The Screening and Immunisation Team have reviewed shingles vaccination uptake at practice level due to a national decline in uptake. It was highlighted that uptake of this vaccine had decreased in both the routine and the catch-up cohorts from 61.8% in 2014/15 to 54.9% in 2015/16 and from 57.8% in 2014/15 to 55.5% in 2015/16 respectively. New national communication materials had been circulated to practices and the CCGs to try and improve this position. A multi-agency working group is to be established, to identify improvements to the programme.

## Infection Prevention and Control (IP&C)

- 4.3 (a) Lead Nurse Infection Prevention and Control, NHS Erewash & NHS Southern Derbyshire CCGs presented an IP&C Update from the Derbyshire CCGs April 2017 – March 2018.
  - E coli Gram Negative Blood streams Infections (GNBSI) have not seen the rise in numbers which had been noted in previous years.
  - The IP&C study days had been well received and attended from Derbyshire wide providers.
  - A reduction in gram negative blood stream Infections (GNBSI) to meet the National Ambition remained a challenge despite a whole health economy approach.
  - There was limited capacity across the health economy to address the workload of reducing GNBSI and other health care associated infections (HCAI).
  - Clostridium difficile (C.Diff) infection rates remained a challenge due to antibiotic prescribing constraints linked with national shortages.
  - The introduction of Latent TB infection (LTBI) screening in the areas of high incidence in line with the National TB Strategy remained a challenge.

#### (b) Derby Asylum Centre

The Board discussed anecdotal issues raised by providers in relation to continuity of care between asylum centres, and a need to seek assurance around Infection Prevention and Control policies and procedures. The Board agreed to follow up

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with the Cohesion and Prevention Manager at Derby City Council.

(c) IP&C Audit

The Board discussed the continued inequality in standards and provision of IP&C services. This issue had been raised as a concern with PHE and they have a meeting planned for August to discuss obtaining a regional picture of service provision and developing of an IP&C audit tool to assist in this process.

#### **Environmental Health**

- 4.4 The Board received an updated from the Air Quality Working Group;
  - Update on Air Quality Management Areas.
  - A Clean Air Zone business case was due to be submitted to the Department for Environment Food and Rural Affairs (Defra) by 15th September 2018.
     The business case would form a public consultation, this would be shared with the Derby City Health and Wellbeing Board.
  - The East Midlands Air Quality Network planning guidance document was now complete.

## Inequalities

4.5 It was reported that the Bowel Health Equity Audit, which aimed to determine the equity of access and uptake outcomes from the Derbyshire Bowel Cancer Screening Programme, was now being actioned under the Derbyshire Cancer work stream of the Sustainability and Transformation Partnership (STP). Targeted work would now be identified.

Further audit work is now planned around Cervical screening.

## **TB Update**

- A hospital discharge pathway for homeless TB patients would be developed to ensure good communication between services and to allow individuals to be discharged from hospital in a timely manner.
  - A prioritisation exercise had been undertaken to highlight key areas of the TB Strategy and a commissioning workshop would be held in October to look at the service specifications.

#### OTHER OPTIONS CONSIDERED

5.1 Not Applicable

This report has been approved by the following officers:

Legal officer
Financial officer
Human Resources officer
Estates/Property officer

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Service Director(s)	Dr Cate Edwynn, Director of Public Health
Other(s)	Dr Robyn Dewis, Consultant in Public Health Medicine

For more information contact:
Background papers:
List of appendices:

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None
Appendix 1 - Implications

**Appendix 1** 

## **IMPLICATIONS**

## **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

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