

## Health Protection Board Update

### SUMMARY

- 1.1 The Derbyshire Health Protection Board met on 14 April 2014. This paper provides the Health and Wellbeing Board with an overview of the key issues discussed.
- 1.2 Updates Regarding New National Immunisation Programmes  
Adolescent tetanus, diphtheria and polio (Td/IPV) vaccine – This vaccine, already delivered by primary care, is now to be offered at the same time as the Meningitis C vaccine in line with the national guidance to align the delivery of these two vaccines at School Year 9.

Rotavirus vaccine – The Board noted that this programme had been very successful since its introduction in July 2013 and uptake from participating Sentinel practices had been very high – all above 90%

Shingles vaccine – This vaccine was introduced from September 2013 for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against herpes zoster. Higher uptake is now anticipated as national vaccine supply issues have been resolved.

1.3 Seasonal Influenza

The seasonal flu programme was implemented through primary care to include the new extended seasonal flu immunisation programme to all two and three year old children. The Board was reasonably confident that GP practices were doing all they can to drive up uptake across all the at risk groups.

The Screening and Immunisation Team had discussed with the maternity services of Chesterfield Royal Hospital and Royal Derby Hospital the promotion and administration of seasonal flu vaccines to pregnant women. The Board noted that the Area Team intention to agree new contractual and clinical arrangements for the delivery of the flu vaccine to pregnant women within the maternity service departments of both Foundation Trusts in Derbyshire.

The variable uptake of the seasonal flu vaccinations by healthcare workers was still an area for concern and every effort would be made to increase this.

The Board noted that the Area Team is developing a strategic model and vision for the delivery of all school age vaccinations (HPV, teenage booster, Meningitis C and seasonal flu) across the Area Team geography. The Area Team was liaising with the

Arden, Herefordshire and Worcestershire Area Team on the procurement work associated with the development of a single immunisation provider for school age programmes.

#### 1.4 Childhood Immunisation Uptake

Derbyshire County - The Board that the uptake in Derbyshire County is now above the 95% herd immunity level and commended all concerned with this significant achievement.

Derby City – The Board noted that all vaccines measured at age one and two were within 1.5% of the target with a gradual increase in the vaccines measured at age five years.

Erewash Clinical Commissioning Group – The Board commended the increase in immunisation uptake in Erewash CCG with herd immunity levels being met for five out of the six vaccinations.

#### 1.5 Human Papilloma Virus (HPV)

Uptake had continued to increase across Derbyshire County and Derbyshire Community Health Services had been commissioned by the Area Team to undertake an outreach programme to those girls in Derbyshire who had not completed their vaccination programme during 2012 – 2013. It was noted that the schedule of vaccines will now be changed from three to two doses with a minimum of six months and maximum of 15 months between the two doses. It is likely that the schedule will be delivered over two academic years.

#### 1.6 Vaccine Patient Group Directions (PGDs)

Following stakeholder discussion and consultation with the CCG Medicine Management Teams a more streamlined and robust process had now been agreed for the future development of PGDs in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). The use of PGDs in primary care would now be finally authorised by the Area Team Medical Director and for other organisations via their own internal clinical governance arrangements.

#### 1.7 Diabetic Retinopathy

The Board was informed that new research supported by the Royal National Institute of Blind People showed that diabetic retinopathy was no longer the most common cause of visual impairment and which appeared to demonstrate the success of the diabetic retinopathy eye screening programme in spite of the rising incidence of diabetes.

#### 1.8 Bowel Cancer Screening

The Board was informed that the Screening and Immunisation Team had led an options appraisal to review future service delivery models of bowel screening in Derbyshire and Derby City. This was prompted by the need for services to be appropriately configured to support the future implementation of bowel scope screening (flexible sigmoidoscopy) in January 2015. The current Derby Bowel Cancer

Screening Centre will now separate into two; the derby Screening Centre and the Chesterfield Screening Centre. The Derby Screening Centre clinical lead would no longer cover the Chesterfield Screening Centre which would have its own consultant clinical lead. This model will ensure the continued and sustainable delivery of high quality screening services for local people

#### 1.9 Ex-Offender Health

The Board expressed some concern about the details of the health component of the proposed provision of an offender health work programme by a number of private companies and further information would be obtained about this.

#### 1.10 Clostridium difficile (C.difficile)

The Board noted that there were very high rates of C.difficile in North Derbyshire CCG and were informed of the robust action being undertaken by the CCG to address and resolve this.

#### 1.11 Big Challenge Fund

Erewash CCG had been successful in obtaining a large amount of monies from the Big Challenge Fund.

#### 1.12 East Midlands Ambulance Service (EMAS)

The Board noted that EMAS had failed to meet four out of six main standards following an inspection by the Care Quality Commission (CQC) and that plans were now in place to address each of these areas.

### RECOMMENDATION

- 2.1 To receive and note the key items from the Derbyshire Health Protection Board.

### REASONS FOR RECOMMENDATION

- 3.1 This report is for information only to update the Board.

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

<b>Legal officer</b>	n/a
<b>Financial officer</b>	n/a
<b>Human Resources officer</b>	n/a
<b>Service Director(s)</b>	Derek Ward, Director of Public Health
<b>Other(s)</b>	

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<b>Background papers:</b>	None
<b>List of appendices:</b>	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

**Equalities Impact**

4.1 None

**Health and Safety**

5.1 None

**Environmental Sustainability**

6.1 None

**Asset Management**

7.1 None

**Risk Management**

8.1 None

**Corporate objectives and priorities for change**

9.1 The Health Protection Board is a sub group of the Health and Wellbeing Board. The Health and Wellbeing Board asked to receive summary reports from the health protection meetings at the next available board following a Health Protection meeting.