



## Health Protection Board Update

### SUMMARY

- 1.1 This paper provides an overview of the key messages arising from the Derbyshire Health Protection Board which met on 10<sup>th</sup> October 2016.
- 1.2 A detailed cervical screening report from NHS England highlighted local decline in the uptake of cervical screening, mirroring national trends.
- 1.3 An annual air quality report by the Chief Regulators Group was presented. The paper highlighted risks related to the varied levels of improvement seen in air quality locally, significant health impacts and cost associated with poor air quality and increasing likelihood of exposure due to demands for housing in close proximity to main roads.
- 1.4 A verbal update on the TB Strategy from the Consultant in Communicable Disease Control. New TB guidance issued by NICE, TB control board events are planned, a new programme manager is now in post and a regional gap analysis against national service specification undertaken.

### 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

#### Screening and Immunisation

- 4.1 A detailed report on the performance of the Cervical Screening programme was provided by the Screening and Immunisation Lead. Overall performance is good and the East Midlands remains the highest performing region in the England, however there is a national and local decline in uptake, particularly amongst younger women. Local variation in uptake is noted. Community

engagement work by Public Health is planned in the city to better understand the barriers to screening and support awareness raising. Cervical screening result turn-around times have dropped below the recommend 98% of results issued within 14 days. The group was assured this presented no clinical risk, however, mitigation plans are in place to achieve the recommended target.

- 4.2 A summary report of the Screening and Immunisation programmes was provided to the board. The report included: oversight of commissioning of reconfigured breast screening service with Derby Royal Hospitals NHS Foundation Trust for South Staffordshire area, monitoring of maternity providers to reduce avoidable repeats for newborn blood spot screening. All providers are expected to meet acceptable criteria by January 2017, standardisation of procedures, risk registers and programme boards following the merge of Shropshire/Staffordshire and Nottinghamshire/Derbyshire Screening and Immunisation Teams and closure of Cardinal Square base.
- 4.3 *Flu vaccination*  
Healthcare workers identified as a priority group with a CQUIN attached for healthcare providers. Joint Public Health and CCG letter was sent to care providers advising around the requirements for social care workers vaccination. Target for pregnant women of 55% uptake. Public Health supporting NHS England commissioners in discussions with maternity providers around vaccination. Predicated flu strains for winter 2016 likely to be similar to those in 2014 and therefore impact the older age groups and care home settings disproportionately.
- 4.4 *BCG vaccination*  
Following issues around vaccine supply and difficulties in prescribing under a Patient Group Direction (PGD), Southern Derbyshire CCG are seeking to re-commission school age BCG vaccination services within the City. Following discussions with 0-19 service commissioners, screening will be reinstated within the school entry questionnaire from Autumn 2016.

#### **Infection Prevention and Control (IPC)**

- 4.5 A detailed report on healthcare associated infections was provided by Hardwick CCG.
- 4.6 Public Health is to provide representation to the Derby city Care Quality Group, and support work around training, audit and commissioning in relation to IPC.

#### **Environmental Health**

- 4.7 Chief Regulators Group presented Annual Report on Air Quality. The report highlighted particulate matter and nitrogen dioxide as key airborne pollutants which have an adverse impact on health. It is estimated around 70% of harm associated with air pollution is attributed to road transport. Local mortality burden attributed to particulate matter in Derby City is 131 deaths and 1425 life years lost annually.

Mortality data on Nitrogen dioxide is expected nationally in the coming months. At present Nitrogen dioxide is most widely monitored air pollutant. Derby City has one Air Quality Management areas (AQMA) where Nitrogen dioxide levels exceed health based air Quality Objectives. The paper highlighted risks related to the varied levels of improvement seen in air quality locally, significant health impacts and cost associated with poor air quality and increasing likelihood of exposure due to demands for housing in close proximity to main roads.

- 4.8 Following the joint Chief Regulators Group and Public Health Air Quality Workshop in June a mapping exercise of local air quality action had been undertaken and establishment of a working group to address air quality is expected in the coming months.

#### **Other issues**

- 4.10 A protocol for Bowel Health Equity Audit has been submitted and awaiting approval process.
- 4.11 A primary care migrant health resource pack was being developed by the Public Health team. This includes training slides and a new patient checklist.
- 4.12 Public Health England (PHE) provided a summary of incidents and outbreaks, including cases of Hepatitis A in Derby.
- 4.13 The board received a verbal update on the work streams of the Local Health Resilience Partnership, these included mass casualty and flu pandemic exercise planning, increasing support for CCG on call system, review of lessons learnt from Seven Trent water incident and Meningitis incident.
- 4.14 The board received a verbal update on the TB strategy from the Consultant in Communicable Disease Control, including new TB guidance issued by NICE, TB control board events planned, tool kit expected concerning underserved populations, workforce audit of TB nurses, new programme manager in post, and regional gap analysis against national service specification undertaken.

#### **OTHER OPTIONS CONSIDERED**

- 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
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<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	Jane Careless 07814141624jane.careless@derby.gov.uk None Appendix 1 - Implications
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## **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**

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