

## Agenda item 9

**DERBYSHIRE HEALTH AND WELLBEING BOARD****10 November 2016****Report of the Director of Public Health****HEALTH PROTECTION BOARD UPDATE****1. Purpose of the Report**

To provide an overview of the key messages arising from the Derbyshire Health Protection Board, which met on the 10 October 2016. The Board is a formal sub group of the Derbyshire County Health and Wellbeing Board and the Derby City Health and Wellbeing Board.

**2. Performance Update****Screening and Immunisation**

A detailed report on the performance of the cervical screening programme was provided by the Screening and Immunisation Lead. Overall performance was good and the East Midlands remains the highest performing region in England. However, there is a national and local decline in uptake, particularly amongst younger women. Cervical screening result turn-around times have dropped below the recommended 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.

A summary report of the screening and immunisation programmes was provided to the board, the report included details of the:

- Monitoring of maternity providers to reduce avoidable repeats for newborn blood spot screening. All providers 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 the closure of the Cardinal Square base.

*Flu vaccination*

Healthcare workers identified as a priority group with a CQUIN attached for healthcare providers.

Joint Public Health and CCG letter sent to care providers advising around the vaccination requirements for social care workers.

There is a target for pregnant women of 55% uptake and Public Health are supporting NHS England commissioners in discussions with maternity providers around vaccination.

Predicted flu strains for winter 2016 are likely to be similar to those in 2014 and therefore impact the older age groups and care home settings disproportionately.

#### *BCG vaccination*

Following mapping of BCG vaccination services, the screening process has been formalised and now included within 0-19 years service commissioning. BCG questionnaire will be incorporated within school entry questionnaire from September 2017.

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

#### *Hardwick CCG IPC update*

A detailed report on healthcare associated infections was provided by Hardwick CCG. The CCG is on track not to breach the NHS England Clostridium Difficile Infection (CDI) objective by year end. Case review shows the majority of cases were community acquired. Community case reviews showed good practice including prompt specimen sending, regular clinical monitoring and good communication, however issues including lack of CDI alerts in GP systems were highlighted.

Two cases of MRSA within the last quarter were reported, both identified as unavoidable.

Some increase in Ecoli noted and the CCG is working in collaboration with the whole health economy group.

#### *Community IPC assurance*

A verbal update was provided by the Public Health Manager on work being undertaken in the County in conjunction with Adult Care to review IPC compliance in care settings, ensure robust policies and systems, and map existing training provision. An audit tool is due for completion in the coming months. Mapping of provider wide IPC provision expected for completion by the end of the year.

#### *Tattoo hygiene rating scheme*

Using materials from the scheme as best practice guidance.

*Early Years IPC*

Public Health team developed and shared with providers an IPC poster for schools and early years settings which summarises Public Health England IPC guidance.

**Environmental Health***Air quality*

Chief Regulators Group presented their first 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 Derbyshire was estimated as being equivalent to 533 deaths and 5,466 life years lost annually.

Derbyshire currently has five Air Quality Management Areas (AQMAs) where Nitrogen dioxide levels exceed health based air quality objectives. These include Brimington in Chesterfield, two in Erewash and one in Bolsover next to the M1 and one on the A628 in the High Peak. Improvements in air quality had been noted at 47% of air quality management sites within Derbyshire over the previous five years.

The paper highlighted risks related to the levels of improvement seen in air quality with AQMAs, significant health impacts and cost associated with poor air quality and increasing risk of exposure due to demands for housing in close proximity to main roads.

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 a working group to address air quality is expected to be established in the coming months.

**Inequalities**

Bowel Health Equity Audit going through approval process. The Public Health team is developing a primary care migrant health resource including training slides and a new patient checklist.

**Incidents and outbreaks**

Public Health England (PHE) provided a summary of incidents and outbreaks, including cases of Hepatitis A in men who have sex with men, an increased level of cryptosporidium cases in Derbyshire, and infectious cases of TB in an IT consultancy firm operating in Chesterfield.

## **Strategic issues**

### *Local Health Resilience Partnership (LHRP) Feedback*

The board received a verbal update on the work streams of the LHRP, these included mass casualty and flu pandemic exercise planning, increasing support for CCG on call systems, reviews of lessons learnt from Seven Trent water incident and Meningitis incident.

### *TB strategy*

The board received a verbal update on the TB strategy from the Consultant in Communicable Disease Control, including new TB guidance issued by NICE, events planned by the TB Control Board, tool kit expected concerning under-served populations, workforce audit of TB nurses, new programme manager in post, and regional gap analysis against national service specification undertaken.

## **3. RECOMMENDATION**

The Health and Wellbeing Board are asked to note this update report from the Health Protection Board.

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**Director of Public Health**  
**Derbyshire County Council**