

Report of the Director of Public Health

**Public Health Services Commissioned by NHS England - Vaccinations,
Immunisations and Screening.**

Summary

1. This report focuses specifically on the screening, vaccination and immunisation responsibilities of the local authority and will not cover the other elements of Health Protection.
2. A paper was presented to the Health and Wellbeing Board in November 2016 to provide assurance that the health protection arrangements meet the needs of the local population, and this was accepted.

Background.

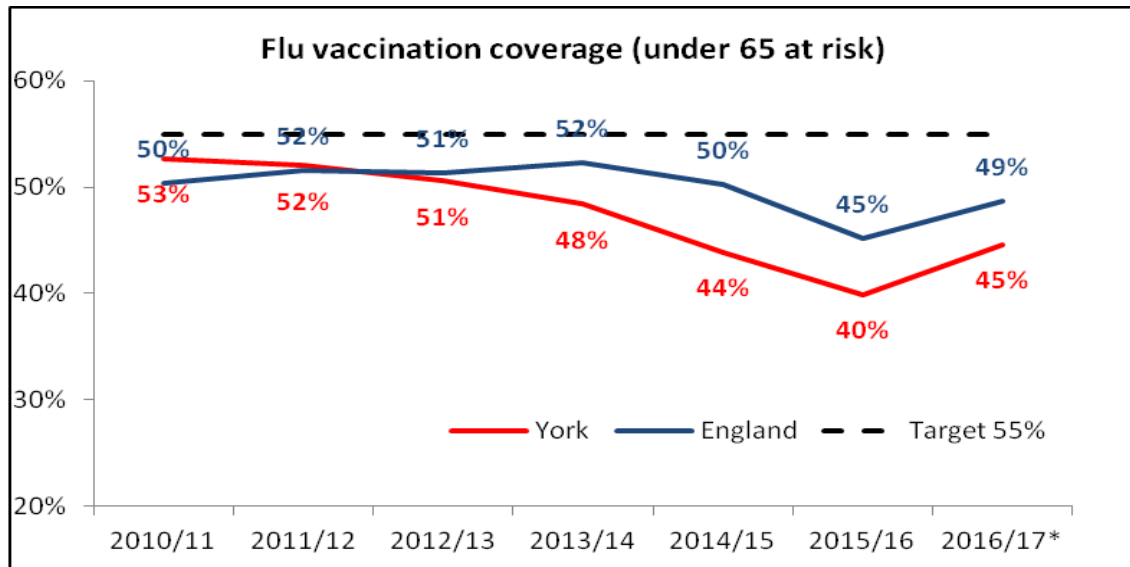
3. Health protection is the domain of public health which seeks to ensure that the health of the residents of York is protected from major incidents and other threats, while reducing health inequalities. This broad definition includes the following functions in relation to vaccination and immunisation and screening programmes:
 - National programmes for vaccination and immunisation
 - National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening.
4. From 1 April 2013, the reforms arising from the Health and Social Care Act 2012, transferred health protection responsibilities (specifically relating to Vaccinations, immunisations and screening) to the following organisations and requires the provision of assurance from:

- NHS England (NHSE) who are responsible for the commissioning and implementation of the national screening and immunisation programmes across Yorkshire and Humber.
- Local authorities who were given additional responsibilities to ensure that their residents are protected.
- The Director of Public Health, who as part of their statutory duties requires assurance that the population is protected against diseases that are preventable either by vaccination or through early detection as a result of national screening programmes.
- The Health Protection Assurance Group. To gain assurance the Director of Public Health is a member of the Yorkshire and Humber Directors of Public Health, Health Protection Assurance Group. The membership of this group includes Public Health England and NHS England colleagues and provides oversight of the screening and immunisation programmes commissioned by NHSE as well as general assurances across the public health system.
- CYC officers who are members of the local Screening and Immunisation Oversight Group (SIOG), Super Flu (seasonal Flu) meeting, North Yorkshire and York Immunisation Programme Board. These meetings enable CYC to hold to account, work with and gain assurance from the organisations that provide and commission these services.

Main/key issues to be considered.

5. Performance against health protection outcomes, including immunisation and screening, is reported through the Public Health Outcomes Framework (PHOF).
6. Generally York has good uptakes and works closely with key providers to ensure this is maintained, including:
 - Childhood immunisation uptake rates are all similar or better than the England average
 - Uptake of screening for breast and cervical cancer, diabetic eye screening and abdominal Aortic Aneurysm screening (AAA) is better than the England average.
7. Those areas where there is scope for improvement are detailed below.

8. Flu vaccination coverage for under 65's 'at risk' persons. York is in line with the national trend which is below the target of 55% coverage. There has been a declining trend in coverage in recent years but provisional data for 16/17 indicates that, in line with national trends, there has been an increase. This increase may also be due to the implementation of a local flu plan, led by Public Health which included working with the CCG and Adult Social Care to improve vaccination rates.



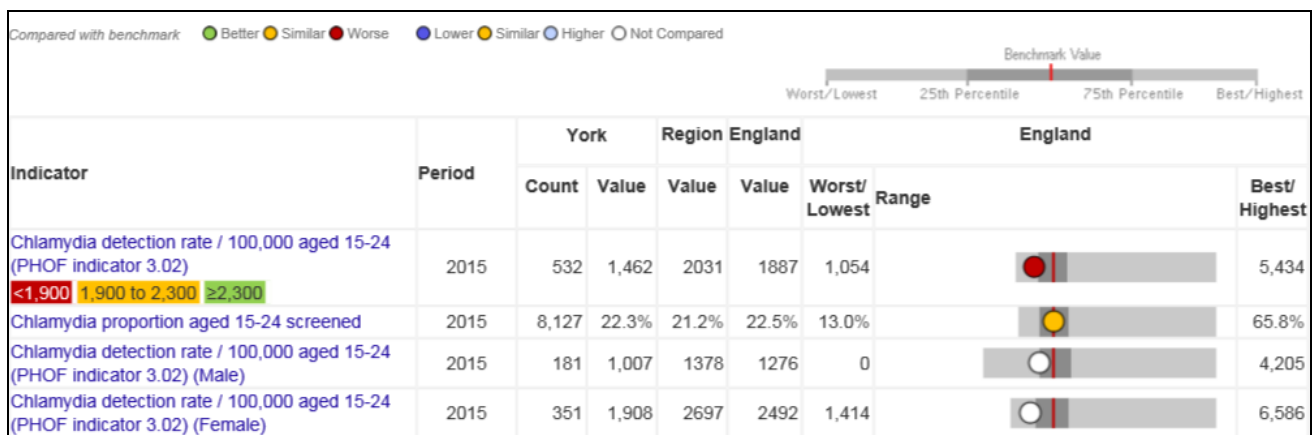
9. Provisional 2016/17 data for flu vaccination in pregnant women indicates that the vaccine uptake was 52.8% for York compared with 44.8% as an England average. Further breakdown indicates that of these 59.8% are categorised as being part of a clinical risk group. The national target for flu vaccinations is 55% in this group, with an ambitious aim for 100% to be offered the vaccination and a 'high as possible uptake to be achieved'. So whilst York has a higher than England average there is no room for complacency and this has been placed on the Local Improvement Plan for Screening and Immunisations.
10. In England there are three main cancer screening programmes: Bowel, Cervical and Breast. Across North Yorkshire and York it is acknowledged that there is an inequity in the uptake of cancer screening in those with a learning disability. In order to redress this CYC hosted a Vale of York wide working group to identify how all CCGs and LAs in the area may work alongside Public Health England, to develop a Screening and Immunisation Local Implementation Plan. This plan brings together the key organisations and details an action plan to reduce this. For 2017/18 actions includes: practice nurse

training, provision of ‘easy read’ materials being available in every GP practice and participation in key awareness campaigns. CYC is also working with the Macmillan GPs to include cancer screening as part of the annual Health Checks. These are offered, through GP practices, to all people with a Learning Disability. The learning disability Health Checks are different to the ‘NHS Health Checks’ for adults in England aged between 40 – 74.

11. Data taken from the 2014 York Learning Disability Self Assessment Framework indicates that:

- Cervical cancer screening coverage rate is 23% in those with a learning disability compared to 67% for all women aged between 25 and 64
- Breast cancer screening coverage rate is 51%, compared to 72% for all women aged between 50 and 69
- Bowel cancer screening coverage rate is 59%, compared to 57% in the eligible population aged 60 – 69.

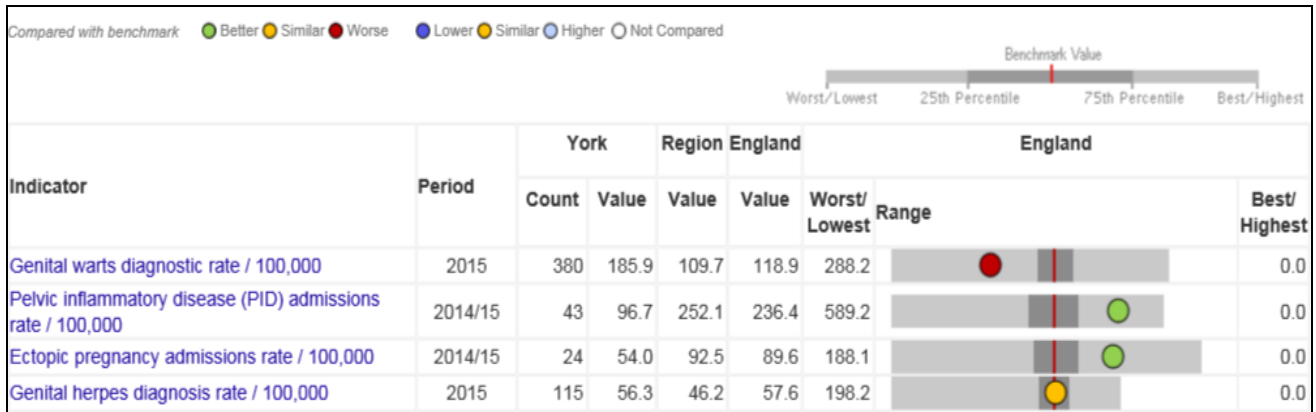
12. Chlamydia screening and detection rate. The detection rate for Chlamydia in 15 to 24 year olds is below the national average. It was noted that after further examination of the data that this may be due to a lower incidence of the infection in York.



13. The data (above) available on the PHE fingertips database is from 2015, which are the most recent full year figures available. Examination of CTAD (Chlamydia Testing Activity Database) shows that for January to September 2016 the England average for Chlamydia detection was 1,872 and for York 1,876. These figures need to be read with caution as they represent only three quarters of the year and further data cleansing is required nationally but it indicates an optimistic forecast

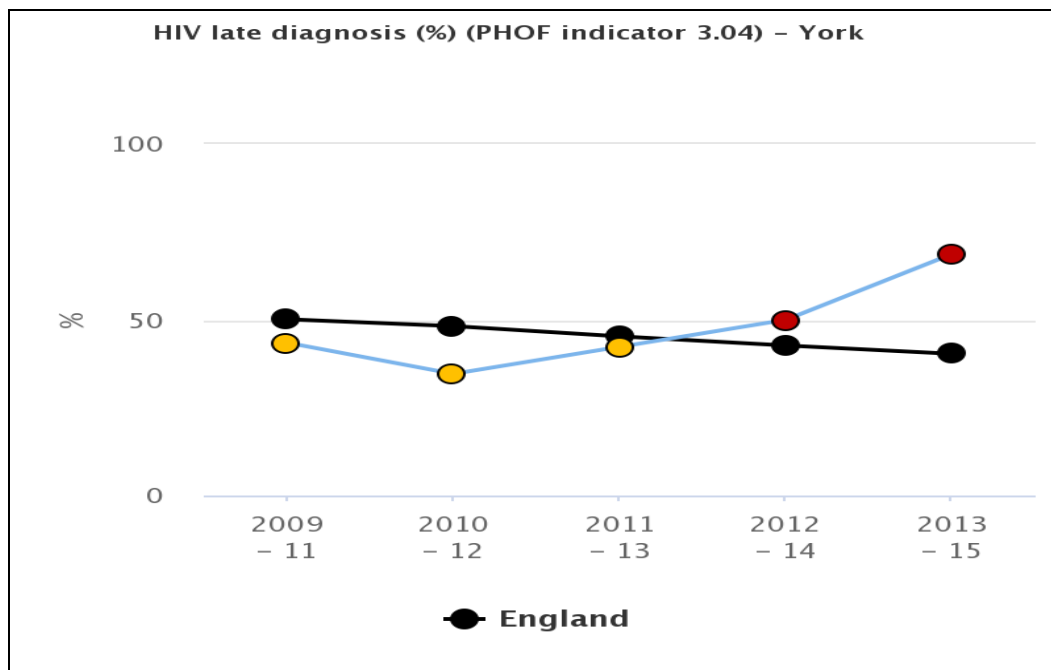
that the detection rate in York has increased. This increase may be as a result of local interventions including the specialist service and working to achieve a higher number of ‘partner notifications’ per index case than within National BASHH standards.

14. Sexually Transmitted Infections.



There has been a significant increase in the rate of diagnosis for genital warts in 2015 against the national and regional downwards trends for this infection. Genital warts remains the most commonly diagnosed viral STI within York followed by genital herpes. There was a decrease in the number of diagnoses of herpes in 2015 although this was not a significant reduction.

15. HIV late diagnosis.



York has a higher percentage (68.8%) of adults newly diagnosed with HIV late diagnosis (CD4 count less than 350 cells per mm³) when compared with national figures (40.3%). The small numbers of people diagnosed with HIV result in a large percentage increase in late diagnosis figures. Sixteen (16) people were diagnosed with HIV in the three year period 2013-15 and eleven (11) of them had a late diagnosis.

Data suggests that the number of HIV tests offered has significantly increased from 2009 to 2015 (2,190 to 4,064) but the number of people accepting the test has decreased. Further research would help us understand this trend and why people are refusing the test if they have put themselves at risk; but this could be due to a number of reasons from stigma, to not perceiving that they have engaged in risky behaviour, e.g. heterosexual women. Local research carried out by the specialist sexual health service suggested that those not considered to be in 'high risk' groups are not accepting HIV tests and their symptoms may not be recognized in primary care. A primary care sexual health training event is planned for 2017 to update and encourage local GPs to support patients with 'indicator conditions' to have an HIV test.

16. In regards to the pertussis (Whooping Cough) vaccine in pregnant women, CYC data is not available and the most recent data for the Vale of York CCG area (April 2016 to December 2016) indicates that the CCG has a coverage rate of 93% compared with 76.2% nationally and 83.3% regionally. Uptake has risen locally, regionally and nationally over the last 6 months, however regionally there have been a number of births to women who have not had the pertussis vaccine which has resulted in life changing conditions for their children. Therefore vigilance is required to ensure that we maintain this level of coverage.

Consultation

17. No consultation had taken place, however the content of this report will be taken to the York Health Protection Group meeting.

Options

18. There are no options. Scrutiny is requested to receive and note that assurances and clear arrangements that are in place for the health protection of the residents of York.

Analysis

19. This report forms part of the governance arrangements, and provides scrutiny the assurance that the responsibilities for vaccination, immunisation and screening are being monitored; responsible agencies are being held to account; that good outcomes are maintained and poor performance is being addressed.

Council Plan

20. This report directly relates to the council plan priorities:

- 'A prosperous city for all'
- 'A focus on frontline services'.

Implications

21. There are no specialist implications.

Risk Management

22. There are no risks from this report.

Recommendations

23. Scrutiny are asked to:
- Receive the report and note the content
 - Act as an advocate for the early detection of cancer through supporting and promotion of the national screening programmes and support the uptake of immunisations and vaccinations where appropriate.

Reason: To assure the Committee that the health protection arrangements meet the needs of the local population.

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Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Health Protection Assurance paper, taken to the Health and Wellbeing Board on 23 November 2016.

Annexes: None

Abbreviations

BASHH	The British Association for Sexual Health and HIV. BASHH aims to determine, monitor and maintain standards of quality in provision of sexual health and HIV care and produces resources to assist clinicians in this aim. BASHH standards for the management of STIs and HIV bring together for the key elements of best practice that people seeking help in relation to STIs are entitled to expect, whichever service they choose to attend. They provide a framework for monitoring performance which covers the core principles of STI care, staff training, clinical assessment and management, diagnostics, information governance, links to other services, clinical governance and the engagement of patients and the public
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CD4 Count	A CD4 count is a lab test that measures the number of CD4 T lymphocytes (CD4 cells) in a sample of blood. In people with HIV, it is the most important laboratory indicator of how well their immune system is working and the strongest predictor of HIV progression.
Chlamydia Index cases.	The first identified case of a particular communicable or heritable disease, in this case Chlamydia.
HIV	Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) is a spectrum of conditions caused by infection with the human immunodeficiency virus (HIV).
Indicator conditions	Clinical indicator diseases are those which can be caused by HIV infection, or are common amongst people with HIV infection.
NHSE	NHS England - Leads the NHS in England, sets priorities and the direction of the NHS and encourages and informs the national debate to improve health and care.
Partner notification	Partner notification is the practice of notifying the sexual partners of a person, known as the "index case", who has been newly diagnosed with a sexually transmitted infection that they may have been exposed to the infection. It is a kind of contact tracing.
PHE	Public Health England - has responsibility for the protection and improvement of the nation's health and wellbeing and aims to reduce health inequalities.
PHOF	Public Health Outcomes Framework - a national set of indicators, set by the Department of Health and used by local authorities, NHS and PHE to measure public health outcomes. This is regularly updated and available at: http://www.phoutcomes.info/public-health-outcomes-framework
STI	Sexually Transmitted Infections.