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## Health and Wellbeing Board

11 July 2018

Report of the Director of Public Health

### Health Protection Assurance

#### Summary

1. This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2016.
2. Health and Wellbeing Boards are required to be informed and assured that the health protection arrangements meet the needs of the local population.

#### Background

3. The scope of health protection is wide ranging. The system responsibilities for Health Protection are outlined in Annex 1. The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area and includes:
  - 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
  - Management of environmental hazards including those relating to air pollution and food
  - Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. TB, pandemic flu) and chemical, biological, radiological and nuclear hazards

- Infection prevention and control in health and social care community settings
  - Other measures for the prevention, treatment and control of the management of communicable disease as appropriate and in response to specific incidents.
4. Since the last report Public Health England, North Yorkshire and the Humber Screening and Immunisation Team have established a Screening and Immunisation Local Improvement Plan (SILIP). This has highlighted a number of areas where CCGs and Local Authorities will work together to improve rates.
  5. These include:
    - Improve the uptake of shingles vaccination in the eligible cohort
    - Improve uptake of seasonal flu in 2 and 3 year olds and at risk individuals aged 6 months to 2 years
    - Improve uptake in catch up cohorts of MenACWY<sup>1</sup> immunisation
    - Halt the decline in uptake in women at first appointment cervical screening
    - Improve bowel screening in GP practices below the national target
    - Improve the uptake of maternal vaccination
    - Improve the uptake of second dose MMR.
  6. In collaboration with NHS Vale of York Clinical Commissioning Group (CCG) we are reviewing the Infection, Prevention and Control arrangements within the city. This review will provide assurance that the arrangements in place are fit for purpose and provide recommendations for future provision.
  7. North Lincolnshire Council, on behalf of the region, are organising a table top health protection emergency exercise where we will be able to test out our outbreak plan. Representatives from the CCG, York Teaching Hospital NHS Foundation Trust, Education and Higher York will be invited as the scenario is around a Meningitis outbreak in an educational setting.

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<sup>1</sup> This **vaccine** gives protection against four types of meningococcal disease caused by groups A, C, W and Y (MenA, MenC, MenW and MenY). Meningococcal disease is a major cause of meningitis and septicaemia. The **MenACWY vaccine** is given to teenagers in the UK as part of the routine NHS schedule.

## Update from previous report.

8. In the November 2016 report to the Board the following areas were noted as requiring improvement:

- *Uptake of seasonal flu vaccination in eligible groups is significantly lower in York compared to the England average for individuals 'at risk' and in people aged over 65. This is well below the national target for the current year in 2 and 3 year olds and at risk individuals aged 6 months to 65 years.*

2017/18 Season: Feb 2018 ImmForm Data (data in Brackets is 2016/17 season)					
	Age 2	Age 3	6 months to 2 years (at risk)	At risk under 65's	Over 65's
<b>Vale of York CCG</b>	50.8% (42%)	52% (44.6%)	16.3% (25%)	49.6% (47.6%)	74.60%
<b>National Average</b>	42.8% (38.9%)	44.2% (41.5%)	19.5% (21.0%)	48.9% (48.6%)	72.60%
<b>National Target (2017/18)</b>	40-60%	40-60%	>55%	55%	75%
<b>National Target 2018/19</b>	48%	48%	55%	55%	75%

- This target forms part of the SILIP and targeted interventions within GP practices, especially those with the lowest coverage rates, have been agreed. Health Visitors within the Healthy Child Programme will also be briefed to ensure that every contact counts.
- *Uptake of bowel cancer screening which is lower than the England average.* Latest data from PHE shows that all CCGs in North Yorkshire and the Vale of York have screening rates above the national average but still below the target of 75%. There is also work to develop a cancer screening group and Bowel cancer is one of the key targets in the SILIP.

<b>Bowel Cancer 2016/17 persons aged 60-74 screened in the last 2.5 years.</b>		<b>2015 (for comparison)</b>
Vale of York CCG	60.50%	57.10%
England	59.10%	57.10%
York	58.80%	51.50%
National Target	75%	75%

- *The detection rate for Chlamydia in 15 to 24 year olds is below the national average. According to 2017 data this trend has been reversed and the proportion screened in York is above the national average as is the detection rate. In York the detection rate is 1,985 per 100,000 15-24 year olds, where as the England average is 1,882. The national target is 2,300 per 100,000 15-14 year olds.*
- *Although overall numbers are low, York has a higher than national average infection rate for HIV, genital warts and genital herpes. Unfortunately rates of Genital Herpes and Warts remains high in York and above the National average with rates of Genital Herpes increasing slightly in 2016/17.*

<b>2017 rate (per 100,000) of Genital Herpes and Genital Warts.</b>		
	Genital Warts	Genital Herpes
York	142.1	74.4
England Average	103.9	56.7

- Late diagnosis of HIV remains a concern but the number of late diagnoses in York has reduced which is following the England trend. Over the three year period 2014/16 (Latest data available) York had 50% of HIV cases with a late diagnoses; the England average is 40%. However the data appears to be flawed as 9 HIV cases are unaccounted for and we do not know if these were late or not. PHE have noted that further work will be undertaken by them to review the data on late diagnoses and have suggested that greater depth of understanding is more likely to be gained through a root cause analysis type approach for individual cases.

### **Main/Key Issues to be Considered**

9. Performance against health protection outcomes, including immunisation and screening, is reported through the Public Health Outcomes Framework. The Public Health Outcomes Framework (PHOF) is a national set of indicators, set by the Department of Health and used by local authorities, NHS and Public Health England to measure public health outcomes. It is regularly updated and is available at [www.phoutcomes.info](http://www.phoutcomes.info)
10. Areas where York has good outcomes include:
  - Childhood immunisation uptake rates are all similar or better than the England average
  - Uptake of screening for breast and cervical cancer, and abdominal aortic aneurysm screening (AAA) is similar or better than the England average.
  - Healthcare-associated infections can develop either as a result of healthcare interventions such as medical or surgical treatment or from being in contact with infection in a healthcare setting. This covers a range of infections with the most well known being caused by methicillin-resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.diff).

<b>HCAI by CCG 2016/17</b>		
	<b>MRSA</b>	<b>C.Diff.</b>
<b>VoYCCG</b>	2.5	17.1
<b>National Average</b>	1.5	23.4
Rate per 100,000		

- Public Health is now part of the Post Infection Review team led by the CCG; this multi disciplinary team reviews individual cases of HCAI and investigates the clinical pathways followed and looks for lessons learned and makes recommendations for improvements.

### **Consultation**

11. No consultation has taken place. The Health and Wellbeing Board is required to receive an assurance report. However the Vale of York CCG and Public Health England contributed to the production of the report.

### **Options**

12. There are no options. The Health and Wellbeing Board is required to receive and note the assurance of health protection arrangements for the local population.

### **Analysis**

13. This report forms part of the governance arrangements to provide the Health and Wellbeing Board with assurance that the health protection responsibilities are assured and good outcomes are maintained and poor performance is addressed.

### **Strategic/Operational Plans**

14. The report directly relates to the Council Plan 2015-19 priorities:
  - 'A prosperous city for all'
  - 'A focus on frontline services'

## Specialist Implications

15. There are no specialist implications from this report.

## Risk Management

16. There are no risks from this report.

## Recommendations

17. The Health and Wellbeing Board is asked to:

- Receive the report and note the content
- The previous report recommended the establishment of a local Health Protection Committee to support a multi-agency approach to addressing health protection issues for the City of York to be led by the Director of Public Health. Some progress has been made on establishing this and the inaugural meeting will take place later this year.

Reason: To assure the Health and Wellbeing Board that health protection measures are in place

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Report  
Approved



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### Specialist Implications Officer(s)

Not applicable

### Wards Affected:

All



## Annexes

**Annex 1** – System responsibilities for health protection