

ANNUAL HEALTH PROTECTION REPORT (2015)

To: **Health Committee**

Meeting Date: **12th May 2016**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Key decision: No**

Purpose: **To present the Cambridgeshire Annual Health Protection Report (2015), which provides information on and assurance of the local delivery of health protection functions.**

Recommendation: **The Committee is asked to note the information in the Annual Health Protection Report (2015).**

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1. BACKGROUND

- 1.1 This is the third annual report on health protection produced in Cambridgeshire since the transfer of public health functions to local authorities.
- 1.2 The Health and Social Care Act 2012, from 1 April 2013, placed statutory responsibilities on the County Council, through the Director of Public Health (DPH), to advise on and promote local health protection plans across agencies, which complements the statutory responsibilities of Public Health England, NHS England, the Clinical Commissioning Group (CCG) and City and District Councils.
- 1.3 The delivery of the health protection functions of the County Council must be publicly reported so that members can assure themselves that statutory responsibilities are being fulfilled. Members of the public can also access this information for their own reassurance or research.
- 1.4 It was agreed that the DPH would deliver an annual health protection report to provide a summary of relevant activity. This report would cover the multi-agency health protection plans in place which establish how the various responsibilities are discharged.
- 1.5 The services that fall within Health Protection include :-
 - Communicable disease and environmental hazards;
 - Public health emergency planning
 - Immunisation
 - Screening
 - Sexual health
- 1.6 The Cambridgeshire Health Protection Steering Group (HPSG) was established in April 2013, chaired by the DPH, to support the DPH in having oversight of health protection in Cambridgeshire. It meets quarterly in January, April, July and October. Starting in October 2015, the Cambridgeshire HPSG has joined with the Peterborough HPSG.

2. MAIN ISSUES

- 2.1 Items of particular interest in the Annual Health Protection Report (2015), attached as Annex A include:
 - The ongoing use and updating of the Public Health England led Joint Communicable Disease Outbreak Management Plan and the Cambridgeshire Health Protection Memorandum of Understanding (AHPR para 2.5 and 2.6) .
 - Levels of notifiable infectious diseases have generally remained stable over the past three years in Cambridgeshire with the exception of scarlet fever, which has shown a significant rise in the number of cases in line with national trends (AHPR para 3.1 and 3.3) .

- The work of the task groups on improving uptake of childhood immunisations (AHPR para 4.2), a low uptake of flu vaccination by people in risk groups aged under 65 including pregnant women, and uncertainty about uptake by adult social care staff (AHPR para 4.8 and 4.10).
- An improvement in breast screening uptake in Cambridgeshire, but ongoing concern about low uptake of cervical screening, which is being addressed through a task group implementation plan presented to Health Committee in March 2016 (AHPR para 5.2 and 5.3) .
- Testing of the updated Cambridgeshire and Peterborough Local Resilience Forum Pandemic Influenza Plan, through the multi-agency Exercise Corvus (AHPR para 6.6)
- Lower rates of diagnosed sexually transmitted infections and of teenage pregnancies than national rates, but a higher proportion of HIV infections being diagnosed at a late stage (AHPR paras 8.1-8.4) .
- Local East Anglia workshop recommendations for implementation of the national TB strategy (AHPR section 9.0)

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Effective prevention of infectious disease outbreaks maintains workforce health and is therefore beneficial to the economy.

3.2 Helping people live healthy and independent lives

The report describes measures to protect people's health from infectious disease and public health emergencies.

3.3 Supporting and protecting vulnerable people

Some vulnerable groups of people have increased susceptibility to infectious disease – for example pregnant women, people with long term conditions and elderly people are more vulnerable to the effects of influenza and are entitled to free vaccinations.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no immediate resource implications from the Annual Health Protection Report.

4.2 Statutory, Risk and Legal Implications

Under the Health and Social Care Act (2012) the County Council has a duty 'to provide information and advice to certain persons and bodies within their area in order to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population,

including infectious disease, environmental hazards and extreme weather events.'

4.3 Equality and Diversity Implications

No significant implications .

4.4 Engagement and Consultation Implications

No significant implications

4.5 Localism and Local Member Involvement

No significant implications

4.6 Public Health Implications

Covered in the main body of the report.

Source Documents	Location
None	