

**CAMBRIDGESHIRE HEALTH PROTECTION STEERING GROUP
ANNUAL HEALTH PROTECTION REPORT 2015**

To: **Health Committee**

Meeting Date: **16th July 2015**

From: **Dr Liz Robin**

Electoral division(s): **All**

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

Purpose: To provide the Health Committee with a summary of activity and performance as reported on in the Annual Health Protection report for Cambridgeshire County Council.

Recommendation: The Health Committee is asked to note and endorse the actions being taken to address health protection concerns in Cambridgeshire.

<i>Officer contact:</i>	
Name:	Dr Linda Sheridan
Post:	Consultant in Public Health Medicine
Email:	Linda.Sheridan@cambridgeshire.gov.uk
Tel:	01223 706138

1. BACKGROUND

- 1.1 This is the second annual report on health protection to Cambridgeshire County Council (attached as Appendix A). The report provides a summary of relevant activity and performance.

The report covers the services that fall within Health Protection:-

- Communicable disease and environmental hazards;
- Public health emergency planning
- Immunisation
- Screening
- Sexual health.

2. PRIORITIES AND ACTIONS PLANNED TO ADDRESS THEM

- 2.1 Childhood immunisation is a matter for concern as few vaccination programmes achieve the required 95% coverage to ensure 'herd immunity' and there are a significant number of cases reported of diseases that can be prevented by immunisation – Mumps, Measles, Rubella and Whooping Cough.

A task and finish group, led by NHS England which commissions local immunisation services, is being set up at the request of the Director of Public Health (DPH) to consider the issues and make recommendations to improve uptake.

- 2.2 Seasonal flu vaccination of those aged 2 – 65 in clinical risk groups, including pregnant women is low. Seasonal flu vaccination of front line health and social care staff is also a cause of concern.

A number of activities are in hand to work on plans for improvement, including a multi-agency winter planning workshop led by CCC; a flu planning group led by NHS England; and some specific activities to address uptake among social care staff.

- 2.3 Cancer screening especially for breast and cervical cancer has been declining in Cambridgeshire and is now below the national average.

A task and finish group, led by NHS England which commissions local screening services, has been set up at the request of the DPH to consider the issues and make recommendations to improve uptake.

- 2.4 A further Task and Finish group is being established to address low uptake of diagnostic and treatment services for blood borne viruses (Hepatitis B and C and HIV) by those attending drug and alcohol services, with the aim of making recommendations for improvement.

- 2.5 There continue to be many challenges for health protection with the introduction of new vaccination programmes and the implementation of a new national collaborative TB strategy.

3. SUMMARY

- 3.1 The Cambridgeshire Health Protection Steering Group (HPSG) was established in April 2013, chaired by the DPH, to support the DPH in fulfilling her statutory responsibilities for providing advice on health protection in the county. Data included in this report have been provided by those organisations that either commission or deliver health protection services. Key points from the report in addition to the priorities outlined in Section 2 include:

Infectious disease and immunisation

- The commonest infectious disease in the past year was food poisoning, and there was a marked increase in cases of scarlet fever.
- The new Rotavirus vaccination programme, has already demonstrated its effectiveness in reducing the number of cases of illness.
- Considerable work has been done to ensure vaccination of those babies who need to be given the BCG vaccination against TB.
- A universal seasonal Influenza vaccination programme is gradually being rolled out to all children aged 2 to 16 years – so far children aged 2, 3 and 4 have been vaccinated with children in reception, year 1 and year 2 being included in a school based programme from 2015.

Screening services

- Diabetic eye screening uptake is good
- Uptake of ante-natal and newborn screening is good

Health emergency planning

- The main priorities for emergency planning are Pandemic Flu, Fuel Disruption and planning for Mass Casualty incidents
- The public health team have led an exercise to test planning for Ebola, and supported the response to public health and other incidents.

Healthcare associated infections and anti-microbial resistance

- The strong focus on healthcare associated infections has led to considerable reductions, with just one case of MRSA and declining numbers of cases of Clostridium Difficile in the past year.
- Anti-microbial resistance has attracted national attention and is a focus of work with the NHS to reduce inappropriate use of antibiotics.

Sexual health

- Cambridgeshire Community Services Trust has been commissioned by Cambridgeshire County Council, to provide integrated sexual health services in Cambridgeshire from 1 October 2014.

4. ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

4.2 Helping people live healthy and independent lives

The report above sets out details of priorities and actions for Health Protection for the whole population of Cambridgeshire. The services that fall within Health Protection are:-

- Communicable disease and environmental hazards;
- Public health emergency planning
- Immunisation

- Screening
- Sexual health.

4.3 Supporting and protecting vulnerable people

The following bullet points set out details of implications identified by officers:

- Immunisation and screening are universal services and considerable effort is made to ensure that there is good coverage for all of the at risk population
- The low uptake of treatment services for blood borne viruses (Hepatitis B and C and HIV) is being addressed see 2.4

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

There are no significant implications within this category.

5.2 Statutory, Risk and Legal Implications

Providing advice on health protection in the County is a statutory function of the DPH

5.3 Equality and Diversity Implications

The report above sets out implications in paragraph 2.

5.4 Engagement and Consultation Implications

There are no significant implications within this category.

5.5 Localism and Local Member Involvement

There are no significant implications within this category.

5.6 Public Health Implications

The report sets out details of significant public health implications, throughout the report, which is focussed on childhood immunisations, seasonal flu vaccinations, cancer screening, uptake of diagnostic and screening services for blood borne viruses by those attending drug and alcohol services and the implementation of the national tuberculosis strategy.

Source Documents	Location
None	