

ANNUAL HEALTH PROTECTION REPORT (2017)

To: **Health Committee**

Meeting Date: **May 2018**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key decision: **No**

Purpose: **To present the Cambridgeshire Annual Health Protection Report (2017), 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 (2017).**

| <i>Officer contact:</i> | | <i>Cllr Contact</i> | |
|--------------------------------|--|----------------------------|--|
| Name: | Katie Johnson | Name: | Cllr Peter Hudson |
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- 1.1 The Annual Health Protection Report (2017) attached as Annex A is the fifth annual report on health protection produced in Cambridgeshire since the transfer of public health functions to local authorities.
- 1.2 This report is submitted to the Board from the Cambridgeshire County Council Public Health Directorate, and is produced using data and information provided by partner organisations including Public Health England, NHS England and Cambridgeshire and Peterborough Clinical Commissioning Group. These organisations meet together on a quarterly basis at the Cambridgeshire and Peterborough Health Protection Steering Group, chaired by the DPH.
- 1.3 The services that fall within Health Protection include:
- i. communicable diseases – their prevention and management
 - ii. infection control
 - iii. routine antenatal, new born, young person and adult screening
 - iv. routine immunisation and vaccination
 - v. sexual health
 - vi. environmental hazards.
 - vii planning for public health emergencies
- 1.4 It is important that there is publicly available information that demonstrates that statutory responsibilities for health protection have been fulfilled; to have the means to seek assurance of this; and to have processes in place to address and escalate any issues that may arise.

2. MAIN ISSUES

- 2.1 This report provides an update on all key areas of health protection for Cambridgeshire including:
- Communicable disease surveillance including information on the increased levels of infectious Hepatitis, Invasive Group A Streptococcal and Mumps infections in the past year.
 - Immunisations which show a steady state for some and a gradual increase in uptake of many childhood immunisations and of seasonal flu vaccination
 - Screening in which there is continued below average uptake of cervical screening in Cambridgeshire, although breast and bowel cancer screening uptake is better than average.
 - Healthcare associated infections and the work to reduce anti-microbial resistance
 - The Environmental Health role of city and district councils in protecting health including pollution control and air quality monitoring and advice
 - The national TB strategy and successful local implementation of some key areas of the strategy notably Latent TB Infection Screening (LTBI)
 - Sexual health including the level of late HIV diagnosis, reducing level of chlamydia diagnoses and a slowdown in the rate of reduction of teenage pregnancy, while still below the national average, work on prevention in sexual health and the establishment of the Sexual Health Delivery Board in 2017.

- Health emergency planning, the work completed in the past 12 months and the priorities for the coming year.

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.

| Implications | Officer Clearance |
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| Have the resource implications been cleared by Finance? | Yes Name of Officer: Clare Andrews |
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| Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? | Not Applicable |
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| Has the impact on statutory, legal and risk implications been cleared by LGSS Law? | Yes Name of Officer: Fiona McMillan |
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| Have the equality and diversity implications been cleared by your Service Contact? | Yes: Name of Officer: Liz Robin |
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| Have any engagement and communication implications been cleared by Communications? | Yes Name of Officer : Matthew Hall |
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| Have any localism and Local Member involvement issues been cleared by your Service Contact? | Yes Name of Officer: Liz Robin |
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| Have any public health implications been cleared by Public Health | Yes Name of Officer: Liz Robin |

| Source Documents | Location |
|-------------------------|-----------------|
| None | |