

<b>CAMBRIDGESHIRE AND PETERBOROUGH HEALTH &amp; WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE</b>	AGENDA ITEM No. 5
<b>5<sup>th</sup> March 2020</b>	PUBLIC REPORT

**CAMBRIDGESHIRE AND PETERBOROUGH ANNUAL HEALTH PROTECTION REPORT 2019**

**R E C O M M E N D A T I O N S**

To:	<b>Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee</b>
From:	<b>Liz Robin, Director of Public Health</b>

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is asked to:

note the contents of the Annual Health Protection Report and comment on future priorities for health protection throughout Cambridgeshire and Peterborough.

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1.	<b>BACKGROUND</b>
1.1	It is important that there is publicly available information that demonstrates that statutory responsibilities for health protection have been fulfilled.
1.2	<p>This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference:</p> <p><i>Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.</i></p>
2.	<b>PURPOSE</b>
2.1	<p>The purpose of this report is to provide an update on all key areas of health protection for Cambridgeshire and Peterborough. 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.</p> <p>This report provides an update on all key areas of health protection for Cambridgeshire and Peterborough. The particular highlights from the update include:</p> <ul style="list-style-type: none"> <li>• Some childhood vaccinations are lower than the recommended 95% target, and the uptake of some immunisations are lower in Peterborough than Cambridge. Flu vaccination uptake is slightly lower than in 2018/19, including those under 65 years and at risk, and those over 65 years.</li> <li>• Cancer screening. Cervical cancer screening continues to have lower than 'acceptable' uptake, corresponding with the national pattern. The uptake for Bowel screening is acceptable but diagnostic waiting time targets have not been achieved.</li> <li>• Healthcare associated infection includes the successful reduction in cases of MRSA, the observed increase in E. coli bacteraemia, and the successful work to reduce Anti-Microbial Resistance (AMR).</li> <li>• The Environmental Health role of city and district councils is highlighted including pollution control and air quality monitoring and advice.</li> <li>• There is a high rate of TB cases diagnosed in Peterborough, and there is local work in place to assess the need and appropriate service response across Cambridgeshire and Peterborough.</li> <li>• Across Cambridgeshire and Peterborough there are increasing levels of sexually transmitted infection diagnoses, and a decline in the rates of late HIV diagnosis, there are low rates of chlamydia detection in Cambridgeshire only. The teenage pregnancy rate in Peterborough has declined, and is no longer significantly worse than the national averages.</li> <li>• The work of health emergency planning is described over the past 12 months along with the priorities for the coming year.</li> </ul>

<b>3.</b>	<b>CONSULTATION</b>					
3.1	None					
<b>4.</b>	<b>ANTICIPATED OUTCOMES OR IMPACT</b>					
4.1	The anticipated impact of this report is to ensure a continued focus on Health Protection issues is maintained by established health and care partners.					
<b>5.</b>	<b>IMPLICATIONS</b>					
	<b>Financial Implications</b>					
5.1	N/a					
	<b>Legal Implications</b>					
5.2	<p>Part 2 of the <i>Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013</i> (SI 2013/351) makes provision for the steps to be taken by local authorities in exercising their public health functions.</p> <p><b>Regulation 8</b> imposes a duty on local authorities 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.</p> <p>Director of Public Health statutory duties include local authority functions in relation to planning for, and responding to, emergencies that present a risk to public health;</p>					
	<b>Equalities Implications</b>					
5.3	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.					
<b>6.</b>	<b>APPENDICES</b>					
6.1	Annual Health Protection Report (2019)					
<b>7.</b>	<b>SOURCE DOCUMENTS</b>					
	<table border="1"> <thead> <tr> <th><b>Source Documents</b></th> <th><b>Location</b></th> </tr> </thead> <tbody> <tr> <td>Contributions from a series of authors</td> <td>Stored on public health electronic filing system</td> </tr> </tbody> </table>		<b>Source Documents</b>	<b>Location</b>	Contributions from a series of authors	Stored on public health electronic filing system
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