

ANNUAL HEALTH PROTECTION REPORT (2015)

To: Health and Wellbeing Board

Date: 26th May 2016

From: Dr Liz Robin, Director of Public Health

1.0 PURPOSE

1.1 To present the Annual Health Protection Report (2015/16) to the Health and Wellbeing Board

2.0 BACKGROUND

- 2.1 This is the third annual report on health protection produced in Cambridgeshire since the transfer of public health functions to local authorities.
- 2.2 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.
- 2.3 It was agreed that the DPH would deliver an annual health protection report to provide a summary of relevant partnership activity. This report would cover the multi-agency health protection plans in place which establish how the various responsibilities are discharged.
- 2.4 The services that fall within Health Protection include :-
- Communicable disease and environmental hazards;
 - Public health emergency planning
 - Immunisation
 - Screening
 - Sexual health
- 2.5 The multi-agency 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.

3.0 MAIN ISSUES

3.1 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).

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The partnership work described on health protection reflects focus area 6.1 of the Health and Wellbeing Strategy: Commit to partnership working, joint commissioning, and combining resources in new ways to maximise cost-effectiveness and health and wellbeing benefits for individuals and communities.

5.0 RECOMMENDATIONS

5.1 The Cambridgeshire HWB is asked to note the information in the Annual Health Protection Report (2015).

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