NORTH SOMERSET COUNCIL

REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING:

SUBJECT OF REPORT: ANNUAL REPORT OF THE NORTH SOMERSET HEALTH PROTECTION COMMITTEE 2013-14 (CALENDAR YEAR DECEMBER 2013 – DECEMBER 2014)

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: JONATHAN ROBERTS (ON BEHALF OF THE DIRECTOR OF PUBLIC HEALTH)

KEY DECISION: NO

RECOMMENDATIONS

That the Health Overview and Scrutiny Panel notes the contents of the annual report for 2013/14 and agrees the priorities for the Health Protection Committee for 2014/15:

1) Ensure the local service specification for treatment and management of Tuberculosis is implemented;
2) Achieve a further reduction in all Health Care Associated Infections
3) Update all local emergency plans e.g. Pandemic Influenza, Cold Weather, Heat Wave etc
4) Continue to review contingency plans as identified and ensure further testing of national plans e.g. Pandemic Flu
4) Update the Sexual Health & HIV Strategy and develop and implement an action plan to reduce Sexually Transmitted Infections and late diagnoses HIV
5) Further improve the number of food hygiene interventions with business by ensuring intervention planning is carried out in a timely manner.
6) Increase flu immunisation uptakes, especially in priority groups

1. SUMMARY OF REPORT

This annual report provides a summary of activities undertaken by the North Somerset Health Protection Committee during the period December 2013 to December 2014 and sets out key priorities for the committee over the next 12 months.

2. POLICY

Health Protection is broadly concerned with arrangements which prevent, plan for and respond to public health incidents and outbreaks, including those which require the mobilisation of a multi-agency response under the Civil Contingencies Act 2004. It commonly involves prevention or reduction of harm due to communicable diseases or environmental hazards which threaten the health of the public.

The Secretary of State for Health has a statutory duty for health protection and upper tier and unitary local authorities have a role under section 6C of the NHS Act 2006 in support of this duty. Since April 2013, local authorities (through their Directors of Public Health) have had a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when problems arise. Local authorities are expected to support preventative services that tackle key threats to the health of local people such as the prevention and control of Tuberculosis (TB), spread of Blood-Borne Viruses (BBV) and Sexually Transmitted Infections (STIs) and preparation for winter and extreme weather events.

A key focus of the health protection function of the local authority is on the quality of health protection arrangements in their local area or, more specifically, developing and assuring plans for protecting the public's health with Public Health England and the key health and care partners within the local area. Accordingly, the Department of Health recommends that local authorities establish a local forum for health protection issues (a Health Protection Committee), chaired by the Director of Public Health, to review plans and issues that need escalation and assurance that partners have effective plans in place.

3. PROGRESS IN 2013/14 AND KEY ISSUES

3.1 In December 2013, the Director of Public Health for North Somerset established a North Somerset Health Protection Committee. Since then the committee has met on a quarterly basis **and overseen** a period of substantial system change and consolidation**.**

The purpose of the committee is to **provide assurance** on behalf of the population of North Somerset that there are safe, effective and well-tested plans in place to protect the health of the population. The scope of these plans cover:

- communicable disease control;
- infection prevention and control;
- emergency planning;
- sexual health;
- environmental health/hazards;
- screening and immunisation programmes.

The North Somerset Health Protection Committee undertakes this assurance function on behalf of the People and Communities Board and Health Overview Scrutiny Panel. In addition, the committee works alongside the formal accountability structures of partner organisations.

The specific functions of the committee are to:

- Quality and risk assure current and emerging health protection plans on behalf of the local population for North Somerset Council.
- Provide a forum for considering all local health protection plans, risks, and identifying where there are opportunities for joint action.
- Provide recommendations (on behalf of North Somerset People and Communities Board and Health Overview and Scrutiny Panel) regarding the strategic/operational management of risks to health.
- Escalate concerns where necessary via both internal (North Somerset People and Communities Board and Health Overview and Scrutiny Panel) and external (e.g. Avon and Somerset Local Health Resilience Partnership) structures.
- Provide oversight of the public health outcomes related to health protection.

- Set and recommend to the North Somerset People and Communities Board a strategy of assurance for health protection.
- Influence local commissioning through the Joint Strategic Needs Assessment process and People and Communities Commissioning Board.

The Health Protection Committee comprises representatives from the Public Health England Centre, Local Health Resilience Partnership, North Somerset Council Emergency Management function, North Somerset Clinical Commissioning Group infection prevention and control, North Somerset Sexual Health and HIV Partnership, TB and Blood-Borne Virus prevention services, North Somerset Council Environmental Health and NHS England Area Team staff leading screening and immunisation/vaccination and Public Health England quality assurance groups.

3.1 Communicable Disease Control

Nationally in 2013 the four most common notifiable diseases were food poisoning (see 3.5), mumps, tuberculosis and scarlet fever. In recent years there have been small increases in cases of whooping cough, measles and scarlet fever in North Somerset. Public Health England lead on the management of these communicable diseases.

Tuberculosis (TB) is managed locally and although the rate of new cases in North Somerset is low (4.4 per 100,000 compared to 15.1 nationally) it does require local action and monitoring as TB is preventable and any case of TB needs to be treated. This year we have worked closely with the acute trusts to develop service specifications and we have worked with colleagues across Bristol and South Gloucestershire to develop a TB group to develop and implement a local action plan.

3.2 Infection Prevention and Control

In July 2014 North Somerset Clinical Commissioning Group set up a multi disciplinary Healthcare Associated Infection Group (HCAI) to achieve a reduction in health care associated infections and to raise the profile of infection prevention and control across the local health and social care economy.

Health Care Associated Infections are infections resulting from medical care or treatment in hospital (in or out-patient), nursing homes, or the patient's own home.

The three main health care associated infections are Clostridium Difficile, Meticillin-resistant Staphylococcis aureus bacteraemia (MRSA) and Norovirus.

Clostridium Difficile

A Clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects the elderly and other vulnerable groups who have been exposed to antibiotic treatment.

The current epidemiological landscape of Clostridium Difficile has become more complex and in February 2014, NHS England produced new guidance for NHS organisations and community providers.

During 2013/14 there were 83 of Clostridium Difficile in North Somerset patients attending any hospital. Local rates for NHS North Somerset patients attending any hospital were similar to national rates.

MRSA

MRSA is a bacterium that is present on the skin and is the most common cause of localised wound and skin infections.

In 2013/14, the Government set the challenge of demonstrating zero tolerance of MRSA Bloodstream infection through a combination of good hygiene practice, appropriate use of antibiotics, improved techniques in the care and use of medical devices as well as adherence to all best practice guidance.

Increased focus and vigilance have resulted in rates of Methicillin-Resistant Staphylococcus Aureus (MRSA) decreasing nationally and locally. Local acute Trusts have seen a steady decline of cases with 4 reported cases of MRSA in 2013/14.

Norovirus

Norovirus also known as Norwalk virus or winter vomiting disease causes gastroenteritis and is highly infectious. The virus is easily transmitted through contact with infected individuals from one person to another. Outbreaks are common in semi-enclosed environments such as hospitals, nursing homes, schools and prisons. Most people make a full recovery within a couple of days but it can be dangerous for both the very young and elderly people.

Outbreaks of Norovirus have had a significant operational impact on Weston Area Health Trust. Between October and December 2014, ten separate outbreaks of confirmed Norovirus resulted in ward closures of 80 days in total

3.3 Emergency Planning and Resilience

Avon and Somerset Local Resilience Forum makes preparations to help the emergency services to cope with a major disaster in North Somerset and to support the community.

The local Emergency Management and Community Resilience Team has been significantly reduced in recent years, the team currently consists of 2.2 WTE.

During 2013/14 the team delivered a multi agency Control of Major Accidents Hazards (COMAH) and Major Accident Hazard Pipeline (MAHP) exercise and commenced a Pandemic Influenza exercise which unfortunately had to be suspended to enable professionals to focus on the risks associated with the Ebola outbreak.

The team has continued to offer support to a growing number of internal and external partner agencies. They have also delivered training to senior officers.

Resilience

During 2014 a new partnership working group was established to oversee the community resilience programme. This area of work has been recognised locally, nationally and internationally with presentations and reports sent to Bosnia & Herzegovina, United Arab Emirates, Gulf Coast (Florida) and the University of Windesheim. In addition the programme has been selected as a Climate Ready case study; a programme sponsored by NHS and Public Health England and delivered by the Environment Agency.

In recognition of the work completed locally the programme has received funding for a further three years.

3.4 Sexual Health

The period since transition has been a challenging one for the sexual health system nationally and locally; this is because the commissioning functions have been split between local authorities, clinical commissioning groups and NHS England.

Although it is too early to assess the long term impacts of these changes the current sexual health outcomes in North Somerset remain good. The Public Health Outcomes Framework currently includes the following indicators:

Under 18 conceptions (Domain 2, Health Improvement): children born to teenage mothers are much more likely to experience a range of negative outcomes in later life. The rate of teenage conceptions in North Somerset fluctuates due to the low numbers however the current rate is 19.2 per 1,000 girls aged 15-17 this is lower than the South West 21.2 and national rate 24.3 per 1,000 girls aged 15-17.

Chlamydia diagnoses in people aged 15-24 years (domain 3, Health Protection): the data collected nationally for Bristol, South Gloucestershire and North Somerset is not very robust due to an issue with the Public Health England Laboratory used for analysing results. However it is clear to see from local data that North Somerset are achieving their local target and are one of the best performing in the country.

People presenting with HIV at a late stage of Diagnosis (domain 3, Health Protection): the proportion of late diagnoses has steady decreased in North Somerset between 2011 and 2013, 41.4% of HIV diagnoses were late diagnoses i.e. a CD4 cell count less than 350/ml, this is lower than the England average of 45%.

The local Sexual Health and HIV Partnership meet on a quarterly basis and consist of key sexual health providers and stakeholders from across North Somerset. This group has recently commissioned an update of the sexual health needs assessment, strategy and action plan and the group will use the findings from these elements of work to inform their commissioning intentions for 2015/16 onwards.

3.5 Environmental Health and Hazards

Bristol Airport Procedure Arrangements have been updated. The document sets out the emergency out of hours response carried out by Public Health England and North Somerset Council Environmental Health Officers to an out of hours infectious disease incident on an incoming flight. The document has been agreed and signed by all internal partners, ambulance service, airport and PHE.

In last 12 months the team have dealt with 51 infectious disease outbreaks as opposed to 35 during the previous 12 months. The vast majority of these outbreaks were symptomatic of norovirus infections and this increase has led the team to re-state the hygiene processes required within community care settings where a great deal of the incidents take place. Consequently the hygiene management information has been restated to all the residential and nursing homes within North Somerset.

We received and investigated 485 notifications of infections disease (up from 453 the previous year), of which 72% were notifications of campylobacter infection.

Although it is not possible to directly link the high number of campylobacter infections to the frequency of food hygiene inspections, the inability to achieve the required frequency of food hygiene inspections has been a matter of concern to the team. This has been ameliorated by the employment of temporary inspection capacity and is documented within the teams risk log.

There was a single e-coli 0 157notification, however there were 26 salmonella notifications which included two unrelated cases of salmonella coeln, and 2 cases of salmonella durham and agama, none of which could be traced back to source.

3.6 Screening and Immunisation Programmes

Routine Childhood Immunisations (0-5 year olds)

In North Somerset uptake for childhood immunisations increased for all immunisations during 2013/14 and work is continuing with local practices to further improve this. All childhood immunisations rates are above the national and regional rates. Areas for further work include MMR vaccination coverage for two doses (5 year olds) and Dtap/IPV/Hib booster (5 year olds) both of which are slightly below the national target of 95%.

A review of child immunisations, including a health needs assessment and equity audit, has commenced. This will include a survey of GP practice processes, collation of practice level data and an action plan arising from this review with a dedicated task/finish group will be formed as appropriate.

During 2014 a new immunisation programme was introduced to reduce the diarrhoeal disease in infants. The Rotavirus is provided to children 2 and 3 months of age. Nationally it is reported that 70% of cases have been prevented since the introduction of the vaccine.

School Aged Immunisation

The school nursing service are commissioned to deliver the TD/IPV, Meningitis C and HPV (Human Papillomavirus Vaccine). Unfortunately Public Health England are not currently reporting the rates for the TD/IPV or Meningitis C programmes. However the HPV programme in North Somerset has been a highly successful and uptake rates for 2013/14 were 92% against a national target of 90%.

The schedule for HPV is being changed next year to a two dose course (over 2 years) and local proposals are for doses to be given in the autumn terms of year 8 and year 9.

Adult Immunisations

The shingles vaccine is continuing to be rolled out and for 2014/15 people aged 70, 71, 78 and 79 years old will be eligible for a vaccine.

In 2012 an increase in incidence of pertussis (whooping cough) was confirmed. This had resulted in the deaths of a number of very young babies nationally. As a result a new programme was introduced to vaccinate pregnant women in order to boost immunity transferred from mothers to young babies in the first few weeks of life, to protect them until they were old enough to receive routine childhood immunisations. This programme has now been extended for a further 5 years. A review of evidence of actions which improve uptake has been completed and these actions are being implemented locally to promote this programme to improve uptake during 2014/15.

Flu Immunisation

Flu uptake during 2013/14 was lower than the target levels for all categories apart from the over 65s. More structured flu group meetings have been arranged for 2014/15 to oversee efforts to maximise uptake of flu vaccinations. Uptake in healthcare workers was low in the 2013/14 campaign and initial reports from 2014/15 suggest this may have improved during 2014/15. Pharmacy pilots are being undertaken across the area for 2014/15 with around one third of all pharmacies taking place and it is hoped that this will improve uptake across all groups during 2014/15.

A new childhood flu programme was introduced in 2013, initially targeting 2 and 3 year olds. This has been extended in 2014/15 to include all 4 year olds. In 2015/16 the programme will be further extended to 5 and 6 year olds in Key Stage 1 in primary schools. This programme uses the new intranasal flu vaccine which has been well accepted by parents of children in the younger age groups.

Screening

Antenatal Screening

Performance is good for antenatal screening. Quality assurance visits have recently commenced across the region and whilst there are no immediate plans for visits to Weston Hospital or University Hospital Bristol, these will take place over the next two years and work will be needed to prepare for this. Identifying and implementing good practice examples and learning from visits which are currently being undertaken in other units across the wider south west area will form the bulk of the programme work over the coming year.

Neonatal Screening

There are continued challenges in meeting the avoidable repeat tests target and whilst the percentage of babies with a conclusive result on the Child Health System remains low this has improved during 2013/14 and continues to do so. The avoidable repeats performance is replicated nationwide and raises questions about the appropriateness of the target. The Bristol laboratory process samples across the Southwest and are known to accept more samples than other laboratories. They are likely to move into line with other laboratories across the country as new standards are introduced, meaning that the number of avoidable repeats is likely to increase further. Work has recently commenced with the Regional Newborn Laboratory to improve the service offered.

Bowel

Performance is good across all the key indicators. The programme has recently had a Quality Assurance visit which was very positive with the only concern being that of the low uptake in the population, mainly within Bristol. Action will be needed to address this issue. The programme also received national sign-off as a Wave 1 site for the roll-out of the new bowelscope screening programme. This is a new one-off flexible sigmoidoscopy for persons aged 55 years.
This programme commenced inviting in March 2014, with the first patients attending in June 2014. The programme will have a slow roll-out across the area, with full implementation planned for 2015/16.

Breast

Performance is good across the key indicators and a review of breast screening services, which aims to identify recommendations and appropriate interventions to improve uptake, is underway. A further review is planned for 2015/16 to explore pathways and access to services for high risk women, for example those who have a family history of breast cancer.

Cervical Screening

Coverage of cervical screening uptake for 2013/14 was above the target but has slipped in quarters one and two. Nationally rates are dropping and a local review of cervical screening uptake and suitable interventions to improve uptake is underway.

Diabetic Eye Screening

Performance across for Diabetic Eye Screening programme is generally good despite the challenges which the programme has had during the last year with an IT migration and in finding suitable accommodation for screening sessions. The programme is due for a Quality Assurance visit in January 2015 and the recommendations from this visit will inform the programme work plan over the coming year.

Aortic Aneurysm Screening

There are continuing problems reporting national data, although the programme is performance managed and assured via quarterly governance boards. The Board is assured that the programme is running well. A quarterly quality assurance report is now being published and, when validated, this will be able to be included in future reports.

3.7 Key Risks and Priorities to Health 2014/15

Communicable Disease Control

Ebola

Since March 2014, there has been an outbreak of the Ebola Virus Disease affecting several Countries in West Africa (Guinea, Liberia and Sierra Leone).

The risk of Ebola to the UK remains very low. The Director of Public Health has worked closely with partner organisations to ensure that local response plans are as robust as

possible. Local workshops and planning exercises have been held, to work through plans in detail, with all organisations involved.

All relevant North Somerset staff members have been provided with training so that they can manage any cases of Ebola that present on entry to the UK via Bristol Airport or within a local setting

Tuberculosis

Commissioners both in Public Health and the Clinical Commissioning Group will work with providers to ensure the service specification continues to be implemented affectively

Infection Prevention and Control

The HCAI group will continue to work with providers to implement national guidance and further reduce the incidence of HCAI for North Somerset patients.

Emergency Planning

Staffing levels within the team cause concern and it is recommended that a review be undertaken to review the council's capacity and capabilities in relation response and recovery.

Sexual Health

To further reduce the rate of sexually transmitted infections and the incidence of late diagnoses HIV, Public Health will to continue to work with primary care and acute settings to ensure professionals appropriately test for sexually transmitted infections and HIV.

The sexual health strategy (including the needs assessment) is currently being updated this document will inform the BNSSG Sexual Health Review and the local action plan.

Environmental Health/Hazards

Support the Food Standards Agency campaign to reduce the prevalence of campylobacter infections via increased publicity and advice to public.

Improve the number of food hygiene interventions with business by ensuring intervention planning is carried out in a timely manner.

Continue to ensure staff have competencies to deal with emerging threats i.e. Ebola and avian flu.

Immunisation and Screening Programmes

Review the flu plan and target at risk under 65 year olds, pregnant women, housebound patients and carers

Support Public Health England to introduce a school based flu programme for 5 and 6 year olds.

5. CONSULTATION

A copy of this report was considered by all the member bodies of the Health Protection Committee and comments incorporated as appropriate

6. FINANCIAL IMPLICATIONS

Managing risk effectively will reduce potential financial implications of health protection incidents in North Somerset

7. RISK MANAGEMENT

The Health Protection Assurance system in North Somerset is a risk management system. The areas for development identified in this report will further strengthen North Somerset's Health Protection Committee to manage these risks.

These risks are based on the assumption that key agencies will continue to work together going forward.

8. EQUALITY IMPLICATIONS

There are no equalities implications arising directly from accepting this report. The identified priorities for the coming year will help to address health inequalities. In particular, achieving higher rates of immunisation in vulnerable groups and improving access to sexual health services.

AUTHOR
Ginette Corr, Strategic Public Health Manager

BACKGROUND PAPERS
None