A Report to the Health Improvement Partnership Board
20 October 2016

Public Health Protection Forum business 2015/16

Purpose
This document will report on the activity of the Health Protection Forum for 2015/16

1. **Introduction**
   1.1 Oxfordshire County Council (and the director of public health (DPH) who acts on behalf of the local authority) has a critical role in protecting the health of its population. This role is to act as a watchdog, ensuring that all organisations working within Oxfordshire coordinate their activities and provide high quality services to protect the population.
   1.2 If organisations fall short of the required standards the DPH has a duty to help them ameliorate the situation. It is therefore a leadership role rather than a managerial role.
   1.3 In order to carry out this role the DPH works in partnership with the relevant organisations via the Public Health Protection Forum which reports to the Health improvement board and hence to the health and wellbeing board.
   1.4 Most problems are dealt with directly by the Public Health Protection Forum, but should persistent difficulties arise these will be escalated to the Health Improvement Board and Health and Wellbeing Board as required.
   1.5 The Public Health Protection forum therefore facilitates the DPH in fulfilling the statutory function of protecting the health of the population of Oxfordshire.

2. **Role of the Health Protection Forum**

The group report on the following issues

- Prevention
- Planning and preparedness
- Relationships and accountabilities
- Monitoring of local data
- Reporting of local issues which may affect the health of the local population

3. Membership of the forum

Membership of the forum includes;

- Director of Public Health, Oxfordshire County Council (Chair)
- Oxfordshire County Council Portfolio Holder for Public Health
- Consultant in Public Health/Public Health Medicine with responsibility for Public Health Protection/emergency planning – Oxfordshire (Deputy Chair)
- Director of Public Health England Centre – Thames Valley (or nominated deputy)
- District representation of Environmental Health colleagues
- Associate Director Medicines Management, Quality and Innovation, Oxfordshire Clinical Commissioning Group

- Head of Public Health Commissioning, NHS England Thames Valley
- Consultant in Public Health Screening and Immunisation, NHS England Thames Valley
- Consultant in Health Protection/CCDC with responsibility for Health Protection in Oxfordshire – Public Health England
- Specialist advisors will be invited as necessary

4. **Meetings**

The forum met three times in the financial year 2015/16. There were no extraordinary meetings held in this time.

5. Activity Reporting

The following activity was reported to the forum during the year 2015/16

6. Topical Infections (Lead Role Public Health England)

6.1 In 2015/16 Zika was of concern internationally with the observed increase and spread through South America. This had caused concern for individuals who may have travelled to affected regions. The mosquito responsible for the transmission of the virus is not found in the UK and the risk to UK residents is still considered low.

6.2 There has been an increase in the numbers of Middle Eastern Respiratory Virus (MERS) observed. Surveillance systems are closely monitoring the incidence of new cases and in England, the local health teams are vigilant to monitor for any potential cases locally.

6.3 There were twelve influenza like illness (ILI) outbreaks notified to Thames Valley Health Protection Team in Oxfordshire during the influenza season 2015/2016. This is a decrease on the previous season when there were 14 outbreaks. Eight of these were in nursing or residential care homes, one was in the Immigration Removal Centre, Campsfield House and three further outbreaks were in schools.

6.4 One care home had two outbreaks, the first influenza A and the second a more limited outbreak of influenza B. These were the only two confirmed influenza outbreaks in care homes, which is a much lower number than last influenza season when eight ILI care home outbreaks in Oxfordshire had a confirmed virology result. The one other confirmed influenza outbreak was a combined influenza A and B outbreak in Campsfield House.

7. Healthcare Acquired Infections (Lead Role Oxfordshire CCG)

<u>Clostridium Difficile (C. Diff)</u>

7.1 In 2015/16 there were 157 reported cases of C. Diff which is an increase on the previous year (134). This reflects the challenge in addressing C. Diff.

<u>Methicillin Resistant Staphylococcus Aureus (MRSA)</u>

7.2. In 2015/16 there were 15 reported cases of MRSA which is a decline in performance in 2014/15 (9 cases). This is a return to the same number of cases that was observed in 2013/14.

7.3 Oxfordshire CCG continues to work with providers in primary and acute care to address the increase in the reported cases of healthcare acquired infections.

8. Environmental Health Issues (Lead Role District Councils)

8.1 During the year there have been discussions about local Air pollution at the Board. An Air Quality Management Area (AQMA) is declared if the levels of NO_2 exceed 40µg/m^3. In Oxfordshire the following areas are declared AQMAs:

- Henley on Thames
- Wallingford
- Watlington
- Abingdon
- Botley
- Marcham
- City of Oxford
- Chipping Norton
- Witney
- Banbury
- Bicester
- Kidlington

8.2.1 It is acknowledged that environmental health does monitor air quality and propose action plans in the AQMA areas, however there is no one single solution to resolve the levels of pollution in AQMA areas and it will require a multifaceted, multi-organisational approach to resolve.

8.2 The forum will be piloting a new dashboard at the next meeting in October. This will contain data on different activity monitored by environmental health officers in the Districts and City Councils.

9. Immunisation Programmes (Lead Role NHS England)

Influenza Vaccine

9.1 Influenza activity levels were lower than the last flu season as reflected in the lower number of confirmed outbreaks. Moderate levels of influenza activity were seen in the community in the UK in 2015 to 2016, with influenza A(H1N1)pdm09 the predominant circulating virus for the majority of the season peaking late in week 11 of 2016 and influenza B peaking afterwards. Nationally the impact of A(H1N1)pdm09 was predominantly seen in young adults. The flu vaccination activity for 2015/16 season in Oxfordshire is detailed below

Children's vaccinations 2015/16 Season

9.1.2 In the 2015/16 season

2 year old children in Oxfordshire vaccinated 43.7% (last year 44.8%, Eng. 35.4%)
3 year old children in Oxfordshire vaccinated 44.2%% (last year 48.5%, Eng. 37.7%)
4 year old children in Oxfordshire vaccinated 38.3% (last year 37.1%, Eng. 30.0%)

The offer was extended this year to children aged 5 and 6 years old for the first time. The model of delivery in Oxfordshire was through GP practices.

5 year old children in Oxfordshire vaccinated 32.6% (Areas with similar model of GP delivery Eng. 28.6%)
6 year old children in Oxfordshire vaccinated 28.2% (Areas with similar model of GP delivery Eng. 25.2%)

Adult vaccinations 2015/16 Season
9.1.3 Adults aged >65 in Oxfordshire vaccinated 72.4% (last year 75.6%)
Adults aged < 65 at risk in Oxfordshire vaccinated 45.9% (last year 51.9%)
Pregnant Women in Oxfordshire vaccinated 49.5% (last year 51.3%)

9.1.4 There has been continued mixed performance in vaccinations for the past season, despite concerted efforts there is still poor uptake for individuals aged under 65 at risk. In the next flu season adults suffering from liver disease, neurological conditions and learning difficulties will again be priority groups for vaccination.

9.1.5 For the 2016/17 season the model for flu vaccinations in 5 & 6 year old children will change to a school based delivery. This will bring the model in line with the other areas within Thames valley that had better uptake in vaccinations by delivering in schools instead of GP practices. The offer will also be extended to children aged seven.

10. Other Childhood vaccination programmes (Lead Role NHS England)

10.1 The performance of other childhood vaccinations is still generally achieving the 95% national targets and performance is better than other areas in Thames Valley. The DPH and forum maintain vigilance to ensure that this good performance does not drop. However, vaccinations of note

Measles
10.1.2 There has been another slight uptake in MMR vaccine in children aged 2 years. Oxfordshire has passed the 95.0% uptake target achieving 95.4%. However the vaccination rate for MMR vaccination at 5 years is 92.5% (last year 92.1%). The numbers that are not taking up the vaccine at 5 years are small. The area team are continuing to work on addressing this with local GP practices.

In 2015/16 there was one reported case of Measles in Oxfordshire.

Rotovirus
10.1.3 The uptake of this vaccination in 2015/16 93.5% which was in an improvement on the previous year's uptake of 88.6%. This improvement is a result an action plan to improve performance on immunisation activity in GP practices.

11. Adult Vaccinations (Lead Role NHS England)

Shingles

11.1 Cohort for vaccination is now 70, 78 & 79 year old adults. Oxfordshire CCG 91.3% of GP practices had submitted data. The table below provides information on activity data from 1/9/13- 31/8/15

	% of practices responding		% of patients immunised aged 70		% of patients immunised aged 79		% of patients immunised aged 78	
Year	**13/14**	**14/15**	**13/14**	**14/15**	**13/14**	**14/15**	**13/14**	**14/15**
OXFORDSHIRE	**95.1**	**91.3**	**52.7**	**63.2**	**56.5**	**64.9**	**55.6**	**63.3**
Thames Valley Total	**97.9**	**95.3**	**53.1**	**63.1**	**56.2**	**63.7**	**55.8**	**63.6**

The performance in Oxfordshire is improved on the previous year as the programme becomes more established and recognised in the local target population. The area team will continue to develop the programme and improve uptake.

12. Screening Programmes (Lead Role NHS England)

Antenatal Screening Programmes

12.1 Programme activity continues to meet targets, except for avoidable repeats for blood spot test. The avoidable repeat of blood spots continues to be an issue with different matters arising as others are resolved. Commissioners have developed an action plan with the providers to reduce the number of repeat tests.

Bowel Screening

12.2 Screening is offered to people aged 60-74 years of age. The most recent annual data in 2014/15, 59% of people took up the offer of screening. This was higher than the national target of 60%. Latest data for Q2 2015/16 uptake was 57.1%.

12.2.1 In 2015/15 NHSE and Cancer Research UK ran a bowel cancer screening awareness campaign in Oxfordshire. This was part of a national campaign to try to improve uptake. The complete data for 2015/16 will be available later in the year.

Breast Screening

12.3 This programme is available to women aged 50-70 every three years. Latest data was that 96.8% of eligible women have received a screening examination in the previous 36 months of Q3 2015/16.

Cervical Screening

12.4 This programme is available to women aged 25-64. The percentage of those that took up the offer in 2015 was 73.4% (76.6% in 2014). Uptake activity continues to just fall short of the national 80% target, despite continued efforts over the years. The difficulty in improving uptake is seen wider than Oxfordshire with the decrease in uptake is also being seen Nationally (74.2% 2014 down to 73.5% in 2015).

Aortic Abdominal Aneurism Screening

12.5 This programme is available to men aged 65 to 74 over 10 years. Locally the activity did not meet the national target (75%) with an uptake of 72.5% (77.9% in 2014/15). This was due to staffing issues with the provider during the year. Commissioners have been given assurances that these issues have now been resolved and the activity should improve to above target levels in this year.

13. HIV and Sexually Transmitted Infections NHSE (Lead Role NHS England & Oxfordshire County Council)

HIV

13.1 The prevalence of HIV in Oxfordshire continues to increase in line with the improved survival rates for HIV which has become a more chronic condition with the improved effectiveness of treatment. Currently there are 457 people diagnosed with the infection living in Oxfordshire. Of these 457 people, 231 live in Oxford City. It is estimated that there are an additional 96 people undiagnosed with HIV in the County.

13.1.2 Early diagnosis of HIV is important as it improves the prognosis of treatment, reduces the cost of treatment and lowers the risk of transmission. Latest data for 2012-14 reveals that 36 cases of late diagnoses occurred in Oxfordshire.

Sexually Transmitted Infections (STIs)

13.2 The diagnosis for all STIs has remained similar in 2014 and is still lower than national averages.

Gonorrhoea

13.2.1 In response to concerns about recorded increase in diagnoses of Gonorrhoea an audit was conducted on positive cases with secondary testing of positive cases. This audit was reported to the Sexual Health Action Partnership and concluded that the increase seen in gonorrhoea was due to false positive testing results. A new testing procedure is now in place with a secondary validation testing to confirm a positive case of gonorrhoea.

Chlamydia

13.2.2 The current detection rates are still less than the projected levels that are determined by PHE and we are RAG rated red because of this. A “deep dive” of the provision of services conducted with PHE concluded that the range of services available were not insufficient. The latest evidence suggests that the universal offer which is part of the national programme is not most effective for populations with low prevalence.

14. Blood Bourne Viruses

There were no major incidents locally to report.

15. Recommendations

The board are requested to consider the contents of this report on the health protection activity in the year 2015/16.

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