

A Report to the Health Improvement Partnership Board 26th September 2017

Public Health Protection Forum business 2016/17

Purpose

This document will report on the activity of the Health Protection Forum for 2016/17

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 2016/17. There were no extraordinary meetings held in this time.

5. Activity Reporting

The following activity was reported to the forum during the year

6. Topical Infections (Lead Role Public Health England)

- 6.1 There is an ongoing outbreak of Hepatitis A in the UK and Europe of involving three strain types. This outbreak is predominantly affecting men who have sex with men (MSM), but it is increasingly being detected in the wider population. Hepatitis A is a vaccine-preventable viral infection of the liver that is mainly spread faeco-orally through contaminated food or inadequate hand washing but can also be sexually acquired. PHE worked with sexual health services including our local provider to ensure that vaccination was offered to at risk MSM in local GUM services. OUHFT continue to offer vaccination and raise awareness about risk in line with national guidance. PHE are ensuring that suitable supplies of vaccine are available for local GUM services and for GPs for post exposure prophylaxis for close contacts of hepatitis A.
- 6.2 During the winter season 2016/17 there were 15 flu outbreaks reported in Oxfordshire. There were 10 reported respiratory tract outbreaks which were considered less likely to be influenza like illnesses. For influenza like illness outbreaks, public health advice is still to provide Tamiflu to care home residents prophylactically, as a preventive measure for those without symptoms, and for those with symptoms as treatment, if it can be delivered in a timely manner and is not contraindicated for the individual.

7. Healthcare Acquired Infections (Lead Role Oxfordshire CCG)

Clostridium Difficile (C.Diff.)

- 7.1 In 2016/17 there were 135 cases of C.Diff. reported. This was below the target threshold of 145 for the county and an improvement of the previous year (157), reflecting the efforts to improve the management of C.Diff. with local providers in primary care.

Methicillin Resistant Staphylococcus Aureus (MRSA)

- 7.2 In 2016/17 there were 8 reported cases of MRSA which is an improvement on 2015/16 (15 cases).
- 7.3 Oxfordshire CCG continue to work with providers to continue the improvement on limiting and managing healthcare acquired infections.

8. Environmental Health Issues (Lead Role District Councils)

- 8.1 Air pollution has become more of an issue at both local and national level and gained more prominence. This has been discussed the health protection forum and a separate, more detailed report is being presented to the board for discussion.

9. Immunisation Programmes (Lead Role NHS England)

Influenza Vaccination

- 9.1 There were moderate levels of flu locally in the 2016/17 winter season and this was seen also nationally. Overall the programme for influenza vaccinations performed better than 2015/16 for all age groups. The Oxfordshire activity for vaccination was also the best in Thames Valley. The flu vaccination activity for 2016/17 season in Oxfordshire is detailed below.

9.1.1 Children's vaccinations 2016/17 Season

2-year-old children in Oxfordshire vaccinated 47.5% (last year 43.7%)
3-year-old children in Oxfordshire vaccinated 51.5% (last year 44.2%)
4-year-old children in Oxfordshire vaccinated 41.2% (last year 38.3%)
5-year-old children in Oxfordshire vaccinated 68.3% (last year 32.6%)
6-year-old children in Oxfordshire vaccinated 64.2% (last year 28.2%)

This year saw a change in the programme delivery, which vaccination of 5 & 6-year-old children being delivered through school based services which has resulted in a significant improvement in uptake of vaccination. The programme was also extended to 7-year-old children and achieved 63.5% uptake in 2016/17 for these children.

The ambition for 2017/18 is to extend the programme to offer vaccinations to 8-year-old children.

9.1.2 Adult vaccinations 2016/17 Season

Adults aged over 65 in Oxfordshire vaccinated 73.8% (last year 72.4%)
Adults aged under 65 at risk in Oxfordshire vaccinated 52.4% (last year 45.9%)
Pregnant women in Oxfordshire vaccinated 52.8% (last year 51.3%)

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

- 10.1 The performance of other childhood vaccinations is still generally performing similar to previous years of activity and is better than most areas in Thames Valley. The DPH and forum continue to monitor activity and ensure that the performance is maintained at an acceptable level.
Vaccinations of note:

Measles

- 10.2 The number of children receiving the MMR vaccine aged 2 years was 95.0% which meets target uptake. However, the rate for MMR vaccination at 5 years was 92.4% (previous year 92.8%). The catch up cohort of 5-year-old children continues to present challenges to improve on the uptake.

The commissioning team have invested in staff to target this group and follow up on those who have not had a second MMR vaccination. The public health team have developed materials to raise awareness of the importance of the MMR vaccination with parents of children in the county. These combined efforts are hoped to produce an increase in the uptake of MMR vaccination in both aged cohorts.

Rotavirus

10.3 The uptake of this vaccination in 2016/17 was 93.6% which was a continued improvement on the previous year's uptake of 92.5%.

11. Adult Vaccinations (Lead Role NHS England)

Shingles

11.1 The cohort for vaccination in 2016/17 was 70 & 78-year-old adults. In Oxfordshire CCG 94.2% of practices had submitted data (91.3% in previous year). The table below provides information on activity from 01/09/13 to 31/08/16

Year	% of practices responding			% of patients immunised aged 70			% of patients immunised aged 78		
	13/14	14/15	15/16	13/14	14/15	15/16	13/14	14/15	15/16
OXFORDSHIRE	95.1	91.3	94.2	52.7	63.2	58.0	55.6	63.3	61.1
Thames Valley Total	97.9	95.3	92.1	53.1	63.1	58.0	55.8	63.6	58.9

The performance in Oxfordshire has seen a slight decrease on the previous year which has also been seen across Thames Valley. However, this change in activity may be associated with the data quality. Commissioners are working with providers to improve on the quality of the data submitted for this and also improving uptake within their registered patients.

12. Screening Programmes (Lead Role NHS England)

Antenatal Screening Programmes

12.1 Programme activity continues to perform satisfactorily. Last year the commissioners worked with the provider to improve on the avoidable repeat of blood spot tests. This has produced a reduction on the repeat tests from 4.8% to 2.8%.

Bowel Screening

12.2 Screening is offered to people aged 60-74 years of age. The most recent annual data was in 2016 when 58.3% of the eligible population took up the offer of screening. While this is below regional levels of 60.1% it is better than national averages of 57.9%. Latest data for Q2 2016/17 was 59.3%

Breast Screening

- 12.3 This programme is available to women aged 50-70 every three years. Latest data showed that in 2016 79.3% of eligible women had a breast screen. This is better than regional (77.1%) and National (75.5%) levels.

Cervical Screening

- 12.4 This programme is available to women aged 25-64. The percentage of those that took up the offer of screening in 2016 was 72.5% (73.4% in 2015). This is lower than regional (73.9%) and National (72.7%) levels. The uptake of screening in this programme still continues to struggle throughout the country. Nationally the uptake is lowest in women aged 25-49 years of age.

Aortic Abdominal Aneurism Screening

- 12.5 This programme is available to men aged 65 to 74 over 10 years. Locally the programme screened 77.2% in 2015/16 (72.5% in previous year) of eligible individuals which exceeds the national target of 75%. However, this is below regional (80.6%) and National (79.9%) levels.

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

HIV

- 13.1 Due to the advances in treatment, HIV is now considered a long term condition and those who have HIV infection can now expect to have a longer lifespan than previously expected by HIV carriers. As such we expect to have more people living with HIV long term. 2015 data shows that there were 448 people diagnosed with HIV living in Oxfordshire, 221 out of these 448 live in Oxford City.
- 13.2 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 2013-15 revealed that 33 cases of late diagnosis occurred in Oxfordshire.

Sexually Transmitted Infections (STIs)

- 13.3 Total rates of STIs in Oxfordshire are still below the national average except in the City which has remained at a similar rate since 2013.

Gonorrhoea

- 13.4 Gonorrhoea levels are below national average for Oxfordshire as a whole and all districts except in Oxford City. This is likely to be due to its younger age profile. There is a new system of testing to reduce the number of false positive diagnoses and it is expected that a reduction in diagnoses should be seen when the latest data are released.

Chlamydia

- 13.5 Chlamydia levels are lower than the national average in all Districts. Following evaluation and consultation the local service has been reshaped to be more focussed on accessing testing through online services. It is

hoped that this will be more acceptable and accessible for young people to have a Chlamydia test.

14. Blood Borne 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 2016/17

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