

A Report to the Health Improvement Partnership Board 6 July 2015

Public Health Protection Forum business 2014/15

Purpose

This document will report on the activity of the Health Protection Forum for 2014/15

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 2014/15. There were no extraordinary meetings held in this time.

5. Activity Reporting

The following activity was reported to the forum during the year 2014/15

6. Topical Infections (Lead Role Public Health England)

- 6.1 This year 2014/15 saw a major outbreak of Ebola in Western Africa. This had a local impact as returning aid workers landed in RAF Brize Norton. The local PHE centre was involved in the monitoring of all aid workers and others who were returning from high risk countries who entered England through Brize Norton and also London airports. The local centre also followed up on monitoring those residing in the local area.
- 6.1.2 Local stakeholders were involved in an exercise in November 2014 to test their preparedness in the event of a case arising in Thames Valley. At the time of writing this report, whilst the numbers of cases in West Africa are declining the outbreak has not ended. PHE are still in a state of heightened preparedness.
- 6.1.3 This outbreak event has benefited health protection as all local organisations have looked closely at their mass outbreak preparedness plans to ensure that they are still appropriate following the changes to NHS organisational structures in 2013.

Influenza in care homes

- 6.4 There were a total of 14 outbreaks of influenza in care homes in Oxon in the last season. Eleven of these outbreaks were sampled and 8 tested positive, 7 were Inf. A & Inf. B. There was a genetic drift in the actual strain that was in the community compared to the predicted strain used in vaccinations for the season. This had an impact in that the vaccine was not as effective as it should be, which can have a detrimental impact on public perception of the effectiveness of vaccination.

7. Healthcare Acquired Infections (Lead Role Oxfordshire CCG)

Clostridium Difficile (C. Diff)

- 7.1 In 2014/15 there were 134 reported cases of C. Diff which is an improvement on the previous year (171). This reflects the concerted efforts taken by the health care providers to reduce the incidence of C. Diff infections.

Methicillin Resistant Staphylococcus Aureus (MRSA)

- 7.2 In 2014/15 there were 9 reported cases of MRSA which is an improvement on the previous year (15). All cases are investigated to see how they could have been prevented and two of the 9 cases were considered preventable.

8. Environmental Health Issues (Lead Role District Councils)

- 8.1 The forum has engaged with the District Councils and has a regular representation from environmental health.

8.2 During the year there have been discussions about local Air Quality Management Areas (AQMA). An AQMA is declared if the levels of NO₂ exceed 40µg/m³. In Oxfordshire the following areas are declared AQMAs:

- Henley on Thames
- Wallingford
- Watlington
- Abingdon
- Botley
- City of Oxford
- Chipping Norton
- Witney
- Banbury
- 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.

8.3 The forum will be developing a dashboard for environmental health activity in the planned activity for 2015/16.

9. Immunisation Programmes (Lead Role NHS England)

Influenza Vaccine

9.1 At time of writing the Public Health Directorate are awaiting the final data for flu vaccination activity for 2014/15 season. Current available data showed the following activity.

Children's vaccinations 2014/15 Season

9.1.2 Latest sentinel data to 31 January 2015

2 year old children in Oxfordshire vaccinated 44.81% (last year 47.1%)

3 year old children in Oxfordshire vaccinated 48.5% (last year 43.2%)

4 year old children in Oxfordshire vaccinated 37.1%

The offer of immunisations will be extended to children aged 5 & 6 years old will occur in the next flu season.

Adult vaccinations 2014/15 Season

9.1.3 Adults aged >65 in Oxfordshire vaccinated 75.6% (last year 72.7%)

Adults aged < 65 at risk in Oxfordshire vaccinated 51.9% (last year 50.2%)

Pregnant Women in Oxfordshire vaccinated 49.6% (last year 44.3%)

9.1.4 There has been 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 be priority groups for vaccination.

9.1.5 The commissioning of vaccinations for 5-6 year old children has been completed and will be delivered through GP surgeries and pharmacies. Work is on-going to ensure that children on the borders of Bucks and Berks are appropriately cared

for as these neighbouring areas deliver vaccinations for this age group through the school system.

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 that do not meet targets include

Measles

- 10.1.2 There has been another slight uptake in MMR vaccine in children aged 2 years. Oxfordshire has now hit the 95.0% uptake target exactly. There has been a loss of momentum at a National and local level. However the vaccination rate for MMR vaccination at 5 years is 92.1% (last year 92.7%). 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 2014 there were no reported cases of Measles in Oxfordshire.

Rotovirus

- 10.1.3 This is a relatively new programme only 2 years in place Q4 uptake date was 93.8%. Several issues which are of a national nature are affecting activity. An action plan is being developed to improve programme. NHSE Area Team working with GPs to improve the performance on immunisation activity.

11. Adult Vaccinations (Lead Role NHS England)

Shingles

- 11.1 Cohort for vaccination is now 70, 78 & 79 year old adults. Oxfordshire CCG 95.1% of GP practices are participating.

| | % of practices responding | % of patients immunised aged 70 | % of patients immunised aged 79 | % of patients immunised aged 78 |
|----------------------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|
| OXFORDSHIRE | 95.1 | 52.7 | 56.5 | 55.6 |
| Thames Valley Total | 97.9 | 53.1 | 56.2 | 55.8 |

The NHS Area Team is currently looking at how they can improve on the uptake of the shingles vaccination and will report their action plan to the forum later this year.

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 as different matters arise. Due to a change in lab policy the repeat screening has not

been improved. The Area Team are working with the lab and providers to reduce repeat screens.

Bowel Screening

12.2 Screening is offered to people aged 60-74 years of age. Uptake for 2014/15 is shown below; performance is above the national minimum target of 52%

| | Q1 | Q2 | Q3 |
|----------------------------|-------|-------|-------|
| Percentage uptake of offer | 55.0% | 57.0% | 56.0% |

12.2.1 The Area Team is working collaboratively with the programme and Cancer Research UK to raise awareness of bowel cancer screening in Oxfordshire with health promotion activities in July 2015.

12.2.2 The Area Team has agreed a health inequalities grant with the local authority for £15,000 funding to support increase uptake by implementing a new national PEARL initiative.

Breast Screening

12.3 This programme is available to women aged 50-70 every three years. Latest data was that 76.4% of women in Q1 and 78.3% in Q2 took the offer of a screening. This is below the nationally set target of 80%.

12.3.1 In June 2014 an incident was identified involving the misdiagnosis of mammograms in the local screening unit. This triggered a look back exercise and further screening of some women. The process was successfully managed by OUHT and the area team and the incident has been resolved.

12.3.2 The incident had an impact on the three week waiting times for further assessment in Q1 and Q2 but activity is nearly to the levels prior to the look back exercise.

| Year | 2013/14 | 2014/15 | | |
|---|---------|---------|-------|-------|
| Quarter | Q4 | Q1 | Q2 | Q3 |
| % seen within 3 weeks of screening for further assessment | 92.6% | 70.7% | 59.9% | 88.3% |

Cervical Screening

12.4 This programme is available to women aged 25-64. The percentage of those that take up the offer continues to just fall short of the national 80% target, despite continued efforts over the years.

| | Q1 | Q2 | Q3 |
|---------------------------|-------|-------|-------|
| % uptake of the programme | 76.7% | 76.5% | 76.2% |

12.4.1 However, quarter 1- 3 data shows that the colposcopy waiting time targets continue to be met.

| | Q1 | Q2 | Q3 |
|---|--------|-------|--------|
| Number of referrals seen within 8 weeks | 100.0% | 99.8% | 100.0% |

Aortic Abdominal Aneurism Screening

- 12.5 This programme is available to men aged 65 to 74 over 10 years. Locally the programme is performing well with uptake meeting the 75% target for Q2 and Q3.

| | Q1 | Q2 | Q3 |
|---|-------|-------|-------|
| Percentage uptake of offer of screening | 62.9% | 79.1% | 78.8% |

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

HIV

- 13.1 The rate 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 524 people diagnosed with the infection living in Oxfordshire. Of these 524 people, 279 live in Oxford City. It is estimated that there are an additional 115 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 2011-13 reveals that 40 cases of late diagnosis occurred in Oxfordshire.

Sexually Transmitted Infections (STIs)

- 13.2 The diagnosis for all STIs which had increased in 2012 has levelled off in 2013. The detection rates in Gonorrhoea have had a particular impact on this activity.

Gonorrhoea

- 13.2.1 An audit to look at diagnoses of Gonorrhoea was agreed with local stakeholders. This was implemented in December and is still on going. The agreed six month period should end in June and reviewing data for presentation to stakeholders in July.
The Sexual Health Action Partnership (SHAP) will discuss the findings of the audit and the best course of action in July/ August.

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. OCC will be working with the PHE SE England area lead for Chlamydia on a “deep dive” look at the data to elucidate a cause for the current activity data and how we can improve on the local activity and diagnoses.

14. Blood Bourne Viruses

There were no major incidents to report.

15. Recommendations

The Board is requested to consider the contents of this report on the health protection activity in the year 2014/15.

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