

A Report to the Health Improvement Partnership Board 20th February 2020

Health Protection Forum Business

Purpose

This document will report on the activity of the Health Protection Forum

Introduction

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.

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.

In order to carry out its role the DPH works in partnership with the relevant organisations via the Health Protection Forum which reports to the Health Improvement Partnership Board and hence the Health and Wellbeing Board.

Most problems are dealt with directly by the Health Protection Forum, but should persistent difficulties arise, these will be escalated to the Health Improvement Partnership Board and Health and Wellbeing Board as required.

The Health Protection Forum therefore facilitates the DPH in fulfilling the statutory function of protecting the health of the population of Oxfordshire.

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

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.

Meetings

The forum met twice in 2019. There were no extraordinary meetings.

Topical Infections (Lead Role Public Health England)

At time of writing this report, local organisations are monitoring the unfolding situation in China involving the Coronavirus.

Local stakeholders were involved in an exercise in October 2019 to test their preparedness for pandemic influenza. This will have contributed to the readiness of the local system to respond to Coronavirus if it was to be diagnosed in any local residents.

Since the organisational changes to NHS structures, the local response system to any infectious incidents has matured well and there is good cooperation between the local partner organisations in Oxfordshire.

Healthcare acquired infections

Clostridium Difficile (C. Diff)

In 2018/19 there were 126 reported cases of C. Diff. Latest data for Q1 & 2 of 2019/20 there were 105 reported cases.

Methicillin Resistant Staphylococcus Aureus (MRSA)

There were 4 cases of MRSA reported in 2018/19 that were all unavoidable. Latest data for Q1&2 of 2019/20 there were 10 cases of MRSA reported.

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

Environmental Health Issues (Lead Role District Councils)

The issue of air pollution remains a concern to the Forum. An Air Quality Management Area (AQMA) is declared if the levels of NO₂ exceeds 40µg/m³. The AQMA areas declared in Oxfordshire are in the following areas:

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

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 resolving levels of pollution in AQMA areas and it requires a multifaceted, multiorganizational approach to resolve.

There is positive collaborative working between the 6 Local Authorities and sharing of knowledge and experience. An Oxfordshire air quality group meets regularly to discuss local air quality issues, and this led to collaboration in running an anti-idling campaign across the county in May 2019.

Immunisation Programmes (Lead Role NHS England)

Influenza Vaccination

In 2018/19 the vaccines were broadly effective against H1N1 in the UK. The impact of the circulating strain of flu being well matched to the vaccine resulted in comparatively less disease in older adults and resultant mortality compared with the previous flu season which was dominated by a different strain of flu. GP consultations and care home outbreaks were fewer in number than 17/18, with secondary car admissions also down.

We are currently still in the 2019/20 flu season, while it is still too soon to report on the full season and activity the indications are that reported flu activity is within normal expected levels.

The targeted eligible groups for the vaccination programme in 2018/19

- Individuals aged 65 years and over; the 75% uptake target that has been in place for several years was retained
- Individuals aged under 65 in clinical 'at risk' groups, including pregnant women: an uptake of at least 55% was retained as per the previous year with an ambition of maintaining higher rates where those have already been achieved. Ultimately the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu
- Pre-school children aged 2 and 3 at least 48% uptake with most practices aiming to achieve higher
- School aged children (in reception class and years one to five) an average of at least 65% to be obtained by every provider across all school years
- Healthcare workers increased from 70% to 75% uptake target

The performance of vaccination in GP practices in Oxfordshire was above England averages for all target groups.

	65 and over	Under 65 (at-risk)	Pregnant Women	2 Year olds	3 Year olds
Oxfordshire	76.2%	51.4%	52.5%	50.8%	56.0%
England	72.0%	48.0%	45.2%	43.8%	45.9%

Oxfordshire GP practice activity for flu vaccination 2018/19 season.

The school programme is delivered by Oxford Health NHS Trust, who provide the service in primary schools across Oxfordshire. Uptake was higher than national levels in every year group offered vaccinations. In 2019/20 the offer was extended to year 6 pupils.

	Reception	Yr. 1	Yr.2	Yr.3	Yr.4	Yr.5
Oxfordshire	74.4%	75.3%	72.5%	71.1%	68.8%	66.9%
England	63.9%	63.4%	61.4%	60.2%	58.0%	56.2%

Uptake of flu vaccines in schools 2018/19

Other Childhood Vaccination Programmes (Lead Role NHS England)

The performance of other childhood vaccinations is still higher in relation to SE England and National levels. The forum maintain vigilance to ensure that good performance does not drop. However, vaccinations of note are:

Measles

The uptake of MMR vaccine in 2018/19 in children aged 2 was 94.0% which is better than National (90.3%) and regional (91.4%) levels. Latest available data for Q1 2019/20 shows an increase in uptake to 94.6%.

While the uptake of MMR vaccine in 5-year-old children is still lower than the 2-year-old level for 2018/19 at 90.4%. However, this is higher than National (86.4%) and Regional (87.4%) levels.

Over the past year, Thames Valley Child Health Information System (CHIS) has been working with practices to improve on the quality of data recording throughout the vaccination programmes. This is contributing to improving the data to properly identify children who need to receive a catch-up vaccination.

Human Papilloma Virus (HPV)

This programme has been providing vaccinations for girls for ten years. The programme involves a vaccination in year 8 and another in year 9. September 2019 saw the programme being extended to boys. This is a positive move to further increase protection against HPV which is known to increase risk of cervical cancer in women. In 2018/19 91.9% of girls received both doses, which is better than the national activity of 83.8%.

Screening Programmes (Lead Role NHS England)

Antenatal Screening Programmes

Antenatal screening activity continues to perform well across local screening programmes.

Bowel Screening

The introduction of a new test in the bowel screening programme (Faecal Immunochemical Testing (FIT)) in June has led to an increase in uptake of bowel cancer screening. In combination with an increase in the proportion of positive test results using the new test. This has led to demand for colonoscopy increasing to almost double the previous level. There has been an impact on waiting times in the service which the programme is urgently working to address.

Breast Screening

The breast Screening Programme for Oxfordshire population is delivered by Oxford University Hospitals Foundation Trust. The service received a visit from the Public Health England Screening Quality Assurance Service in June 19. There were no

concerns raised because of this visit with the service consistently meeting its contractual targets and quality standards. SQAS noted the Oxfordshire breast screening service provides a service of high clinical quality to the local population. Latest data for coverage (defined as the percentage of women adequately screened in the previous 36 months) is for February 19 and demonstrates Oxfordshire performed better at 77.5% when compared to the average for the South East at 76% England at 74.9 %. *(NHS Digital (Open Exeter)/Public Health England)*

Cervical Screening

The national cervical screening programme has now moved from cytology testing to HPV primary testing. Compared to cytology, HPV primary testing has been shown to reduce the risk of developing cervical cancer through increased sensitivity for underlying disease. The number of labs processing cervical samples has reduced to a total of 8 across the country. Since 18th November 2019 all samples for Oxfordshire women have been processed at the Berkshire and Surrey Pathology Service, which covers the South East region. Commissioners have worked closely with Oxfordshire University Hospitals Foundation Trust to ensure the safe transfer of this service. Oxfordshire University Hospitals Trust continues to deliver colposcopy services as part of the screening pathway and has ongoing responsibility for some aspects of the programme related to data, failsafe and incident management. Coverage within the cervical screening programme has been declining nationally with the greatest decrease seen in the younger age group. Latest coverage data is at November 2019 and shows Oxfordshire performed worse at 68.3% for the age group 25-49 years when compared to the South East at 71.4% and England at 69.8%. For the older age group 50-64 years, Oxfordshire performed similarly at 76.5% compared to 76.2% for the South East and 76.4% and 76.2% for England. *(NHS Digital (Open Exeter)/ Public Health England).*

Abdominal Aortic Aneurism Screening

This programme is performing well and in 2018/19 achieved 82.1% uptake, exceeding the acceptable target and the uptake level for England as a whole.

Diabetic Eye Screening

The programme has introduced fixed appointments and text message reminders, both of which have been well received. Uptake remains consistently above the acceptable standard (75%) at 77.4%.

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

HIV

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. 2018 data shows that there were 499 people diagnosed with HIV living in Oxfordshire, 224 out of these 499 live in Oxford City.

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 2016-18 revealed that 20 cases of late diagnosis occurred in Oxfordshire.

The Sexual Health Services in Oxfordshire are part of the National trial of Pre-Exposure Prophylaxis (PrEP) use being run by NHS England. The use of this PrEP in pilot programmes has been encouraging in seeing a reduction in new diagnoses of HIV in men who have sex with men. It is anticipated that following on from the pilot, the provision of PrEP will be made available as a routine service, however there has not been any official announcement from the Department of Health and Social care at time of writing.

Sexually Transmitted Infections (STIs)

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.

Chlamydia

Chlamydia levels continue to be lower than the national average in all Districts. The local model Chlamydia testing uses a more targeted programme than the National programme to better suit the local population has not seen any change to the local profile for chlamydia.

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 2018/19.