



ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL HEALTH AND WELLBEING BOARD

Date: Wednesday, 27 July 2016

Time: 2.00 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 8764315

AGENDA

Pages

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HEALTH AND WELLBEING BOARD - 27 JULY 2016

Title of paper:	Health Protection Assurance - Update	
Director(s)/ Corporate Director(s):	Alison Challenger Director of Public Health	Wards affected: All
Report author(s) and contact details:	Alison Challenger alison.challenger@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Dr Vanessa MacGregor, Consultant in Communicable Disease Control, Public Health England East Midlands Tracey Lamming, Public Health England East Midlands Sarah Mayfield, Screening and Immunisation Manager, NHS England North Midlands	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham - Preventing alcohol misuse		<input type="checkbox"/>
Integrated care - Supporting older people		<input type="checkbox"/>
Early Intervention - Improving mental health		<input type="checkbox"/>
Changing culture and systems - Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>Nottingham City has a wide range of health protection services that aim to prevent illness or to identify disease at an early stage where treatments may be more effective with better outcomes.</p> <p>Awareness of, and uptake to these services is variable and evidence suggests that for some, those at higher risk of disease may be less likely to access services and interventions, contributing to local health inequalities.</p> <p>A range of organisations are involved with the planning, commissioning, delivery and assurance of these programmes. It is vital that all organisations work in partnership to ensure the best outcomes for Nottingham citizens. A number of these organisations are represented on the Nottingham City Health and Wellbeing Board and are in a good position to advise on the needs and developments of local provision towards improving uptake.</p>		

Recommendation(s):	
1	The Board is asked to note the contents of the report and to advise on any further assurance required.
2	The Board is invited to comment and/or make suggestions for further development and improvements where the Health and Wellbeing Board member organisations may add support.
3	The Board is invited make suggestions on how partnership working may more effectively target the needs of vulnerable groups to improve awareness and uptake of services.
<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</p> <p>People with mental illness are less likely to be aware of, and to access health protection services that may lead to earlier identification and diagnosis of disease. In considering the measures and provision outlined in this report, HWBB members may offer expertise and guidance on how to more effectively tailor the range of health protection services towards the needs of those with poor mental health and wellbeing.</p>	

1. REASONS FOR RECOMMENDATIONS

- 1.1 This paper follows the Health Protection Assurance report presented to the HWBB in January of this year. This paper focuses on a number of potential risks and suggested areas for development as requested by Board members.

The aim for all programmes is to provide appropriate and relevant information to citizens so they may make an informed choice on whether to undertake a vaccination or screening intervention that would enable prevention or earlier detection of disease. Health protection programmes are evidence based and subject to rigorous criteria and review by the UK National Screening Committee and the Joint Committee on Vaccination and Immunisation, however there is wide variation in the uptake to these services across different communities.

The commissioning of services is undertaken by NHS England on behalf of Public Health England, however improving access and uptake is in the interests of all health and social care organisations and their partners. The Director of Public Health in the Local Authority has an oversight and assurance responsibility to ensure that local services are appropriate to the needs of the population served.

Uptake to local services is variable. In Nottingham City, coverage is typically lower than in more affluent parts of the country although rates have been gradually increasing to a number of programmes. The reason for making the recommendations is to highlight to the Board where uptake may be improved in a selection of health protection services and to consider the opportunities and benefits for local organisations to plan and work together to improve outcomes for local citizens.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

There are a wide range of health protection services provided in Nottingham City, including those for screening, immunisation and infectious disease. They cover the

complete life course from ante natal screening and childhood immunisation through to cancer and diabetic retinopathy screening in older age.

Generally across the UK and in Nottingham, availability and access to these services is very good although there is considerable variation in uptake, often linked to deprivation, culture, lack of awareness or an informed decision not to partake, contributing to poorer health outcomes and inequalities.

A number of programmes in Nottingham suggest a lower uptake compared with the East Midlands and England:

1. Seasonal influenza immunisation programme
2. Measles Mumps and Rubella Vaccination
3. Breast cancer screening
4. Bowel cancer screening
5. HIV prevention and diagnosis

1. Immunisation

The immunisation of young children between 0 – 5 years provides the foundations for lifelong immunity and protects some of the most vulnerable members of our community. It is the age group which receives the majority of vaccinations and it is therefore important to consider patterns of low uptake.

School age children and adults require certain vaccines, some as boosters that prolong the longevity of the immunity required. Some adults require vaccines depending on age and underlying medical conditions.

The current complete routine schedule of immunisations for both children and adults may be accessed here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/532787/PHE_Complete_Immunisation_Schedule_SUMMER2016.pdf

The NHS delivery of immunisation programmes is good and uptake is generally high. The aim for each of these programmes is to achieve high coverage which then reduces the risk for the individual and also the level of the disease in the community.

Nottingham rates have seen a gradual improvement over the past decade but there are variations, and typically for a major city population, rates are lower than the averages for the East Midlands and England. Work to further improve access and uptake to all programmes is central to the on-going commissioning and delivery of the programmes.

Most children undergo the full range of immunisations through primary care and community services. However there are children who may have only partially completed the programme and a minority of children who may be totally unvaccinated.

The reasons for this are varied but may include families recently moved to the city and not yet registered with a local GP practice, a lack of awareness of the programmes, difficulty accessing services, a decision by the parent or carer for their child not to be immunised, or other reasons. Work is planned to identify unvaccinated children and to enable services to address local need.

In Nottingham City, the flu immunisation and measles mumps and rubella programmes have been identified as being in need of particular development to increase the number of people protected locally.

Seasonal Influenza (Flu) Immunisation Programme

For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. However, certain people are at particular risk of severe illness if they catch flu.

The purpose of the traditional seasonal influenza immunisation programme for England is to provide a coordinated and evidenced based approach to planning for the demand, and to offer protection to those who are most vulnerable and at risk of the complications of flu which can result in serious and sometimes life threatening illness. Additionally, a reduction in the levels of people contracting flu will reduce pressures on health and social care services particularly during times of high pressure during the winter months. Therefore the flu vaccine is routinely offered each year to:

- people aged over 65
- children aged two, three and four and in school years one and two
- pregnant women
- those with underlying disease, particularly chronic respiratory or cardiac disease
- those who are immunosuppressed

Seasonal Flu Uptake Data 2015/16

	65 Years and over	Under 65 (at risk only)	Pregnant Women	All age 2 years	All age 3 years	All age 4 years	School year 1	School year 2
Nottingham City (%)	70.9	42.9	34.8	34.9	36.2	29.7	45.4	44.7
England average (%)	71.0	45.1	42.3	35.4	37.7	30.0	54.4	52.9

Data source: Annual Flu Report 15/16

Specific areas for improving uptake include:

- Pregnant women
- Those in at risk groups and with underlying medical conditions
- Frontline healthcare workers

This will be led by the special interest group on immunisation programmes led by the team in the NHS England regional office, in partnership with Public Health England, local authorities, and primary care. The Nottinghamshire Health Protection Strategy Group and the Local Health Resilience Partnership will have oversight and assurance roles.

Measles, Mumps and Rubella Vaccine (MMR)

MMR is a safe and effective combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection.

The full course of MMR vaccination requires two doses, offered routinely at 13-15 months of age with a booster dose generally after the age of 3 years and 4 months.

The uptake for the first dose in Nottingham is 93.5% and the second dose at 86.5%. This pattern is seen nationally but rates are lower than the England average. A key area for development therefore is to promote uptake for the second MMR dose and to enable more children to realise the maximum protection from each of these conditions.

Opportunities to raise awareness and promote uptake via NHS providers and children's community services are being explored locally.

2. Population screening programmes

Screening is a strategy used in a population to identify the possible presence of an as-yet-undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce the potential harm.

The range of population screening programmes in the UK includes:

- [NHS abdominal aortic aneurysm \(AAA\) programme](#)
- [NHS bowel cancer screening \(BCSP\) programme](#)
- [NHS breast screening \(BSP\) programme](#)
- [NHS cervical screening \(CSP\) programme](#)
- [NHS diabetic eye screening \(DES\) programme](#)
- [NHS fetal anomaly screening programme \(FASP\)](#)
- [NHS infectious diseases in pregnancy screening \(IDPS\) programme](#)
- [NHS newborn and infant physical examination \(NIPE\) screening programme](#)
- [NHS newborn blood spot \(NBS\) screening programme](#)
- [NHS newborn hearing screening programme \(NHSP\)](#)
- [NHS sickle cell and thalassaemia \(SCT\) screening programme](#)
- [Screening and quality assurance \(all programmes\)](#)

NHS England is the commissioner for national screening programmes. Governance and assurance is led through a series of regional Programme Boards that considers the specific needs and development for the local delivery of each programme. All Boards ultimately report to The Nottinghamshire Health Protection Strategy Group.

Uptake to cancer screening programmes has seen gradual decline nationally and locally and is particularly low amongst some groups. Areas identified for specific development include the breast and bowel cancer screening programmes.

The Breast Cancer Screening Programme

In the UK, breast cancer is the most common type of cancer among women. Approximately 45,000 cases of breast cancer are diagnosed every year, usually in women who are over 50 years of age and who have reached menopause. However, it is possible for women of any age to be affected by breast cancer and, in rare cases; the condition can also affect men. In Nottingham the coverage for screening women aged 50-70 in 2015 was 73.3% compared with England 75.4%. Both of these rates are lower than that seen in more affluent areas and there is a need to reduce the variation in uptake to further improve outcomes and breast cancer survival rates.

The Bowel Cancer Screening Programme (BCSP)

Bowel cancer, also known as colorectal cancer, is one of the most common cancers, accounting for over 10% of all cancers in England. In 2014, it was the third most common cancer in men and women but the second biggest killer after lung cancer. It killed 13,036 (7,049 men and 5,987 women) in England in 2014 which is equivalent to 35 people every day.

Around half of all bowel cancers are due to lifestyle factors and are therefore considered preventable. If detected at an early stage before symptoms appear, it is easier to treat and there is a higher chance of survival. To detect cases of bowel cancer sooner, the NHS offers bowel cancer screening every two years to adults registered with a GP in England.

Although one of the most accessible – test kits are delivered to the home - uptake to screening has shown only little increase over the ten years the programme has been in place. Key barriers are thought to be due to:

- cultural taboos around collecting and storing samples
- perception of a home-based test as less important than one delivered by a health professional
- preferring not to know rather than deal with the implications of an abnormal result

For Nottingham City, in 2015 uptake was 48.7% compared with an England average of 54%, although there is considerable variability across communities, ranging from 30-58% as measured by GP practice population.

Public Health England has recently advised of a target of 75%. NHS England commissions the programme and is working with GP practices to address those who need support to complete and return the test.

Blood Borne viruses

Blood-borne viruses (BBVs) are viruses that some people carry in their blood and can be spread from one person to another. Those infected with a BBV may show little or no symptoms of serious disease, but other infected people may be severely ill. You can become infected with a virus whether the person who infects you appears to be ill or not as some persistent viral infections do not cause symptoms. An infected person can transmit blood-borne viruses from one person to another by various routes and over a prolonged time period.

The most prevalent BBVs are:

- human immunodeficiency virus (HIV)- a virus which causes acquired immunodeficiency virus (AIDS), a disease affecting the body's immune system;
- hepatitis B (HBV) and hepatitis C; BBVs causing hepatitis, a disease affecting the liver.

HIV prevention and earlier diagnosis

HIV is a virus that attacks the immune system, and weakens your ability to fight infections and disease. It is most commonly caught by having sex without a condom.

It can also be passed on by sharing infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding.

HIV can be managed effectively if diagnosed and treated at an early stage. In Nottingham, as with other cities, HIV rates are higher and later diagnosis more common. In Nottingham the level of late diagnosis is 55.3% compared with a regional level of 49.2% and the England average 42.2%.

Local authorities are working with Public Health England to increase awareness and access to testing, which is overseen by the Nottinghamshire Strategic Sexual Health and health protection groups.

Summary

Health protection measures cross many services and a joint approach to improving the availability, access and uptake to these services requires close and on-going collaboration between a range of organisations across the health and social care system. This paper has covered a number of those where uptake has remained static or reduced and may benefit from innovation and new ways of addressing the issues and potentially by the full range of organisations represented on the Nottingham City Health and Wellbeing Board.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 The Health Scrutiny Committee may select to review specific elements of health protection services. The HWBB membership is well placed to advise on developments for the range of programmes in place and the joint approach to commissioning and overall provision.

4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

6. EQUALITY IMPACT ASSESSMENT

- 6.1 Has the equality impact of the proposals in this report been assessed?

No X
An EIA is not required because:

This paper is making recommendations only and no change to service is being proposed

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

- 7.1 Quarterly vaccination coverage statistics for children aged up to five years in Derbyshire and Nottinghamshire (COVER programme): January to March 2016

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- 8.1 Annual Flu Report 15-16

<https://www.gov.uk/government/statistics/annual-flu-reports>

Department of Health; Immunisation against infectious disease – ‘The Green Book’ available online: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book>

Health matters: improving the prevention and diagnosis of bowel cancer. (Public Health England, June 2016)