

WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

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Report Title	Annual Health Protection Report 2022-23
Report Authors	Dr Annapurna Sen, Elton Myftari, Julia Partridge

Contributors/Checkers/Approvers		
Other Director/SME	Sally Burns Director Public Health	21/09/2023

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Appendix A Northamptonshire Health Protection Joint Committee Annual Report 2022/2023

1. Purpose of Report

This report is brought to the West Northants HWBB meeting to inform members about outcome of actions delivered in the year 2022-23 to tackle the health protection priorities identified within the 2022-2024 Northamptonshire Health Protection Strategic Plan and the actions recommended to address the gaps identified for the year 2023-2024.

Executive Summary:

Health protection involves planning, surveillance and response to outbreaks and incidents; it prevents and reduces the harm caused by communicable diseases and mitigates the impact on health from environmental hazards such as chemicals and radiation. Health protection also involves the delivery of major programmes such as national immunisation programmes and the provision of health services to diagnose and treat infectious diseases.

The strategic priorities for health protection are delivered by the relevant member organisations within Northamptonshire Health and Social care system, and quarterly assurance is sought by the Health Protection Committee as part of a statutory responsibility to ensure that appropriate arrangements are in place to protect population health. The nine strategic priorities are: Immunisation; Screening; Infection Prevention and Control; Tuberculosis; Blood Borne Viruses; Outbreak Management; Environmental Health; Training and Campaigns; and Addressing Health Inequalities.

Achievements against the strategic priorities have included performance of the national immunisation programmes, either close to meeting and/or exceeding national targets. All non-

cancer screening programmes have also seen an improvement. There has been a decline in sexually transmitted infection rates, some hospital acquired infections, chronic infectious diseases including Tuberculosis incidence, and newly diagnosed cases of HIV and Hepatitis B. 363 incidents and outbreaks have been managed, the majority of which involved COVID-19.

Gaps in the delivery of the strategic priorities have included a decline in seasonal flu in 2–3-year-olds, pregnant women and other adult at-risk groups. There was a reduction of cervical cancer screening amongst 24–49-year-olds. The rates of C Diff increased in both Acute Trust Hospitals. HIV testing rates were lower than the national average, and the late diagnoses of HIV is above the national and regional averages. There was a reduction in the commencement of timely treatment for people diagnosed with Tuberculosis. In addition there was an increase in Hepatitis C rates, and mortality rate from Hepatitis C related liver disease / cancer remains higher than the regional and national averages.

2. Recommendations

That the West Northants Health and Wellbeing Board adopt the recommendations in the Northamptonshire Health Protection Joint Committee: Annual Report (April 2022 to March 2023).

3. Report Background

The Local Authorities Regulations (2013) states that the Director of Public Health (DPH) is responsible for the local authority's contribution to health protection matters, including its role in planning for, and responding to, incidents that present a threat to the health of the public.

Northamptonshire Health Protection Strategic Plan has been delivering actions against the 2022-2024 nine strategic priorities. Results of actions delivered had positive outcomes with their performance better than England and East Midlands in all childhood and adolescent immunisation indicators. The coverage of adult vaccination programmes for Shingles, Pneumococcal and Pertussis in pregnant women, have shown an improvement. The uptake of the seasonal flu vaccination in people aged 65 and COVID-19 in all eligible cohorts are similar to the national averages.

All non-cancer screening programme including Antenatal and New-born Screening, Diabetic Eye screening (DES) and Abdominal Aortic Aneurysm (AAA) have improved, but DES and AAA screening are lagging behind the national target. Of all the national cancer screening programmes, only breast cancer screening has shown an improvement in uptake.

Sexually transmitted infection rates have improved for Syphilis, Gonorrhoea, and Chlamydia and are lower than EM and England averages. The 3-year average of TB incidence has also decreased. Latent TB screening programme for people from high-risk countries has been commissioned and implemented in Northamptonshire. The county has improved its HIV testing coverage, with a decrease in the number of new diagnoses in people aged 15 and above with HIV, the percentage of HIV late diagnosis has reduced, but still remains higher than the East Midlands and England averages. Acute Hepatitis B rates have improved and show a reduction; however, Hepatitis C detection rate has increased suggesting there was a rise in new cases.

Hospital Acquired infection rates due to MRSA bacteraemia (Methicillin Resistant staphylococcus Aureus), MSSA bacteraemia (Methicillin-Sensitive Staphylococcus Aureus), and E-Coli bacteraemia have fallen and shown improvement in acute trust hospitals. However, C Diff (Clostridium Difficile) infection rates had gone up in both of our acute trust hospitals.

The Health Protection Team has responded to and have supported the management of 363 incidents and outbreaks reported between 1st April 2022 and 31st March 2023, which were due mainly to COVID-19, but also included Gastrointestinal, Streptococcal, Chicken pox, E-Coli, Scabies and M Pox infections.

In the same time period, the Community Infection Prevention and Control (IPC) team undertook 181 IPC risk assessments and follow up assurance visits to support social care and other high risk community settings. It also delivered 144 IPC training and 92 quality improvement audits of high risk residential and nursing home settings.

To address inequality experienced by most of the underserved population residing or arriving in Northamptonshire (including rough sleepers, homeless, people in refuge centres, unregistered seasonal migrant workers, asylum seekers, refugees, and undocumented migrants), the team engaged and provided outreach clinical health interventions.

The HP team also provided public health specialist input for a safe and hazard free delivery of 134 events applications submitted to the Northamptonshire Safety Advisory Group (SAG) and successfully delivered 11 health protection media campaigns.

4. Issues and Choices

4.1 Issues

The issues in the Northamptonshire Health Protection Joint Committee: Annual Report 2022 - 2023 include:

- A decline in childhood vaccinations including seasonal flu vaccination in 2- and 3-year-olds, preschool boosters, and HPV in 12–13-year-old females, which were below national targets.
- Seasonal flu vaccination local coverage reduced in all adult cohorts apart from pregnant women. In addition, Shingles and all seasonal flu adult cohorts, except over 65s, were below the national targets.
- There was a drop in the take up of cervical screening amongst 24–49-year-olds.
- Cervical and Breast screening did not meet the national targets.
- The uptake of BowI screening reduced.
- AAA and DES are below the national targets.
- There was an increase in C Diff rates in both Acute hospitals.
- There was a small increase in the Syphilis diagnosis rate.
- There was a reduction in starting the timely treatment for Tuberculosis. The number of people diagnosed with Tuberculosis offered HIV testing is lower than the national average.
- HIV testing rates are lower than the national average. In addition the late diagnoses of HIV is above the national and regional averages.
- There was a rise in hospital admissions due to Hepatitis B related liver disease/cancer., and a reduction in people entering drug misuse treatment accepting Hepatitis B vaccination.

- There was an increase in Hepatitis C rates. Furthermore, the mortality rate from Hepatitis C related liver disease / cancer remains higher than the regional and national averages.
- Mortality due to air pollution is higher than national and regional averages.

In addition, the ongoing impact of COVID-19 on the system as a whole, and the challenges in resources and capacity within organisations, affected the workforce and delivery capability of services during 2022-23.

4.2 Recommendations

Strategic Priority (SP) 1 Immunisation

Support the system to increase uptake in the childhood and adult immunisation programmes across the county area, including:

- Seasonal flu in 2 and 3 years.
- Preschool boosters.
- Shingles immunisation in over 70s.
- All seasonal flu adults cohorts.
- Maintain COVID-19 vaccination rates.

SP2 Screening

Support the system to increase uptake in the screening programmes across the county area, including:

- Cervical screening programme amongst 24–49-year-olds.
- AAA and DES screening.

SP3 Infection, Prevention and Control

Support the system to:

- Continue delivery of consistent IPC compliance, risk assessment and training in high-risk settings.
- Reduce rates of C Diff in both Acutes.
- Contribute a further reduction in the diagnosis rates of Syphilis.
- Contribute to initiatives and measures that support the reduction of COVID-19 cases, including good COVID-19 vaccination uptake.

SP4 Tuberculosis

Support the system to:

- Improve the proportion of people starting treatment for Tuberculosis within 4 months of diagnosis.
- Deliver the countywide latent screening programme to people from high-risk countries who have lived in the county for the last 5 years.

SP5 Blood Borne Viruses

Support the system to:

- Maintain improvements to HIV testing and diagnoses to prevent the increase in late diagnoses rates and to support achieving regional and national averages.
- Improve Hepatitis B vaccination uptake in people under substance misuse treatment.

- Support work that contributes to reducing hospital admissions due to Hepatitis B and Hepatitis C.
- Prioritise follow up care of people newly diagnosed with Hepatitis C to contribute to reducing mortality rates from Hepatitis C related disease/cancer.
- Reduce rates of Hepatitis C.

SP6 Outbreak Management

Support the system to:

- Update and localise the systemwide Outbreak Management Plan which are sufficiently resourced.
- Review the MoU between LHRP partners and the local authorities, to include the management of cross border incidences.

SP7 Environmental Health

Support the system to:

- Carry out an air quality health needs assessment to identify issues in poor air quality areas.

SP8 Training and Campaigns

- Continue to work with organisations and groups representing high-risk groups, delivering education and media campaigns that improve immunisation and screening across the system, and deliver professional updates to the workforce.

SP9 Addressing Health Inequalities

- Continue to address inequalities by engaging with groups with poor health and social outcomes in deprived areas, high-risk populations and those experiencing inaccessibility.

5. Implications (including financial implications)

5.1 Resources and Financial

None

5.2 Legal

None

5.3 Risk

There are no significant risks arising from the proposed recommendations in this report.

5.4 Consultation

Not applicable

5.5 Consideration by Overview and Scrutiny

Not Applicable

5.6 Climate Impact

None

5.7 Community Impact

None

6. Background Papers

- 6.1 Northamptonshire Health Protection Joint Committee: Annual Report (April 2022 to March 2023).