

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

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This report updates on output and outcome of actions delivered to meet the strategic priorities mentioned in our county wide "Joint Health Protection Plan."

Strategic Priorities 2022-24

The 2022 - 2024 strategic health protection priorities for the Health Protection Committee area (Northamptonshire) are as follows:

Strategic Priority 1: Immunisation

- Ensure the delivery of childhood and adult immunisation programmes in accordance with national and local targets.

Strategic Priority 2: Screening

- Ensure the delivery of cancer and non-cancer screenings in accordance with national and local targets.

Strategic Priority 3: Infection Prevention and Control

- Ensure infection prevention and control arrangements within organisations delivering health and social care services and other high-risk settings, to support a reduction in the number of healthcare acquired infections and other notifiable infections, including COVID-19.

Strategic Priority 4: Tuberculosis

- Ensure the local implementation of the recommendations of the national TB Strategy and NICE 2016.

Strategic Priority 5: Blood Borne Viruses

- Ensure that local service provision is in line with the national strategies for HIV, Hepatitis B and Hepatitis C.

Strategic Priority 6: Outbreak Management

- Ensure effective outbreak planning and response arrangements are in place within NHS and non-NHS partner organisations including Environmental Health teams.
- To ensure the coordinated delivery of the COVID-19 outbreak plan and pandemic response and recovery phase.

Strategic Priority 7: Environmental Health

- Ensure measures are in place to identify, manage and mitigate environmental health hazards including elevated levels of air pollution and environmental noise.

Strategic Priority 8: Training and Campaigns

- Ensure appropriate training and learning opportunities are available to educate professionals and the public in relation to health protection priorities.

Strategic Priority 9: Addressing Health Inequalities

- Ensure that in each of the Health Protection Priorities health inequalities and inequities are understood and plans are developed to address them, engaging with communities to understand their needs and coproduce solutions.



2022-23 Performance

Immunisation

Childhood Immunisation

- Northamptonshire outperformed England and East Midlands in all childhood immunisation indicators; most uptake was either close to meeting the national target and/or exceeded it. Preschool boosters which included the DTaP/IPV booster and MMR for two doses did not meet the national target, although performance was improved in comparison to the previous year.
- The seasonal flu vaccination coverage in children aged 2- and 3- years and school aged children from Reception to Year 9 showed a decline and did not meet the national target.
- Though there was an improvement in Northamptonshire and uptake exceeds the regional and national averages, the HPV vaccination coverage for one dose (females 12-13 years old) did not meet the national target of 90%.

Adult Immunisation

- The seasonal flu immunisation uptake dropped for people aged 65 and above, people aged under 65 and at-risk groups; nonetheless, the uptake in pregnant women showed an improvement.
- The only cohort that met the national target of 75% for seasonal flu vaccination was people aged 65 and above. All cohorts performed better than the regional and national averages.
- The vaccination uptake for Pertussis in pregnant women increased.
- Vaccination coverage for Shingles in those aged 70 years improved, but did not meet the national target of 50-60%.
- COVID-19 vaccination uptake improved in comparison to the previous year, across all doses in all cohorts, and was similar to the national average.

Screening

Antenatal and New-born Screening

- All indicators in antenatal (HIV, Hep B, Syphilis and Sickle cell and Thalassaemia) and new-born screening (Hearing and Physical examination) reached the acceptable national target of 95%.
- New-born blood spot coverage stayed similar to the previous year and achieved the national acceptable target of 95%.

Cancer Screening

- Cervical screening coverage in the Northamptonshire area reduced in 24–49-year-olds by 2% and remained statistically similar for 50–64-year-olds, but both cohorts did not meet the national target of 80%.
- Bowel screening coverage dropped by 2% although it exceeded the national target.
- Breast screening coverage showed an improvement of around 2% and performed better than the national average but did not meet the national target.

Non-cancer Screening

- Abdominal Aortic Aneurysm (AAA) screening coverage significantly improved (increasing from 16% in the previous year to 41%) and performed noticeably better than the national average. This is below the national target of 85%.
- Diabetic Eye Screening (DES) improved by 2.5% but was below the national target of 75%.

Infection Prevention and Control (IPC)

IPC Compliance:

- 137 initial Infection Prevention and Control assurance visits and 44 follow-up IPC assurance visits were carried out to support high risk community and social care settings including care, residential and nursing homes, supported living, assisted living and domiciliary care settings.
- 144 IPC training (face to face) sessions were delivered to social care staff working in care, residential and nursing homes, supported living, assisted living, rehabilitation centres and domiciliary care settings.
- 92 quality improvement audits were completed for high-risk care and nursing home settings.

Prevention and Control of Health Hazards:

- Specialist Public Health input was provided for the safe and hazard free delivery of 134 events applications submitted through the Northamptonshire Safety Advisory Group network.

Healthcare Acquired Infection

- The C Diff (Clostridium Difficile) infection rate increased in both Acute Trust Hospitals.
- MRSA bacteraemia (Methicillin Resistant staphylococcus Aureus) rates fell, showing an improvement in both of the Acute Hospitals.
- The rate of MSSA bacteraemia (Methicillin-Sensitive Staphylococcus Aureus) declined overall, showing a reduction in Northampton General Hospital and increasing in Kettering General Hospital, but both rates were lower than the national average.
- E-Coli bacteraemia rates showed a decline, improving in both Acute Hospitals.

Sexually Transmitted Infections

- The number of new STI diagnoses decreased and was lower than the regional and national averages.
- The diagnoses rate of Syphilis showed an increase of 1% per 100,000 population but remained better than the regional and national averages.
- Gonorrhoea diagnoses rates decreased by 3% per 100,000 population and remained better than the regional and national averages.
- Chlamydia detection rates in people aged 15-24 years decreased and was better than the regional and national averages.

COVID-19

- The COVID-19 case rate in Northamptonshire for the week ending 31 March 2023 was 42 per 100,000 population.
- There was a total of 426 deaths reported in Northamptonshire where COVID-19 was mentioned as one of the causes on the death certificate.
- There was a total of 3,304 COVID-19 hospital admissions across the Acute and Community Hospitals.

Tuberculosis

- The 3-year average of TB incidence decreased and was lower than the regional and national averages.
- Northamptonshire showed a reduction in the proportion of pulmonary TB starting treatment within 4 months of diagnosis (timely treatment) although performed better than the regional and national averages.
- The proportion of Tuberculosis cases offered a HIV test saw a slight improvement but was lower than the national average.
- Latent TB screening programme for people from high-risk countries was commissioned and implemented in Northamptonshire.



Blood Borne Viruses

HIV (Human Immunodeficiency Virus)

- Northamptonshire improved its HIV testing coverage by 6% which was significantly better than the regional average but 2.5% lower than the national average.
- New diagnoses in people aged 15 years and above with HIV, decreased showing an improvement. However, this is lower than the regional average but better than the national average.
- The percentage of HIV late diagnosis showed an improvement but remained higher than the regional and national averages.

Hepatitis B (Data lag – comparisons have been made using published datasets)

- Acute Hepatitis B rate decreased showing an overall improvement.
- The number of hospital admissions due to Hepatitis B related liver disease/cancer increased.
- There was a decline in the number of people entering drug misuse treatment who were offered and accepted a Hepatitis B vaccination as a proportion of all eligible clients in treatment.

Hepatitis C (Data lag – comparisons have been made using published datasets)

- Hepatitis C detection rates increased, suggesting there was a rise in the number of new cases.
- The mortality rate of people aged under 75 years due to Hepatitis C related liver disease/cancer fell but remained higher than the regional and national averages.
- The number of hospital admissions due to Hepatitis C related liver disease/cancer remained similar to the previous year.
- The percentage of people receiving a Hepatitis C test in drug misuse treatment improved by 5%, which was above the national average.

Outbreak management

- The local Health Protection Team responded to and managed 299 COVID-19 related outbreaks.
- The Team also supported the management of 26 Gastrointestinal outbreaks.
- The local Health Protection Team worked alongside the regional UKHSA Team to manage 25 outbreaks in educational settings that included Streptococcal-A, Scarlet Fever, Chickenpox, E-Coli, diarrhoea and vomiting, and a case of Meningitis.
- The local Team also managed a number of Scabies outbreaks and incidents in asylum seeker/refugee settings.
- Support was also provided to the regional and local system partners to manage 11 incidents of Mpox.

Environmental Health

- Mortality of annual deaths attributable to air pollution in Northamptonshire stayed similar to the previous year (5.4%) but was slightly higher than both the national (5.1%) and regional (5.3%) averages.

Training and Campaigns

- The local Health Protection Team engaged with high-risk population sub-groups, in collaboration with community and voluntary organisations who worked with these groups, to deliver health education sessions to improve immunisation and screening uptake and other prevention initiatives.
- 11 health protection media campaigns took place.

Addressing Health Inequalities

- To address inequality experienced by some 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). Health

intervention sessions included screening for communicable and non-communicable diseases, immunisation and health and wellbeing interventions. Collaboration with other agencies to provide social support, included the Housing and Revenues and Benefit Teams.

Recommendations

Following the analysis of individual datasets, these recommendations are to facilitate North and West Northamptonshire Public Health Teams to prioritise and develop their action plans for 2023-2024.

Strategic Priority 1: Immunisation

- Improve the uptake of preschool booster vaccinations (MMR and DTaP-Diphtheria, Tetanus, and Pertussis).
- Improve seasonal flu immunisation in children aged 2 and 3 years old, and all adult at risk cohorts, including pregnant women.
- Improve COVID-19 vaccination take-up.

Strategic Priority 2: Screening

- Improve cervical cancer screening coverage in women aged 24-49 years.
- Improve AAA and DES screening rates.

Strategic Priority 3: Infection Prevention and Control

- Reduce incidence of Clostridium Difficile (C Diff) as a health care acquired infection.
- Support social care settings and special educational settings by carrying out regular risk assessments and ensure consistent IPC training is delivered across all settings.
- Support the reduction in the number of Syphilis diagnosis.
- Contribute to the reduction in COVID-19 cases.

Strategic Priority 4: Tuberculosis

- Improve the number of people starting treatment within 4 months of diagnosis.
- Deliver the latent TB screening programme to people coming from listed high-risk countries and who have lived in Northamptonshire in the last 5 years.

Strategic Priority 5: Blood Borne Virus

- Continue improving HIV testing to prevent late diagnoses.
- Improve Hepatitis B vaccination uptake in people under substance misuse treatment.
- Support work that reduces hospital admissions due to Hepatitis B and Hepatitis C.
- Prioritise the follow up care of people newly diagnosed with Hepatitis C.

Strategic Priority 6: Outbreak Management

- Update and localise the systemwide Outbreak Management Plan.
- Review the Memorandum of Understanding (MOU) with Local Health Resilience Partnership (LHRP) agencies for managing outbreaks within both local authority areas as well as cross-border.

Strategic Priority 7: Environmental Health

- Undertake an air quality Health Needs Assessment to identify issues in poor air quality areas.



Strategic Priority 8: Training and Campaigns

- Collaborate with organisations and groups to deliver education and media campaigns that improve screening and immunisation uptake amongst the population and provides professional updates to the workforce.

Strategic Priority 9: Addressing Health Inequalities

- Engage with groups with poor health and social outcomes in deprived areas across the county, high risk cohorts and those experiencing inaccessibility.

The Actions to support these priorities will be detailed in the 2023-2024 Health Protection Plan.