

WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

7th June 2022

Report Title	Northamptonshire Joint Health Protection Plan 2022 - 24
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List of Appendices

Appendix A – Northamptonshire Joint Health Protection Plan 2022 - 2024

1. Purpose of Report

1.1. To NOTE the Northamptonshire Joint Health Protection Plan 2022 – 2024

2. Executive Summary

This report provides a summary of the health protection annual report and the strategic priorities as set out in the Northamptonshire Joint Health Protection Plan 2022 - 24

2 Recommendations

To NOTE the Northamptonshire Joint Health Protection Plan 2022 – 2024

3 Report Background

3.1 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.

3.2 The local authority should have effective health protection arrangements with local organisations; this includes producing plans to prevent infectious diseases, as well as joint

approaches for responding to incidents and outbreaks, agreed locally with partners (including PHE and NHS England). Local arrangements should be revised and updated for the new system, as per regulation 8(7) of section 6C

3.3 The Joint Health Protection Plan 2019-21 set out the health protection strategic priorities for Northamptonshire alongside an action plan. It also set out the roles and responsibilities of local organisations to support achievement of these.

3.4 The annual health protection report looked at progress against those priorities and recommended the priorities for 2022 – 24, which have been developed into the Joint Health Protection Plan 2022-24. This was ratified by the Health Protection Committee on 19 May 2022.

4 Issues and Choices

4.1 The health protection annual report looks at progress and challenges for each of the strategic priorities.

4.2 The time-period covered is two years, 1 April 2019 to 31 March 2021, as an annual report was not completed in 2020 due to COVID-19. Below is a summary of the achievements and challenges and recommendations.

4.3 COVID-19 was a significant health protection issue that impacted on other priority areas. The COVID-19 response is covered in the Director of Public Health Annual Report, so is not covered in depth here.

4.4 Achievements:

Immunisations:

Coverage of some childhood vaccinations increased including flu vaccination in school age children. Coverage of adult vaccinations including pneumococcal and flu in people with long term conditions and in people ages 65 and above, also exceeded the target of 75%.

Screening:

Cancer screening uptake for bowel and breast cancers show improvement and were above the national average in 2020. Non-Cancer screening, including AAA, showed improvement with coverage above regional and national averages in 2019/20. Antenatal and Newborn screening were also reported to be higher than the national average in 2020/21.

Infectious Disease:

Tuberculosis (TB):

TB incidence rate was lower than regional and national averages in 2018/20

Blood borne viruses (BBV):

There is an improvement in new HIV diagnosis rate, our testing coverage was above regional and national averages in 2020. Hepatitis C detection rate was lower compared to national average in 2017 and our percentage uptake of Hepatitis C testing in persons in drug misuse treatment who inject drugs is above national average.

Healthcare Acquired Infections (HCAI)

Infection rates for HCAI including Methicillin Sensitive Staphylococcus Aureus (MSSA), Methicillin Resistant Staphylococcus Aureus (MRSA) Clostridium Dificile (C. Dif) and E. coli have decreased in comparison to previous year for both NGH and KGH and are below the national average.

Other Infectious diseases:

Measles, Campylobacter and Shigella infections were also reported to be lower than the national average.

Environmental Health:

Fuel poverty was below regional and national averages in 2018

4.5 Challenges

Immunisations:

In children, coverage of preschool vaccination, flu in 2- and 3-year-olds and Human Papilloma Virus (HPV) vaccination in 12–13 year-olds have decreased and are below national average. Flu vaccination in pregnant women was lower than national average and did not meet its target.

Screening:

Cervical cancer screening coverage in women aged 20-49 and 50-64 did not meet the target in 2020/21. In non-cancer screening, coverage of infectious disease screen, Sickle cell and Thalassaemia screen and blood spot screen have decreased. Uptake of Diabetic Eye screening was also lower than the national average.

Tuberculosis (TB):

The proportion of TB cases starting treatment within four months of symptom onset was lower than national average in 2019, as well as the proportion of TB cases offered a HIV test was lower than England average in 2019.

Blood borne viruses (BBV):

Percentage of HIV late diagnosis was higher compared to national average.

Other Infectious Disease

Non-typhoidal Salmonella as well as Typhoid & Paratyphoid incidence rates including Giardia and Cryptosporidium incidence rates were above national average.

Environmental Health:

The fraction of mortality attributable to particulate air pollution was above regional and national averages in 2019.

4.6 As we recover from COVID-19 in Northamptonshire the recovery transition project will ensure that we build a health protection team fit for the future to become more proactive and ensure that we have a strong health protection function across Northamptonshire. The priorities will be to address some of the challenges that resulted directly and indirectly from COVID-19, building back the health protection programmes.

4.7 Based on the findings of the annual report, the strategic health protection priorities for the Health Protection Committee area (Northamptonshire) for the period 1 April 2022 until 31 March 2024 are outlined as follows:

4.7.1 Strategic Priority 1: Immunisation

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

4.7.2 Strategic Priority 2: Screening

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

4.7.3 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.

4.7.4 Strategic Priority 4: Tuberculosis

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

4.7.5 Strategic Priority 5: Blood Borne Virus

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

4.7.6 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.

4.7.7 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.

4.7.8 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.

4.7.9 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.

5 Implications (including financial implications)

5.1 Resources and Financial

There are no resources or financial implications arising from the proposals.

5.2 Legal

There are no legal implications arising from the proposals.

5.3 Risk

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

5.4 Consultation

5.4.1 The Members of the Health Protection Committee have been engaged with to inform the annual report and agree the Joint Health Protection Plan 2022 – 24.

5.5 Consideration by Overview and Scrutiny

5.5.1 Not applicable

5.6 Climate Impact

5.6.1 Not applicable

5.7 Community Impact

5.7.1 Not applicable

6 Background Papers

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