

# REPORT TO THE HEALTH & WELLBEING BOARD

4 June 2019

## Health Protection Board Update Report

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<b>1. Purpose of Report</b>	
	This report provides an update from the Barnsley Health Protection Board. It was agreed in April 2018 that the Health and Wellbeing Board would receive an annual update on the Health Protection Board's (HPB) activity to provide assurance that the health of the residents of Barnsley is being protected in a proactive and effective way.
<b>2. Recommendations</b>	
	<ol style="list-style-type: none"><li>1. To note the work of the Health Protection Board</li><li>2. To be aware of the areas requiring further action and to support the planned actions.</li></ol>
<b>3. Introduction/ Background</b>	
	<p>Health Protection includes activities intended to protect individuals, groups and populations from infectious diseases and environmental hazards. This work includes preparing for and responding to public health emergencies, for example pandemic flu. Health Protection operates across a wide range of organisations responsible for specific components. Achieving success in health protection relies on strong working relationships at a local level.</p> <p>The HPB takes a system wide overview of stakeholders contributing to health protection in Barnsley and provide a whole system overview.</p>
<b>4. Areas of Health Protection to Highlight</b>	
	<p><b>Areas of success:</b></p> <ul style="list-style-type: none"><li>• Infection Prevention and Control – The jointly commissioned contract between BMBC Public Health and Barnsley CCG with Barnsley Hospital delivering the infection prevention and control service, continues to go well. All the actions in the Barnsley E-Coli Reduction Plan 2017-2021 are either complete or underway.</li><li>• Tuberculosis (TB) incidence rate remains low in Barnsley, with a rate of 3 per 100,000 (England incidence rate is 9.9 per 100,000). BMBC Public Health team have led the development of a local pathway for TB patients with no recourse to public funds (NRPF). This pathway identifies the organisations responsible for these patients. It seeks to provide patients with accommodation and subsistence payments to enable treatment completion. The TB service commissioned by Barnsley CCG and delivered by the SWYPFT Health Integration Team continues to be shared as an example of good practice across England with our local TB Lead Nurse presenting at national</li></ul>

conferences and is the Yorkshire and Humber Lead Nurse for the National TB Control Board

- 'Who Pays' agreement - In the event of an outbreak/incident where there is no clear responsible commissioner, the Health Protection Board has agreed in principle a three way split between Barnsley CCG, BMBC Public Health and NHS England (NHSE), up to a maximum of £25k each. Barnsley is leading regionally with this work, with other areas wanting to follow our lead.
- Health and Social Care staff flu vaccination coverage 2018/19 - BHNFT and SWYFT met their staff vaccination targets and BMBC increased their staff vaccination from 77 members of staff in 2017/18 to 504 in 2018/2019 (141 of which were health and social care staff). BMBC Public Health are currently working on plans to further increase staff vaccination in 2019/20.
- Emergency Plans – the borough wide plans were updated and signed off by the Health Protection Board in April 2019 (Barnsley Multi-Agency Mass Vaccination / Treatment Plan, Barnsley Multi-Agency Outbreak Plan, Pandemic Flu Response Plan).

**Areas requiring further action:**

- Flu vaccination for over 65's - Barnsley's over 65 uptake rate, up to 31 January 2019 (71.9%) was lower than the Yorkshire and Humber Local Team rate of 72.8% but higher than the England rate of 71.3%. 1523 more people would have needed to be vaccinated to reach the nationally set 75% target. Plans are underway for this year's flu season led by the Barnsley Flu Steering Group.
- Flu vaccinations for at risk groups - Barnsley's uptake rate in the at risk group, up to 31 January 2019 (50.7%) is higher than the regional and national rates of 48.4% and 46.9% respectively. The uptake rate is marginally lower than it was at 31 January 2018 (51.6%). 1419 more people would have had to be vaccinated to reach the 55% target. The condition with the lowest uptake rate in the at risk patients under 65, is patients with morbid obesity (BMI $\geq$ 40) with no other clinical risk group(s) (22.2%). As above, plans are underway for this year's flu season led by the Barnsley Flu Steering Group.
- HIV - Barnsley compares poorly to Y&H and England performance in terms of how many people accessing services are tested for HIV (46.9%) the BMBC PH commissioner and Spectrum, the service provider, are investigating further to determine if data issues are impacting on the figures or if more work needs to be done, testing people in healthcare settings other than the sexual health service.
- Shingles – there is low vaccination uptake for the Shingles programme in Barnsley. From September 2019, the eligibility for the vaccine will be made clearer and easier to understand; all those aged from 70 to 80 will be eligible. There will be specific promotion this vaccine during the 2019/20 flu vaccination season for the same cohort of people. Members of the Vaccination and Immunisation Steering agreed shingles vaccination should be one of their priorities.
- Measles - 2018/19 annual data shows MMR uptake below target at 94.9%. Nationally this is a cause for concern with increasing momentum from anti-vaxxer movements. Some GP practices are falling below the >95% coverage

	<p>with 2 doses of MMR vaccine in the routine childhood programme (less than 5 years old) and also for older age cohorts (older than 5 years old). A draft Barnsley Measles Elimination Strategy has been developed supporting a local call to action. Key aspects of the Measles Elimination Plan include:</p> <ul style="list-style-type: none"> <li>- Identifying GP practices not reaching 95% coverage with 2 doses for children younger than 5 and also for older age cohort.</li> <li>- Provide targeted support to these GP practices,</li> <li>- Explore alternative contract levers to help improve uptake and ensure</li> <li>- Ensure easy access to high quality evidence based information for health professionals and the public; create a cohesive communications plan and target groups.</li> </ul> <p>The Health Protection Board will be closely monitoring these areas of concern through its quarterly meetings, the BMBC public health, health protection lead and Health Protection Board reps attending a range of operational meetings to seek assurance.</p>
<b>5.</b>	<b>Evidence of need / Link to Joint Strategic Needs Assessment</b>
	<p>The Health and Social Care Act 2012 placed a duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health in the local authority.</p> <p>As well as responding to health protection incidents and outbreaks, health protection priorities and actions are also informed by assessment of need, with our health protection work being proactive as well as reactive in protecting the health of the Barnsley population.</p> <p>Examples of our proactive approach include:</p> <ul style="list-style-type: none"> <li>- HIV – increased targeted engagement with at risk groups – men who have sex with men (MSM) and Black African communities. For example, the provider Spectrum engaging with Barnsley Pride events and linking with Recover Steps substance misuse service and SWYPFT Health Integration Team.</li> <li>- Flu Steering Group – multi agency partnership working to increase flu vaccine uptake amongst at risk groups and health and social care staff.</li> <li>- Development of a local tool on ‘When can my child return to school’ for common childhood illnesses to help reduce the spread.</li> <li>- A proactive approach to measles vaccination uptake with a local Measles Elimination Strategy being developed.</li> </ul>
<b>6.</b>	<b>Link to the Health &amp; Wellbeing Strategy and/or Barnsley Place Based Plan</b>
	<p>The Health Protection Board is a sub-committee of the Barnsley Health and Wellbeing Board. It has responsibility to provide assurance that local health protection arrangements are effective. The Health Protection Board takes a system wide overview of stakeholders contributing to health protection in Barnsley and provides a whole system overview.</p>
<b>7.</b>	<b>Stakeholder engagement/ co-production</b>
	<p>The Health Protection Board quarterly meetings are well attended with all key partners represented – Public Health England, NHS England, South West Yorkshire Partnership Foundation Trust, Barnsley Hospital, Barnsley Clinical Commissioning Group, Berneslai Homes, Barnsley Council and Public Health.</p>

<b>8.</b>	<b>Financial Implications</b>	
	<p>In the course of 'business as usual' there are no financial implications for partners.</p> <p>In the event of an outbreak/incident, where there is no clear commissioner, the Health Protection Board has agreed in principle a three way split between Barnsley CCG, BMBC Public Health and NHSE, up to a maximum of £25k each. A Director level decision from the three organisations will agree on which option applies for each outbreak/incident:</p> <p><b>Option 1:</b> The 'responsible commissioner' pays. This is the default position if the incident type clearly relates to the responsibility of a commissioner.</p> <p><b>Option 2:</b> In the absence of the incident being clearly aligned to a commissioner as a final course of action to save situational management costs a three way split (CCG, Local Authority and NHSE) will take place with a maximum contribution of £25,000.</p>	
<b>9.</b>	<b>Conclusion/ Next Steps</b>	
	The Health Protection Board will continue to meet quarterly and the minutes be received by the Health and Wellbeing Board by exception along with annual updates.	
<b>10.</b>	<b>Appendices / Background Papers</b>	
	None	
<b>11.</b>	<b>Date of Report</b>	20 May 2019