HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6(a)
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THE ANNUAL HEALTH PROTECTION REPORT FOR PETERBOROUGH CITY COUNCIL FOR 2014

RECOMMENDATIONS	
FROM : Dr Liz Robin, Director of Public Health	

1. The Annual Health Protection report provides assurance to the HWB and the public that the DPH statutory duty to protect the health of the population was met in 2014.
2. Four health protection challenges are identified in section 3.3 of this report, which recommends actions to address them and, in so doing, to tackle health inequalities and barriers to accessing services. Detailed background is provided in the relevant sections of the attached annual health protection report.
3. The Health and Wellbeing Board is asked to:
    - **a.** Note the Annual Health Protection Report for Peterborough City Council, 2014;
    - **b.** Note that the Task and Finish Groups will report their recommendations to improve uptake of childhood immunisations and bowel and cervical cancer screening to the Health and Wellbeing Board in June, and produce costed plans for the Health and Wellbeing Programme Board;
    - **c.** Support the recommendation that Public Health England (PHE) and PCC public health explore the roll out of the PHE pilot of testing for latent tuberculosis (TB) infection to eligible new migrants from high prevalence communities in line with the new collaborative TB strategy;
    - **d.** Ask the Children and Families Board to progress an action plan to address continuing high rates of teenage pregnancy;
    - **e.** Support the recommendation that the public health team meet with the sexual health commissioner to explore opportunities in the sexual health contract to improve HIV and chlamydia screening in relevant population groups;
    - **f.** Support the recommendation that qualitative and survey methods should be used to understand health beliefs and barriers to uptake of services to inform the Eastern European Joint Strategic Needs Assessment and subsequent community engagement and development.

1. ORIGIN OF REPORT

1.1 This annual report on health protection for Peterborough City Council is submitted to provide assurance to the Health and Wellbeing Board, and to the public, that there are safe and effective mechanisms in place to protect the health of the population in Peterborough and that the DPH has successfully executed her statutory responsibilities.

2. PURPOSE AND REASON FOR REPORT

2.1 The annual health protection report focuses on the statutory responsibilities for health protection and compliments the Annual Report of the DPH which looks at the wider issues of population health and wellbeing and their determinants.

2.2 The report (**Appendix A**) is the first annual health protection report for Peterborough City Council. It has been prepared, with input from the members of the Peterborough Health Protection Committee, for the Health and Wellbeing Board to fulfil the statutory responsibilities of the DPH, under the Health and Social Care Act, 2012, to advise on and promote local health protection plans across agencies.

2.3 To facilitate delivery of these responsibilities and promote sharing and planning across agencies, the DPH has established the Peterborough Health Protection Committee (PHPC).

2.4 It is important that there is publically available information that demonstrates that statutory responsibilities for health protection have been fulfilled; to have the means to seek assurance on this; and to have processes in place to address and escalate any issues that might arise.

2.5 The annual report covers multi-agency health protection and emergency response plans; how responsibilities are being discharged; immunisation and screening programmes; sexual health; surveillance of communicable disease and key incidents and outbreaks in 2014.

2.6 This report is for Board to consider under its Terms of Reference No. 3.3:

> *"To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities."*

This report supports the Health and Wellbeing Board strategic priority of 'Preventing and treating avoidable illness' and particularly the linked outcomes of addressing:

a) Disease and poor health indicators
b) Take up of cancer and non-cancer screening programmes
c) Take up of immunisations and vaccinations

And issues identified under other strategic priorities including:

d) Above average teenage pregnancy rates
e) Promoting flu immunisation in the over 65s.

3. SUMMARY OF KEY ISSUES FROM THE ANNUAL HEALTH PROTECTION REPORT, 2014

3.1 The report demonstrates that the DPH statutory responsibilities for protecting the health of the population have been delivered, working with the members of the Health Protection Committee, and through key partners such as Public Health England.

3.2 The review and development of revised working arrangements for the Local Resilience Forum (LRF) for Cambridgeshire and Peterborough is identified as an example of effective action, in partnership, to agree a new governance structure and work programmes across agencies. The DPH, on behalf of the Peterborough Health Protection Committee, will report any significant issues for health sector resilience to the Cambridgeshire and Peterborough Local Health Resilience Partnership (C&PLHRP), which is now a subcommittee of the LRF.

3.3 Four key health protection challenges have been identified in 2014 were action has been taken and/ or further action is recommended in 2015:

a) Tuberculosis- the implications of the new strategy and the opportunity to offer screening for latent TB infection to new migrants from high prevalence communities;
b) The relatively poor uptake of adult bowel and cervical cancer screening programmes;
c) and of childhood immunisation programmes, particularly in the inner city and deprived areas;
d) Sexual health services –teenage pregnancy rates, targeted HIV testing for men who have sex with men and population coverage of chlamydia screening in young people.

3.4 All four are linked to inequalities in health outcomes and raise issues of equality of opportunity with regard to information and access to services.

3.5 Tuberculosis (TB)

3.5.1 Rates of tuberculosis infection remain high in Peterborough with cases being referred to the Tuberculosis treatment service. Public Health England is investigating small clusters of cases linked through the workplace, which include people resident in Peterborough. Risk

assessment and contact tracing is carried out in the workplace and home, as indicated. It is thought that a number of these cases are related to the high prevalence of tuberculosis in the home countries of new migrants.

3.5.2 Public Health England published a new national collaborative strategy for tuberculosis in January with ten areas for action including the establishment of TB Control Boards covering a wide area, with a senior clinical lead. The strategy has implications for service commissioning, with calls for better treatment and care; high quality diagnostics and early diagnosis; improved contact tracing and tackling TB in underserved populations. It proposes the introduction of a systematic screening programme of new entrants from high prevalence countries to detect and treat latent TB infection (LTBI).

3.5.3 The Public Health team are in discussion with PHE on the possible roll out of their pilot LTBI screening programme to eligible new entrants in Peterborough with a focus on the inner city practices. This would need to be progressed in the immediate future to meet the PHE timescales for learning from the pilot.

3.6 Uptake of Cervical and Bowel cancer screening programmes

3.6.1 In response to concerns with the poor uptake of cervical and bowel cancer screening programmes in the inner city, identified to the Health and Wellbeing Board in June 2014, a multi-agency task and finish group was convened in November to investigate and make recommendations for action to the Health Protection Committee in April and to the Health and Wellbeing Programme Board and the Health and Wellbeing Board in June 2015.

3.6.2 The group has already identified a number of issues including:

a) Variation-inner city practices with good and poor uptake rates;
b) Information and health beliefs: cultural and language /literacy barriers; the acceptability of the tests to some ethnic groups;
c) Problems with the delivery of invitation and reminder letters to a mobile population and those in houses of multiple occupancy;
d) Access to testing –timing of appointments; female smear takers; chaotic lifestyles or more pressing demands e.g. shift work, caring responsibilities;
e) Lack of data which would allow analysis by ethnic group.

3.6.3 The Task and Finish group is reviewing the evidence of effective interventions to inform their recommendations and the development of a costed action plan.

3.6.4 An initial brief review of the poor uptake of cancer screening programmes in 2013-4 identified the need for additional funding to run information and education campaigns targeted to minority ethnic populations and engage in community development with underserved groups and inner city practices.

3.7 Childhood immunisation programmes

3.7.1 A multi-agency Task and Finish Group has been convened to investigate the causes of the inequalities in uptake of the childhood immunisation programme and to make recommendations for improvement to the Health Protection Committee in April and the Health and Wellbeing Programme Board and the Health and Wellbeing Board in June 2015.

3.7.2 For most childhood immunisations, coverage in Peterborough is below the 95% required for herd immunity.

3.7.3 The group is considering factors which may impact on the uptake in new migrant communities:

a) Understanding of the UK immunisation schedule;
b) Immunisations in the home country not being recorded on the UK system;
c) Problems with the reporting and recording of data when children have been immunised to schedule;
d) A mobile population –moving either within addresses in Peterborough or more widely and the implications for GP registration of moving house.

3.7.4 The group is reviewing evidence to inform recommendations and a costed action plan.

3.8 Sexual health services

3.8.1 The public health commissioner has identified three areas of concern to the Health Protection Committee:

a) Teenage pregnancy rates remain above regional and national averages despite having declined in recent years;
b) Between 2011 and 2013 a higher proportion of HIV infections were diagnosed at a late stage of infection. Late diagnosis is associated with a ten-fold risk of mortality within twelve months of diagnosis which may have been prevented by earlier access to anti-retroviral drug treatments;
c) Whilst the rate of chlamydia diagnoses in young people is high compared to England, local data shows a reduction in the number screened suggesting that not all young people at risk are being tested.

3.8.2 The public health team are meeting with the Sexual Health Commissioner to better understand these challenges and the opportunities within the sexual health contract for improvement in service delivery and outcomes.

4. CONSULTATION

4.1 The report has been prepared by the interim CPH, on behalf of the interim DPH, with input from members of the Peterborough Health Protection Committee and programme data from relevant agencies, particularly the Public Health England staff in the Anglia Health Protection Unit and screening and immunisation leads working with NHS England, East Anglia Area Team.

4.2 The Annual Report on Health Protection was considered by the Health and Wellbeing Programme Board (HWPB) on 4th March, 2015 who asked to consider the implications of the recommendations of the Task and Finish groups prior to consideration by the Health and Wellbeing Board in June. They made suggestions of methods to engage the new communities and inner city population (via the recruitment and training of 'community connectors'; mosque leaders; and though leisure groups with mixed community attendance). The HWPB also supported the recommendations that the Children and Families Board takes responsibility for progressing work to address teenage pregnancy.

5. ANTICIPATED OUTCOMES

5.1 Progress on the four areas of challenge identified in 3.3 reported in the Annual Report on Health Protection in 2015; and an improvement in population health and the relevant health outcomes, monitored through the Public Health Outcomes Framework, over time.

6. REASONS FOR RECOMMENDATIONS

<u>The causes and impact of health inequalities</u>

6.1 The report identifies areas of inequality in the prevalence of communicable disease and in the uptake of screening and immunisation programmes with the potential to impact on the health and quality of life of some of our most deprived communities and those at greatest risk of stigma and prejudice.

6.2 The uptake of the cervical screening programme is lowest in young women in the more deprived inner city practices of Peterborough, some of whom may be from new migrant communities. Bowel cancer uptake is poor in both genders in the inner city as is childhood immunisation compared to more affluent areas. It is not possible to analyse data by ethnic group. The Task and Finish groups will report their findings and recommendations to the Health and Wellbeing Board in June 2015.

6.3 Tuberculosis and the prevalence of latent TB infection is highest in migrant populations from countries with a high prevalence.

6.4 The HIV testing programme is targeted to men who have sex with men. Early detection allows access to drug treatment to manage infection and disease progression, and the provision of information to reduce risks of transmission to others.

6.5 Teenage pregnancy rates are higher in more deprived communities; the children of teenage mothers generally have a greater risk of low birth weight and of a poorer start in life than those born into families with more resources. Work to address this lies outside the remit of the HPC and should be progressed through the Children's and Families Board.

Legal duties to reduce inequalities

6.6 NHS bodies –the CCG, NHS England, Monitor-have a legal duty under the Health and Social Care Act, 2012, to give due regard in the exercise of their functions to reducing inequalities between patients in access to and outcomes from health services.

6.7 Whilst no specific legal duty to reduce health inequalities applies to local authorities, a local authority must, in using the grant, have regard to the need to reduce inequalities between people in an area with respect to the benefits that they can obtain from that part of the health service provided by the local authority.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Given the evidence of health inequalities in uptake and potentially in outcome identified in the report, and the legal duty noted above, the 'do nothing' option is not tenable.

7.2 The Task and Finish groups on cancer screening and the uptake of childhood immunisations will report with evidence based recommendations to the Health and Wellbeing Board in June 2015.

8. IMPLICATIONS

8.1 Costed plans will need to be developed to address the recommendations from the Task and Finish groups on childhood immunisation and cancer screening. The HWPB can consider these and the resources needed in June.

8.2 To better understand the health beliefs and barriers to uptake of services in new migrant communities, qualitative research and survey methods should be used in the Eastern European migrants JSNA (there is very limited routine data by ethnicity).

8.3 This qualitative research should inform the community engagement and development required to develop health literacy and remove barriers to accessing services in the new migrant and inner city populations.

9. BACKGROUND DOCUMENTS

9.1 The Annual Health Protection Report for Peterborough City Council for 2014 (attached, appendix A).

9.2 The new public health role of local authorities, Department of Health, October 2012; Gateway reference:17876.

9.3 Protecting the health of the local population: the new health protection duty on local authorities under the Local Authorities (Public Health Functions and Entry to Premises by local Healthwatch Representatives) Regulations 2013; Department of Health, Public Health England, Local Government Association, May 2013.

9.4 Collaborative Tuberculosis Strategy for England, 2015-2020, Public Health England and NHS England; PHE Gateway: 2014596, January 2015.

9.5 Health inequalities duties: Health and Social Care Act 2012, Health Inequalities Unit, Department of Health, March 2013.

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