

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 8
24 JUNE 2019	PUBLIC REPORT

Report of:	Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health.	
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ANNUAL HEALTH PROTECTION REPORT, CAMBRIDGESHIRE AND PETERBOROUGH 2018

R E C O M M E N D A T I O N S	
FROM: Director of Public Health	Deadline date: N/A
<p>It is recommended that the Health and Wellbeing Board note the contents of the Annual Health Protection Report and comment on future priorities for health protection in Peterborough.</p>	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board following a referral from the Director of Public Health.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an update on all key areas of health protection for Peterborough. It is important that there is publicly available information that demonstrates that statutory responsibilities for health protection have been fulfilled; to have the means to seek assurance of this; and to have processes in place to address and escalate any issues that may arise. The services that fall within health protection include:

- Communicable diseases – their prevention and management;
- Infection control;
- Routine antenatal, newborn, young person and adult screening programmes;
- Routine immunisation programmes;
- Sexual health;
- Environmental hazards; and
- Planning for public health emergencies.

2.2 This report is for the Health and Wellbeing Board] to consider under its Terms of Reference No. 2.8.3.3

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

2.3 *How does this report link to the Children in care Pledge?*
The needs of Children in Care are considered when carrying out health protection functions. The Public Health Directorate have good links with relevant colleagues in the Council's Children

Services, the CCG and the looked after children health team in CPFT.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
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4. **BACKGROUND AND KEY ISSUES**

4.1 The Annual Health Protection Report (2018) attached as Appendix A is submitted to the Board from the Peterborough City Council Public Health Directorate, and is produced using data and information provided by partner organisations including Public Health England, NHS England and the Cambridgeshire and Peterborough Clinical Commissioning Group. These organisations meet together on a quarterly basis at the Cambridgeshire and Peterborough Health Protection Steering Group, chaired by the DPH.

4.2 This year, a joint report for Cambridgeshire and Peterborough has been produced, although data is presented separately for Cambridgeshire and Peterborough where available. The data presented in the report was current and accurate at the time of producing the report (January 2019).

4.3 In summary, the report provides information on:

- **Communicable disease** surveillance and reporting of infectious disease outbreaks;
- The national **TB strategy** and local implementation of some key areas of the strategy, notably Latent TB Infection (LTBI) screening. The latest data shows an increase in the incidence of TB in Peterborough; TB continues to be a priority for the Health Protection Steering Group.
- **Immunisations** which shows that uptake is lower than needed in some programmes, including the pre-school vaccinations, HPV and seasonal flu vaccination. Improving immunisations uptake in Peterborough is a key priority for the Health Protection Steering Group.
- **Screening** in which cervical screening continues to have lower than 'acceptable' uptake in Peterborough, corresponding with the national pattern.
- **Healthcare associated infections** and the work to reduce **anti-microbial resistance**.
- The **Environmental Health** role of Peterborough City Council in protecting health including pollution control and air quality monitoring and advice.
- **Sexual health** which shows higher than average rates of late HIV diagnosis and improving teenage pregnancy rates.
- **Health emergency planning**, the work completed in the past 12 months and the priorities for the coming year.

5. **CONSULTATION**

5.1 This report has not been subject to consultation; it is for information only.

6. **ANTICIPATED OUTCOMES OR IMPACT**

6.1 This report demonstrates the Council's assurance role of the health protection system and enables the Health Protection Steering Group to set priorities.

7. **REASON FOR THE RECOMMENDATION**

7.1 The Board is asked to note the contents of the report, and comment on future priorities for health protection in Peterborough in order to inform priority setting of the Health Protection Steering

Group.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Not applicable

9. IMPLICATIONS

Financial Implications

9.1 There are no direct financial implications resulting from this report, although findings within should be utilised within the development of a future Health & Wellbeing Strategy and associated commissioning/service delivery decisions. The cost of preparing the report in terms of officer time has been minimised by (a) a well-established annual process for the participating organisations (Public Health England, NHS England, Clinical Commissioning Group, Cambridgeshire County Council (CCC), Peterborough City Council (PCC) to send finalised data and text for each section to PCC/CCC. For the first time this year, a joint report has been prepared across PCC and CCC (rather than two separate reports) by jointly funded public health officers for which PCC contributes 23% of the cost. The total estimated cost to Peterborough City Council public health grant of the public health officer time required is £336.

Legal Implications

9.2 This report supports the statutory health protection and public health emergency planning duties of Peterborough City Council, and enables the Peterborough Health and Wellbeing Board to have oversight of the main issues. There are no direct legal implications resulting from this report.

Equalities Implications

9.3 There are no direct equalities implications resulting from this report, although it does contain analysis of data relating to equalities and equities of healthcare outcomes, wider determinants of health and wellbeing and service access/use that should be utilised within the development of a future Health & Wellbeing Strategy.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 The report has been produced using information and data specifically provided to the Health Protection Steering group for the purpose of writing the report. External contributors include Public Health England, NHS England and Cambridgeshire and Peterborough Clinical Commissioning Group. The report is attached as Appendix A. References and data sources are specified in the report.

11. APPENDICES

11.1 Appendix A: Cambridgeshire and Peterborough Annual Health Protection Report 2018

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