

WIRRAL HEALTH PROTECTION GROUP

Annual Report
2015/2016

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FOREWORD

Fiona Johnstone, Director of Public Health

Chair of Wirral Health Protection Group

Health protection is an essential part of achieving and maintaining good public health. This is the first Annual Report of the Wirral Health Protection Group, a forum of local partners working collaboratively to tackle key threats to the health of local people. The Wirral Health Protection Group has responsibility to ensure that Wirral has a robust health protection system which effectively controls and prevents population level health issues.

As Director of Public Health my responsibility is to ensure that the health of the people of Wirral is protected by assuring that threats to health are understood and properly addressed. Successful health protection requires strong working relationships at local level. The health protection system partners in Wirral are committed to developing and implementing preventative strategies which prepare for, and respond to, key threats.

Since 2013 the work of the Wirral Health Protection Group has focused predominantly on assuring the safe transition of health protection responsibilities to various partners following the reorganisation of the NHS; as well as ongoing delivery of health protection outcomes. In addition to providing assurance to the Wirral Health and Wellbeing Board, the Health Protection Group is responsible for identifying and leading the response to key health protection challenges and risks, and influencing the actions of partners to protect health.

The Wirral Health Protection Group has recently produced the first health protection summary for the Wirral Joint Strategic Needs Assessment. It shows that Wirral experiences similar challenges to other areas and for the vast majority of health protection indicators out performs both the North West and England. However there are a number of areas for improvement. This information, supported by stakeholder insight, and our statutory requirements, has identified eight key health protection priorities for Wirral. These priorities, which are described within this report, make a major contribution to the delivery of both the Wirral Plan and the Wirral Clinical Commissioning Group's Strategic Plan.

Protecting the health of Wirral residents and addressing the priorities identified requires commitment from a range of partners. This report is therefore relevant to local public, private, community, voluntary and faith organisations that all play a role in protecting health. Wirral must continue to invest in and improve its health protection system in order to further reduce communicable disease, improve screening uptake and develop more robust plans to respond to emergencies.



Fiona Johnstone
Director of Public Health,
Wirral Council



KEY MESSAGES

Protecting Wirral from threats to health, including outbreaks of infectious diseases and environmental hazards, makes an important contribution to improving health and wellbeing and reducing health inequalities.

Wirral's multi-agency Health Protection Group provides leadership, assurance and risk assessment for Wirral to ensure key health protection challenges and risks are known and managed and that all partners discharge their roles effectively for the protection of the local population.

Wirral experiences similar challenges to other areas in relation to indicators which measure health protection and for the majority of those indicators Wirral outperforms both the North West and England.

There are however areas for improvement and the recently published health protection component of Wirral's Joint Strategic Needs Assessment has informed eight priority areas on which the group will focus driving improvement across Wirral.

The 2016/2017 health protection priorities present challenges for all local public sector organisations and impact upon the whole population. No single agency can address these challenges in isolation nor can the Health Protection Group deliver these priorities independently. Improvement will be reliant on relevant strategies incorporating these priorities as part of 'usual business' and embedding action within commissioning plans.

An overview of how these priorities, and the opportunities to address them, will be achieved over the next twelve months is included in this report.

The Wirral Health Protection Group priorities include:

1. Reduce food borne illness
 2. Integrated seasonal and pandemic influenza plans
 3. Tackling the growth in Antimicrobial Resistance
 4. Reduce incidence of Clostridium difficile
 5. Protect the health of care home residents
 6. Reduce variation in cancer and diabetic retinopathy screening
 7. Reduce variation in vaccine uptake at 5 years and prenatal pertussis vaccine
 8. Integrated and effective emergency resilience
-



1. PROTECTING THE HEALTH OF THE LOCAL POPULATION

Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

As well as major programmes such as the national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, health surveillance and response to incidents and outbreaks.

This report provides an annual update on the health protection issues facing Wirral.

Wirral Health Protection Group

The Health and Social Care Act 2012 redefined the arrangements for protecting the health of the local population. The aim of which is to ensure an integrated, streamlined health protection system that delivers effective protection for the population from health threats.

The Act states that Public Health teams, on behalf of Directors of Public Health, are responsible for local authorities' contribution to health protection matters including responses to incidents and emergencies.

Public Health England (PHE) is required to provide specialist support and work alongside local authorities to create a single public health system when addressing health protection issues.

NHS organisations, including NHS England and local Clinical Commissioning Groups (CCGs), have a legal responsibility under the NHS Act 2006 to mobilise resources to manage incidents and emergencies. They also have a legal duty to co-operate with local authority Public Health teams in delivering health protection national and local priorities.

The Director of Public Health is required to ensure all parties discharge their roles effectively for the protection of the local population.

In response, the Wirral Health Protection Group was established in 2013 and provides assurance to the Wirral Health and Wellbeing Board that the health protection agenda is being adequately addressed and considered in sufficient detail. The role of the Group, which meets bi-monthly, is to provide health protection system leadership, assurance and risk assessment. These roles are delivered as follows:

Leadership

- Surveillance of communicable and notifiable diseases; overseeing health protection intelligence and outcomes, assimilating the health protection component of the JSNA.
- Define system wide health protection needs and priorities for population benefit and which tackle health inequalities.
- Develop an appropriate collaborative response to priorities, agreeing where a collective multi-agency response is beneficial and identify opportunities for joint action.
- Influence system wide strategy and policy and inform system wide commissioning.
- Drive continuous quality improvement through the acquisition and distribution of reflective learning.
- Develop a multi-agency health protection communications plan.

Assurance

- Accountable for the local health protection system.
- Ensure that there are safe and effective arrangements and plans for planning and responding to incidents and emergencies, reducing the negative impacts of communicable and non-communicable diseases and minimising the health impact of environmental hazards.
- Ensure that partners are responding to health protection priorities and undertaking defined health protection related responsibilities.
- Receive short assurance reports from members for discussion at meetings to include progress against outcomes, incidents managed, measures taken and recommendations for process improvement.
- Produce an annual report focused on system wide priorities and health protection responsibilities.

Risk Assessment

- Share and identify risks; monitoring, challenging and escalating as appropriate.
- Ensure that appropriate plans and testing arrangements are in place for all partner organisations.
- Review and where necessary challenge partner health protection plans.
- Review all significant incidents/outbreaks to identify and share lessons learnt and make recommendations.

Corporate plans related to business continuity and predictable 'business as usual' events such as NHS/social care winter planning are not within the scope of the Wirral Health Protection Group. However these plans, when relevant, should ensure that the health of the population is protected and provide assurance to the Wirral Health Protection Group that any threats are addressed.

Members of the local health protection system represented on the Wirral Health Protection Group include:

- Wirral Council Director of Public Health (Chair)
- Public Health England (PHE); Consultant in Communicable Disease Control
- Wirral Clinical Commissioning Group; Director of Quality and Patient Safety
- NHS England Cheshire and Merseyside; Consultant lead for screening and immunisation
- Local Authority Health Protection leads including corporate emergency resilience, environmental health and public health

To work effectively the Wirral Health Protection Group is dependent on the following:

- Robust surveillance systems to identify threats and for preparing, planning and responding to health protection concerns and emergencies.
- Access to robust data and intelligence at the right level/time.
- Effective communications and marketing.
- Information sharing between local partners.
- Shared leadership and collaborative accountability.
- Commitment to workforce training and development.
- Tools and techniques to test plans.
- Mobilisation of system resources, including staff, to support priorities.
- Localised solutions tailored to community assets.
- Priorities embedded into commissioning plans and contracts.



2. WIRRAL HEALTH PROTECTION INDICATORS SUMMARY

The chart below illustrates Wirralls position on a range of health protection indicators, compared with the rest of England. Wirral experiences similar challenges to other areas and for the vast majority of health protection indicators out performs both the North West and England.

Name ▲

Wirral

HEALTH PROTECTION PRIORITY INDICATORS

Performance and Public Health Intelligence

| Indicator | Current | England | Significance | England Best |
|--|---------|---------|--------------|--------------|
| ▼ Health Protection Priority Indicators | | | | |
| Population vaccination coverage - Dtap / IPV / Hib (1 year old): 2014/15 | 96 | 94.2 | — | 98.8 |
| Population vaccination coverage - Dtap / IPV / Hib (2 years old): 2014/15 | 98.2 | 95.7 | ▲ | 99.2 |
| Population vaccination coverage - Hib / MenC booster (2 years old): 2014/15 | 96.3 | 92.1 | ▲ | 98 |
| Population vaccination coverage - Hib / Men C booster (5 years): 2014/15 | 93.1 | 92.4 | — | 97.8 |
| Population vaccination coverage - MMR for one dose (2 years old): 2014/15 | 96.6 | 92.3 | ▲ | 98.1 |
| Population vaccination coverage - MMR for one dose (5 years old): 2014/15 | 97.3 | 94.4 | ▲ | 98.6 |
| Population vaccination coverage - MMR for two doses (5 years old): 2014/15 | 92.3 | 88.6 | ▲ | 97.5 |
| Prenatal Pertussis Vaccine Coverage Monitoring Programme: 2014/15 | 59.3 | 56.2 | — | 79.26 |
| Population vaccination coverage - PPV (%) : 2014/15 | 70.7 | 69.8 | — | 80.3 |
| Population vaccination coverage - Flu, aged 65+ (%) : 2014/15 | 74.7 | 72.7 | — | 80.1 |
| Population vaccination coverage - Flu, at risk individuals (%) : 2014/15 | 50.1 | 50.3 | — | 63.6 |
| TB incidence (three year average): 2014/15 | 2.9 | 13.5 | ▲ | 1.6 |
| Total number of prescribed antibiotic items per STAR-PU by quarter: 2014/15 | 0.3 | 0.24 | ▲ | 0.14 |
| Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %): 2014/15 | 73.6 | 73.5 | — | 83.05 |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %): 2014/15 | 73 | 72.2 | — | 82.01 |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %): 2014/15 | 55.7 | 57.9 | — | 67.09 |
| Eye screening (diabetic patients): 2014/15 | 82.8 | 82.6 | — | 93.63 |
| Trust-assigned MRSA counts by Trust and financial year: 2014/15 | 1.3 | 0.9 | — | 0 |
| CCG-assigned MRSA rates by CCG and financial year: 2014/15 | 1.2 | 0.7 | — | 0 |
| Trust-appportioned C. difficile rates by reporting acute Trust and financial year: 2014/15 | 10.9 | 15.1 | — | 0 |
| All C. difficile rates by CCG and financial year: 2014/15 | 23.1 | 26.3 | — | 8.2 |
| Food poisoning (rate per 100,000): 2014/15 | 0.6 | 14.3 | ▲ | 0 |

Increase from Baseline ▲ Decrease from Baseline ▼ Significantly Above Average ▲ Significantly Below Average ▼ Average —
 England | value ●
 25% of worst PCT's ■ 50% of PCT's ■ 25% best PCT's ■

3. WIRRAL HEALTH PROTECTION PRIORITIES 2016-2017

Wirral Health Protection Priorities 2016-2017



Understanding and responding to health risk needs to be informed by Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategies and the health and social care commissioning plans based upon them.

The first section of the JSNA dedicated to Health Protection has recently been developed and is available at <http://info.wirral.nhs.uk/default.aspx>.

This information, alongside insight gathered from partners at a workshop session of the Wirral Health Protection Group in February 2016, informed the eight health protection priority areas for Wirral.

The health protection priorities identified present challenges for all local public sector organisations and impact upon the whole population. No single agency can address these challenges in isolation nor can the Health

Protection Group deliver these priorities independently. Improvement will be reliant on relevant strategies incorporating these priorities as part of 'usual business' and embedding action within commissioning plans.

It is also important to recognise that the priorities identified are not the only areas of interest nor do they represent the full range of contributions that protect health. However, whilst continuing to assure that responsibilities of partners to protect health are discharged, these priorities provide a targeted focus in areas where improvement is required or needs are greatest.

Information on how these priorities, will be achieved over the next twelve months is included in the following chapter; Delivering Wirral's Health Protection Priorities in 2016/2017.

4. DELIVERING WIRRAL'S HEALTH PROTECTION PRIORITIES IN 2016/2017

REDUCE FOOD BORNE ILLNESS

| | |
|--------------------------------|--|
| Case for change | <ul style="list-style-type: none"> • Food poisoning was the most common notified disease nationally in 2014. In Wirral it is the most reported, suspected and confirmed infectious disease. • Food poisoning is an illness caused by eating food that is contaminated by bacteria, such as Salmonella, Campylobacter or Escherichia coli (E. coli), or a virus, such as the norovirus. • These diseases can lead to very serious illnesses or even be fatal to the person, however most cases are not usually this serious. • Food poisoning is however preventable by ensuring high standards of personal and food hygiene when storing, handling and preparing food. |
| Planned actions | <ul style="list-style-type: none"> • Work with food businesses and providers e.g. nurseries and care homes, to monitor and improve food safety standards. • Ensure infection prevention and control practices are promoted and adhered to in key settings e.g. nurseries and care homes. • Wirral Council and Infection Prevention Control teams to maximise opportunities to promote food and hand hygiene. • Collaborate with University of Liverpool Gastrointestinal Health Protection Research Unit |
| Outcome | <ul style="list-style-type: none"> • Reduced incidence of food borne illnesses. |
| Accountable Lead/ Group | <ul style="list-style-type: none"> • Wirral Council Environmental Health Team |

INTEGRATED SEASONAL AND PANDEMIC INFLUENZA PLANS

| | |
|---------------------------------------|---|
| <p>Case for change</p> | <p>Seasonal Influenza (Flu)</p> <ul style="list-style-type: none"> • Influenza (flu) is a common infectious viral illness spread by coughs and sneezes. Seasonal influenza occurs most often in winter and peaks between January and March. • Uptake of flu vaccination amongst Wirral adults is below the national average and target. Uptake of flu vaccination is also below average amongst Wirral's health and social care workforce. <p>Pandemic Flu</p> <ul style="list-style-type: none"> • Influenza pandemic is an outbreak of an influenza virus which infects a large proportion of the human population in multiple countries. • These pandemics occur irregularly and present significant threat to economic, social wellbeing and health of the population. • Pandemic flu would have a significant effect on the ability of partners, particularly health and social care, to meet demand and carry out essential functions. |
| <p>Planned actions</p> | <p>Seasonal Influenza (Flu)</p> <ul style="list-style-type: none"> • Establish a Wirral Seasonal Flu Group responsible for developing a coordinated annual plan to prepare for, and mitigate, the impact of seasonal flu. • Promote and enable uptake of seasonal flu vaccination amongst health and social care professionals. • Promote uptake of seasonal flu vaccination amongst vulnerable and target groups across the population. <p>Pandemic Flu</p> <ul style="list-style-type: none"> • Annual audit of Wirral's Health and Social Care Pandemic Flu Plans. • Annual pandemic systems resilience exercise across health and social care. |
| <p>Outcome</p> | <ul style="list-style-type: none"> • Increased uptake of seasonal flu vaccine in key population and professional groups from the 2015/2016 baseline. • Wirral pandemic flu plans are joined up and have been tested. |
| <p>Accountable Lead/ Group</p> | <ul style="list-style-type: none"> • Seasonal Flu: Wirral Seasonal Flu Group • Pandemic Flu: Wirral Systems Resilience Group |

TACKLING THE GROWTH IN ANTIMICROBIAL RESISTANCE

| | |
|--------------------------------|---|
| Case for change | <ul style="list-style-type: none"> • Antimicrobial resistance (AMR) is resistance of a microorganism to an antimicrobial drug that was originally effective for treatment of infections caused by it. • AMR threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. • Infections caused by resistant microorganisms often fail to respond to the standard treatment, resulting in prolonged illness, higher health care expenditures, and a greater risk of death. • AMR is an increasingly serious threat to global public health that requires action internationally, nationally and at local level. • The use and misuse of antimicrobial drugs accelerates the emergence of drug-resistant strains. Wirral is currently ranked 28 (Where 1 is the worst) out of 209 CCGs for antibiotic prescribing and is an outlier for broad spectrum antibiotic prescribing. |
| Planned actions | <ul style="list-style-type: none"> • Produce an AMR strategy for Wirral. • Improve infection prevention and control practices across health and social care. • Disseminate learning from healthcare acquired infection post infection reviews in relation to prescribing to support professional education and changes to practice. |
| Outcome | <ul style="list-style-type: none"> • Reduced prescribing of broad spectrum antibiotics |
| Accountable Lead/ Group | <ul style="list-style-type: none"> • Wirral AMR Strategy Group |

REDUCE INCIDENCE OF CLOSTRIDIUM DIFFICILE

| | |
|---------------------------------------|---|
| <p>Case for change</p> | <ul style="list-style-type: none"> • Clostridium difficile, also known as C.difficile, is a bacterium that can infect the bowel and cause diahorrea. It most commonly affects people who have recently been treated with antibiotics, and is spread easily to others. • The symptoms of C.difficile range from mild to severe with those groups most at risk more likely to experience serious complications. Other negative consequences include longer recovery times, poorer health outcomes, increased bed occupancy and length of stay, increased cost and potential transmission to others. • There were 93 reported cases of C.difficile in Wirral during 2015/2016. This is a significant increase in the number of reported cases across the Wirral health economy compared to 2014/2015 and exceeds the NHS England threshold for the number of cases (75). • For 2016/2017 the threshold for cases is 75, which necessitates a 19% reduction in the number of cases for 2015/2016. |
| <p>Planned actions</p> | <ul style="list-style-type: none"> • Better access to and use of surveillance data to ensure effective commissioning and timely response to community and acute acquired C.difficile. • Undertake a review of all C.difficile cases occurring in community and acute health and social care settings and escalate recurrent themes for action. • Develop a health and social care healthcare acquired infections framework to ensure collaborative working to tackle C.difficile. • Develop integrated approaches to infection prevention and control working across the health and social care economy to prevent and reduce infections. • Implementation of AMR Strategy for Wirral. |
| <p>Outcome</p> | <ul style="list-style-type: none"> • Reduce number of cases of C.difficile to at least the number for 2014/2015. |
| <p>Accountable Lead/ Group</p> | <ul style="list-style-type: none"> • Wirral Infection Prevention and Control Network |

PROTECT THE HEALTH OF CARE HOME RESIDENTS

| | |
|--------------------------------|---|
| Case for change | <ul style="list-style-type: none"> • Care home residents can be particularly vulnerable to infectious disease due to older age, communal living and or the presence of health conditions which increase susceptibility to infections. • In Wirral there have been a number of diahorrea and vomiting outbreaks in care homes and the incidence of healthcare acquired infections is higher amongst older people than the rest of the population. • The burden of morbidity and mortality from infectious disease is also greater amongst older people. |
| Planned actions | <ul style="list-style-type: none"> • Ensure infection prevention and control practices are promoted and adhered to in care homes through a programme of self-audit. • Implement an infection prevention and control quality improvement programme targeting a selected number of care homes based on need. • Ensure comprehensive coverage and uptake of routine vaccinations amongst care home residents. • Develop a protocol for the prevention and management of diahorrea and vomiting outbreaks in care homes. |
| Outcome | <ul style="list-style-type: none"> • Increased uptake of routine vaccinations amongst care home residents • Reduce the number of diahorrea and vomiting outbreaks in care homes. |
| Accountable Lead/ Group | <ul style="list-style-type: none"> • Wirral Council |

REDUCE VARIATION IN CANCER AND DIABETIC RETINOPATHY SCREENING

| | |
|---------------------------------------|---|
| <p>Case for change</p> | <ul style="list-style-type: none"> • Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. • England currently operates a number of national screening programmes covering different conditions in antenatal, newborn, child and adult populations. • Cervical screening uptake in Wirral is currently below the national target and there is variation in take up amongst eligible groups. • The rate of sight loss due to diabetic eye disease in Wirral is much higher than the rate for both the North West and England. It is therefore important to ensure that uptake of diabetic retinopathy screening remains above 80%. |
| <p>Planned actions</p> | <ul style="list-style-type: none"> • Analysis of data for these screening programmes is required to understand and address the issues associated with take up and impact on disease prevention. • Undertake insight with residents to explore views in relation to uptake and variation in screening programmes and develop responses which facilitate informed decision making, increase uptake and reduce variation. • Provide GP practices with screening data profiles and provide Public Health Practice Nurse support to practices with lower uptake and disseminate learning from those with high coverage. • Providing update training to frontline staff. • Work with screening providers to develop opportunities to maximise uptake of screening. |
| <p>Outcome</p> | <ul style="list-style-type: none"> • Increased uptake of screening equal to, or in excess of, the target for each screening programme. • Reduced variation in the uptake of cancer and diabetic retinopathy screening programmes. |
| <p>Accountable Lead/ Group</p> | <ul style="list-style-type: none"> • Public Health England within NHS England Cheshire and Merseyside |

REDUCE VARIATION IN VACCINE UPTAKE AT 5 YEARS AND PRENATAL PERTUSSIS VACCINE

| | |
|--------------------------------|---|
| Case for change | <ul style="list-style-type: none"> • The UK operates a routine immunisation schedule predominantly targeting key groups that are vulnerable to disease. • Uptake data for all routine childhood and adolescent immunisation programmes shows that Wirral performs well; being either in line with, or above, national average. • Coverage for the preschool booster at age 5 years in Wirral is above the 90% national target but continued work is required to meet the local target of 95%. • Pregnant women are offered the prenatal pertussis vaccination to protect babies against pertussis infection in early infancy. The take up of the vaccine in 2014/15 in Wirral was 58.5%, slightly higher than the national average. However a significant percentage of pregnant women do not take up the vaccine. |
| Planned actions | <ul style="list-style-type: none"> • Analysis of data for these programmes is required to understand and address the issues associated with take up and inform appropriate strategies to increase uptake and reduce variation. • Undertake insight with residents to explore views in relation to immunisation programmes to facilitate informed decision making, increase uptake and reduce variation. • Work with partners to develop information for the public and professionals which promotes health and wellbeing specifically in relation to increasing vaccination and reducing infection. • Provide GP practices with vaccination data profiles and provide Public Health Practice Nurse support to practices with lower uptake and disseminate learning from those with high coverage. • Provide update training to frontline staff |
| Outcome | <ul style="list-style-type: none"> • Increased uptake of screening equal to, or in excess of, the target for vaccine uptake at 5 years and prenatal pertussis vaccine. • Reduced variation vaccine coverage for the prenatal pertussis vaccine and vaccination at 5 years. |
| Accountable Lead/ Group | <ul style="list-style-type: none"> • Public Health England within NHS England Cheshire and Merseyside |

INTEGRATED AND EFFECTIVE EMERGENCY RESILIENCE

| | |
|---------------------------------------|---|
| <p>Case for change</p> | <ul style="list-style-type: none"> • Effective planning is essential to limit the impact on health when hazards and or threats to health cannot be prevented. • Such arrangements should cover threats ranging from relatively minor communicable disease outbreaks and health protection incidents to full-scale emergencies. • Effective preparedness and responses to major health protection outbreaks and incidents require responsive plans that reflect the current organisational infrastructure, have clear roles and responsibilities and which align to each other. |
| <p>Planned actions</p> | <ul style="list-style-type: none"> • Partners can provide assurance that plans are in place which aim to mitigate the adverse impact of hazards and threats to health on the local population. • A repository of Wirral's emergency plans is accessible to partners. • Undertake an audit of existing plans to ensure they are up to date and reflect current needs and system issues. |
| <p>Outcome</p> | <ul style="list-style-type: none"> • Effective and up to date emergency preparedness, resilience and response plans are in place to ensure seamless connections across public services in Wirral. |
| <p>Accountable Lead/ Group</p> | <ul style="list-style-type: none"> • Wirral Systems Resilience Group |



To find out more:

info.wirral.nhs.uk/ourjsna/health_protection.html