



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell Director of Public Health

Date: December 2022

Subject: Health Protection Update

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Summary:

The Health and Wellbeing Board agreed in June 22 to have a twice yearly update on the health protection system. This paper highlights the key issues facing the Health Protection system in Sheffield and makes recommendations to address these challenges for the Board to consider. Issues include:

- Uptake of routine immunisations particularly routine childhood immunisations
- Managing respiratory diseases for autumn winter 2022/23 winter season
- Reviewing the Sheffield Mass Treatment and Vaccination Plan
- The cost of living crisis increasing risk of spread of food borne disease.
- Learning from Covid and the Covid 19 Public Inquiry

Action following previous update

Following the previous meeting and the discussion about vaccination uptake, the Chairperson wrote to NHS England to highlight the concerns about the funding system for vaccination contributing to exacerbating inequalities.

Questions for the Health and Wellbeing Board:

How can organisations who are part of the Health and Well Being Board contribute or strengthen the response to the following risks?

- Uptake of routine immunisations particularly routine childhood immunisations
- Managing respiratory diseases for autumn winter 2022/23 winter season.
- Reviewing the Sheffield Mass Treatment and Vaccination plan
- Cost of living crisis increasing risk of spread of food borne disease.
- Learning from Covid and the Covid 19 Public Inquiry

Recommendations for the Health and Wellbeing Board:

The Board are recommended to:

- Note the key health protection issues including the impact of winter pressures and cost of living.
- Support increased uptake of immunisation
- Ensure their organisation is engaged with review of the Mass Treatment and Vaccination plan and work to embed this into partner organisations.
- Continue to support cross system learning from Covid-19 including contributing to and learning from the UK Public Inquiry.

Background Papers:

none

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This connects to the overall aim of the Health & Wellbeing Strategy of reducing health inequalities in Sheffield.

Who has contributed to this paper?

This paper is based on discussions between partners at the Health Protection Committee and internal discussions within the Public Health Specialist Service.

SHEFFIELD HEALTH PROTECTION SYSTEM UPDATE

1.0 SUMMARY

- 1.1 This paper is a twice yearly update setting out the key issues facing the Health Protection system in Sheffield and makes recommendations to address these challenges for the Board to consider.
- 1.2 The Director of Public Health for Sheffield has a statutory role to be assured that there are safe and efficient systems in place to manage, as far as possible, threats to health.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 The Covid pandemic has shown how the impact of health protection issues can be wide reaching, affecting most severely those with least money, who are vulnerable and those with protected characteristics. A well functioning health protection system is therefore crucial for addressing health inequalities.

3.0 HEALTH PROTECTION IN SHEFFIELD

- 3.1 Health protection includes immunisation, infectious diseases and preparing and responding to emergencies such as outbreaks or floods. This work requires collaboration and expertise across a range of teams and organisations who all have different roles for planning, prevention and management. This includes Environmental Health, Primary Care, NHS Trusts, NHS England, voluntary and community sector organisations, UK Health Security Agency and Local Authority teams.

3.2 How risks with health protection are identified

Key areas of risk in relation to health protection are identified through a combination of:

- The Public Health Outcomes framework – this provides data on how we compare with other areas
- The Health Protection Committee risk log – high and medium risks from this log are included in the information below

4.0 KEY ISSUES IN HEALTH PROTECTION

4.1 Uptake of routine immunisations particularly routine childhood immunisations

Uptake of vaccination is a key part of protecting children from disease. While rates are improving there is still insufficient vaccination coverage for some communities to prevent cases and spread of preventable diseases. There are persistent geographical inequalities in

uptake of vaccination. A map showing inequalities in uptake across the city, linked to deprivation is shown in the appendix.

Following a discussion at the June 2022 Health and Well Being Board the Chairperson wrote to NHS England regarding concerns about how the funding of primary care for childhood vaccinations exacerbates health inequalities.

4.2 Managing respiratory diseases for autumn winter 2022/23 winter season.

There are intense pressures on health and social care system. Uptake of seasonal flu and covid booster vaccinations are at similar rates nationally as for previous years for those aged over 65 or under 65 with underlying health conditions but lower for 2 and 3 year olds. Learning from Covid has influenced ongoing delivery of vaccination. For example the Moor Market continues to be used as a setting for delivery of vaccination with 5300 vaccinations delivered there since April 2022.

4.3 Reviewing the Mass Treatment and Vaccination plan

In 2022 there has been a situation in Sheffield where vaccination of over 50 contacts for Hepatitis A was required. Following this there is a need, as a system, to review the Sheffield Mass Vaccination and Treatment plan considering the learning from this incident and embedding the new plan in organisations.

An important component of this work includes confirming arrangements for how responding to outbreaks is funded. The current arrangements are that where there is a clear commissioner they will pay (for example the ICB commission TB services so pay to respond to TB outbreaks or screening) and where there is no obvious commissioner it is a three way split between NHS England, the ICB and Local Authority Public Health. This needs to be confirmed with the new ICB structures.

4.4 Cost of living crisis increasing risk of spread of food borne disease.

Environmental health colleagues have extensive work to do to catch up with food inspection visits. Alongside this there are reports of food businesses cutting costs in ways which increase the risk of infectious diseases for example buying lower quality ingredients (such as meat) and incorrect storing of ingredients to save costs (for example turning off fridges).

4.5 Learning from Covid and the Covid 19 Public Inquiry

The previous update to the Health and Well Being Board outlined the work that is being done locally to debrief from the Covid 19 Pandemic. The UK Covid 19 Public Inquiry has now started with 3 initial 'modules' including 1. Resilience, planning and preparedness 2. Core political decision making and 3. Health care system. Further modules will be announced in the future. Core Participants have been selected for the first module of the

Inquiry including Government Departments, the Local Government Association and the Association of Directors of Public Health. This is likely to lead to recommendations for local systems.

5.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

5.1 We need to continue to work as a system to address health protection risks – for example with the Mass Vaccination and Treatment Plan

We learnt in the pandemic that taking a cross-system approach increases effectiveness. The Health and Wellbeing Board having oversight of the Health Protection Committee aids that approach.

A collective approach is required with organisations being involved and engaged with the review of the Sheffield Mass Treatment and Vaccination Plan. Leads from the Health Protection Committee and emergency planning leads from Sheffield organisations will be involved in this work. Commitment to support this work and organisational support to adopt and embed the plan will be crucial.

5.2 Increased focus on addressing inequalities in vaccination uptake

Coverage of childhood immunisations and adolescent immunisation programmes is lower than before the pandemic. The continuing inequalities in uptake are shown in the map in the appendix. All organisations have a role to take opportunities to promote and where appropriate offer vaccinations.

5.3 Strengthening the system – capacity is an issue

The system for Health Protection in Sheffield has traditionally been quite 'lean' and benchmarking shows that we do have low capacity compared to other cities. This is related to staff at operational, tactical and strategic level.

Included within this there continues to be risks in relation to lack of capacity for community Infection Prevention and Control support.

6.0 Questions for the board

How can organisations who are part of the Health and Well Being Board contribute or strengthen the response to the following risks:

- Uptake of routine immunisations particularly routine childhood immunisations
- Managing respiratory diseases for autumn winter 2022/23 winter season.
- Reviewing mass treatment and vaccination plan
- Cost of living crisis increasing risk of spread of food borne disease.

- Learning from Covid and the Covid 19 Public Inquiry

7.0 RECOMMENDATIONS

The Board are recommended to:

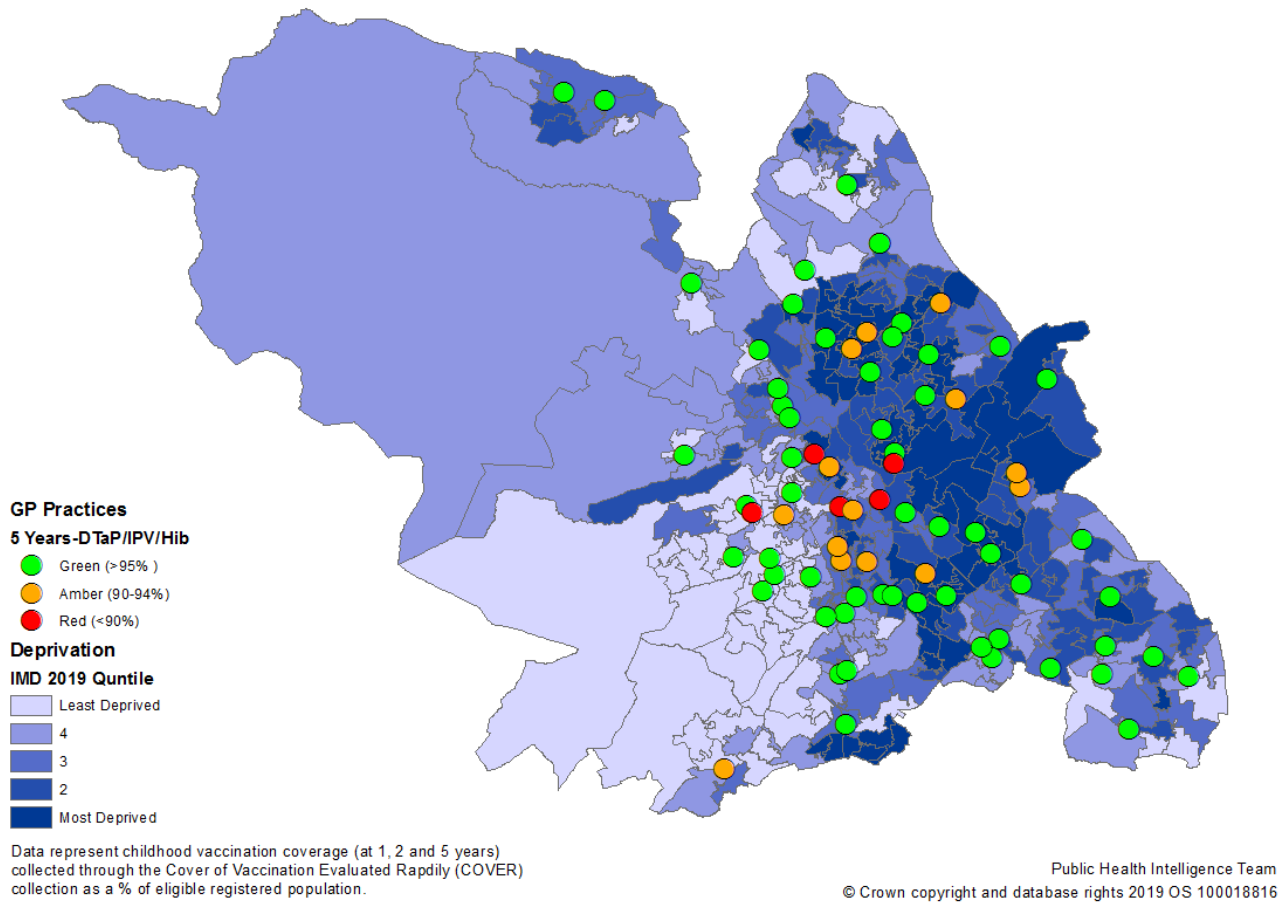
1. Note the key health protection issues including the impact of winter pressures and cost of living.
2. Support increased uptake of immunisation
3. Ensure their organisation is engaged with review of the Mass Treatment and Vaccination plan and work to embed this into partner organisations.
4. Continue to support cross system learning from Covid-19 including contributing to and learning from the UK Public Inquiry.

Ruth Granger 25th November 2022

Appendix: Geographical inequalities in vaccination uptake as shown in uptake of the '6 in 1' vaccination by age 5.

This vaccine provides protection against Diphtheria, Pertussis (whooping cough), Polio, Haemophilus influenzae type B and Hepatitis B

2020/21 Childhood Imms Coverage (% of eligible registered children): 5 Years-DTaP/IPV/Hib



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