



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell Director of Public Health

Date: 28th September 2023

Subject: Health Protection Update

Author of Report: Ruth Granger, Consultant in Public Health
0114 273 5093 ruth.granger@sheffield.gov.uk

Summary:

The Health and Wellbeing Board agreed in June 2022 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. This report includes

- A review of the Public Health Outcomes Framework measures of health protection for Sheffield
- An update on increase in Sexually Transmitted Infections
- Reporting progress on reviewing the Sheffield Mass Treatment and Vaccination Plan
- Work to increase capacity for Infection Prevention and Control in the city

Action following previous update

Following the previous update work has progressed on the Mass Treatment and Vaccination Plan for Sheffield, facilitated by the Public Health Team on behalf of the city. Thank you to partners for nominating colleagues in supporting the review of the plan.

Recommendations for the Health and Wellbeing Board:

- Consider what role can partners on the Health and Wellbeing Board play in addressing issues highlighted in the Public Health Outcome Framework indicators?
- Link to your representative on the Sheffield Mass Vaccination and Treatment Plan to ensure that there is a good fit between your organisational plans and the city wide MTV Plan as its updated.
- Note the increase in levels of Gonorrhoea and Syphilis and where appropriate take action to increase testing.
- Endorse work to increase capacity around Infection Prevention and Control in the city

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. The Health Protection team within Public Health have written this paper (Ruth Granger and Oliver Roe)

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 Issues with prevention and management of threats to the health of the population are most felt by those who are vulnerable, with least money and those with protected characteristics. A well-functioning health protection system which, as far as possible, protects people from infectious diseases and environmental risks to health 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 Our partners, UK Health Security Agency, have developed a new strategy which includes three pillars for health protection. These are a framework which can also be useful when we consider our role as a health and wellbeing system in relation to health protection. These are:
 - 3.2.1 Prepare – be ready for and prevent future health security hazards
 - 3.2.2 Respond – save lives and reduce harm through effective health security response
 - 3.2.3 Build – build the UK's Health Security Capacity

3.2 Review of Health Protection Indicators

The Public Health Outcome Framework has been reviewed to assess our position in Sheffield. It is worth noting that there is a time lag with this data so some of it refers to data which is a few years old.

Areas for concern

- Uptake of certain early years childhood vaccinations (against diseases like measles, polio and tetanus) has been decreasing and is below the Yorkshire & Humber average (2021/22).
- Uptake of first dose (by age 1) of MenB vaccine, which helps to protect against meningitis and sepsis, is also decreasing and is below Yorkshire & Humber and England averages (2021/22). The trend is unclear for the booster dose given at 2 years of age.
- Female uptake of the HPV vaccine, which protects against some cancers including cervical cancer, continues to decrease (2021/22). Uptake for dose one has been falling year-on-year since 2017/18, uptake for dose two trending downward since 2018/19.
- The proportion receiving the MenACWY vaccine (2021/22), which is given to young people to protect against meningitis and septicaemia, has fallen 9% since 2019/20.
- Uptake of the flu vaccine in children aged 2 to 3, while higher than before the pandemic, fell 5.9% from 2021/22 to 45.3% in 2022/23, but remains above Yorkshire & Humber and England averages.
- Uptake of the flu vaccine in those 'at risk' decreased 4.9% into 2022/23, but remains above Yorkshire & Humber and England averages.

Areas where there has been improvement

- Uptake of the flu vaccine in children of primary school age rose into 2022, though remains below Yorkshire & Humber and England averages.
- Tuberculosis (TB) incidence (three-year average) continued to decrease year-on-year through 2019/21.

4.0 KEY ISSUES IN HEALTH PROTECTION

4.1 Sexually Transmitted Infections

We have seen a substantial increase in the number of cases of Gonorrhoea and Syphilis in Sheffield during 2023. The Sheffield Sexually Transmitted Infections Strategy Group has reformed to look at ways to address this increase through increasing testing for groups where Syphilis testing is lower and also to develop an STI prevention plan.

4.2 Reviewing the Mass Treatment and Vaccination plan

The review of the Mass Treatment and Vaccination Plan is continuing to plan how the city would respond in the event of an incident requiring a response which is outside normal capacity and response. A number of working groups are inputting to the plan with good representation from colleagues with a range of expertise from health and social care organisations and the VCF sector. Each organisation also needs to consider their internal response plans to respond to an incident requiring mass vaccination and treatment.

4.3 Increasing capacity for Community Infection Prevention and Control in the city

Good practice in Infection Prevention and Control is an important component of reducing the risk from infectious diseases and health care acquired infections. Capacity for Community Infection Prevention and Control support in Sheffield has been raised as an issue for a number of years. This follows regional audits and benchmarking showing that Sheffield has a low level of support for Infection Prevention and Control for community based providers. During Covid additional capacity was available to support a broader range of providers to have good practice in IPC; this included supported living and domiciliary care.

A proposal is being taken to Sheffield Adult Health and Social Care Committee to fund a Community Infection Prevention and Control team for Sheffield from the Public Health Grant. This would add to the 2 Infection Prevention and Control nurses who work for the ICB delivering support to primary care and care homes.

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

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

5.2 Monitoring surveillance data to enable us to identify emerging risks quickly -an example of this has been identifying increases in STIs so that we can take action.

5.3 Strengthening the system – capacity We continue to be a lean system in Sheffield and we will continue to seek opportunities to increase capacity.

6.0 RECOMMENDATIONS

The Board are recommended to:

- Consider the PHOF indicators and areas where Sheffield has health protection risks and the role your part of the system has in influencing or improving those areas.
- Link to your representative on the Sheffield Mass Vaccination and Treatment Plan to ensure that there is a good fit between your organisational plans and the city wide MTV Plan as its updated.
- Be aware of the increase in levels of Gonorrhoea and Syphilis and increase testing.
- Infection Prevention and Control – support work to increase capacity in the city

Ruth Granger September 2023

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