



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

Date: 23rd June 2022

Subject: Sheffield Health Protection System update

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Summary:

This paper sets out the key issues facing the Health Protection system in Sheffield as the city emerges from the COVID-19 pandemic, and makes recommendations to address these challenges for the Board to consider.

Questions for the Health and Wellbeing Board:

N/A

Recommendations for the Health and Wellbeing Board:

The Board are recommended to:

- Support cross system learning from Covid-19 pandemic including incorporating best practice into new 'normal' business as usual.
- Promote all opportunities for a 'Team Sheffield' approach to health protection issues, particularly in relation to prevention.
- Strengthen governance by stronger links between the Health and Well Being Board and the Health Protection Committee.

Background Papers:

N/A

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?

N/A

SHEFFIELD HEALTH PROTECTION SYSTEM UPDATE

1.0 SUMMARY

1.1 This paper sets out the key issues facing the Health Protection system in Sheffield as the city emerges from the COVID-19 pandemic, and makes recommendations to address these challenges for the Board to consider.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 There are strong links between deprivation and the issues that the health protection seeks to address. An effective health protection system is therefore critical in tackling health inequalities in Sheffield.

3.0 HEALTH PROTECTION IN SHEFFIELD

3.1 The Covid pandemic has been the biggest health protection emergency for a generation. There is now the need to review the learning from Covid as well as the wider health protection issues in Sheffield. This paper summarises the current position as well as work that is required to strengthen governance. This includes a summary of health protection issues of concern for the Health and Wellbeing Board.

3.2 Health Protection is about preventing and managing threats to health to individuals, groups and populations. These threats include infectious diseases and environmental, chemical and radiological threats. 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, UK Health Security Agency and Local Authority teams. Health Protection issues happen in families, businesses, schools and communities and are often far reaching in their impact.

3.3 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, these threats to health.

4.0 AS A CITY AND SYSTEM WE LEARNT A GREAT DEAL THROUGH COVID

4.1 Lessons learnt and debrief work is currently being undertaken in teams and organisations across Sheffield and across the Local Resilience Forum (LRF). There is a need to bring the cross-organisation city-wide learning together. The UK Covid -19 Enquiry has started and will collect evidence and ultimately make recommendations which are likely to relate to the health protection system.

4.2 All outbreaks of diseases are opportunities to show systems where improvements are needed. The Covid pandemic was a far reaching, intense series of outbreaks which nearly broke individuals, teams and systems.

5.0 THE HEALTH PROTECTION SYSTEM IS CHANGING AND THERE ARE RISKS ASSOCIATED WITH THIS

5.1 During the pandemic Public Health England was abolished and replaced by the UK Health Security Agency. Wider health improvement themes that were previously part of Public Health England have become part of OHID (Office for Health Improvement and Disparities).

5.2 Local Authorities and NHS organisations provided substantial input into the prevention and management of Covid-19 to support and enhance UKHSA's work. There is a risk that with changes to the Health Protection System new burdens will be passed to organisations, particularly Local Authorities, without appropriate resource.

6.0 HEALTH PROTECTION INCIDENTS CAN HAVE WIDE RANGING AFFECTS

6.1 Through Covid we saw the far reaching consequences of infectious diseases, emergencies and implementing vaccination programmes. Infectious Diseases mirror other health inequalities in being experienced most severely by people living in poverty or with protected characteristics such as having a disability or being from a Black or Ethnic Minority Community.

6.2 Positive relationships and new ways of delivering services were developed with urgency during the pandemic, across organisational boundaries. The delivery of the Covid vaccination programme showed the value in working in a 'Team Sheffield' way to increase uptake of vaccination particularly in our most under-served communities. Sheffield has the highest uptake of Covid vaccination of all the Core Cities. We need to make this way of working normal practice.

7.0 HEALTH PROTECTION WORK OPERATES AT AN OPERATIONAL, TACTICAL AND STRATEGIC LEVEL

7.1 We have a Sheffield Health Protection Committee. We have recently reviewed the terms of reference and membership of the committee in order for it to be a more strategic group assessing threats to health and ensuring that appropriate organisations are managing these threats or risks.

7.2 The Health Protection Committee needs to report more 'actively' to the Health and Well Being Board and we propose this should be at least annually. We would welcome boards views on other ways to strengthen links and opportunities for assurance.

8.0 THERE ARE HEALTH PROTECTION ISSUES THAT NEED ATTENTION

8.1 The Public Health Outcomes Framework (PHOF) contains a range of health protection indicators.

8.2 A number of these show an improving picture including:

- Antibiotic prescribing

- HIV late diagnosis - improving but still needs further improvement
- Population vaccination coverage for over 75's for flu (2020/2021)

8.3 There are a number of issues where there are concerns including

- Chlamydia detection rate in 15-24 year olds
- Pre-school immunisations
- Adolescent immunisations
- Proportion of drug sensitive TB cases who've completed a full course of treatment by 12 months

8.4 Managing respiratory diseases (which include Covid-19 and Flu) will also potentially be particularly important for 2022/23 winter season.

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

There are a number of key areas to focus on:

9.1 We need to strengthen our work as 'Team Sheffield'

- 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 would aid that 'Team Sheffield' approach

9.2 Increased focus on prevention and catching up routine work

- A number of teams across the city are working hard to catch up on work that protects the people of Sheffield and reduces threats to health. There are a number of areas where there is concern.
- Coverage of childhood immunisations and adolescent immunisation programmes is lower than before the pandemic. All organisations have a role to take opportunities to promote and where appropriate offer vaccinations. This is particularly relevant in the context of having recently had cases in Sheffield of a rare vaccine preventable disease (diphtheria).

9.3 Strengthening the system – infection prevention and control is a gap

- Covid highlighted where our system in Sheffield is under-developed or under - capacity at operational, tactical or strategic level.
- Infection Prevention and Control (IPC) is an example of this. Operationally there is very limited capacity outside NHS Trusts for Infection Prevention and Control support. Additional Covid funded IPC support for home care and supported living for people with learning disabilities were provided during the pandemic but will end.
- Tactically and strategically this leads to potential risks of harm, outbreaks and impeding discharge from hospital.

9.4 We need to review our emergency plans

- In light of learning from Covid we need to review our emergency plans.

- In addition to this there have been recent cases of other diseases in Sheffield (Hepatitis A) where vaccination of over 50 contacts was required within primary care and in a school setting. As a system we will therefore need to review the mass vaccination and treatment plan considering the learning from this incident.

9.5 Teams need to recover and capacity is an issue

- The effect of the Covid pandemic has been substantial for teams across Sheffield. Teams are entering a period of professional and personal recovery from a gruelling two years.
- 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.

10.0 RECOMMENDATIONS

10.1 The Board are recommended to:

- Support cross system learning from Covid-19 pandemic including incorporating best practice into new 'normal' business as usual.
- Promote all opportunities for a 'Team Sheffield' approach to health protection issues, particularly in relation to prevention.
- Strengthen governance by stronger links between the Health and Well Being Board and the Health Protection Committee.