

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 5 April 2017
AGENDA ITEM:	10
SUBJECT:	Health Protection Forum update
BOARD SPONSOR:	Rachel Flowers, Director of Public Health
BOARD PRIORITY/POLICY CONTEXT:	
<p>This report addresses the following local priorities set out in the Joint Health and Wellbeing Strategy:</p> <ul style="list-style-type: none"> • Increased healthy life expectancy and reduced differences in life expectancy between communities • Local organisations will work together to address the factors that drive health problems amongst the poorest and most disadvantaged. • Everyone’s health will be protected from outbreaks of disease, injuries and major emergencies and remain resilient to harm. • Earlier diagnosis and intervention means that people will be less dependent on intensive services. 	
FINANCIAL IMPACT:	
No immediate financial implications.	

<p>1. RECOMMENDATIONS</p> <p>1.1 The Health and Wellbeing Board is asked to note the contents of the report.</p>

2. EXECUTIVE SUMMARY

- 2.1 One of the four domains of public health practice is health protection, which includes infectious diseases, chemicals and poisons, radiation, emergency response and environmental health hazards.
- 2.2 The Croydon Health Protection Forum (HPF) was established in July 2015 with the purpose to have a strategic overview of health protection matters and with the aim to provide assurance to the Director of Public Health that arrangements in place to protect the health of residents are robust and implemented appropriately to local health needs. The health protection issues discussed at the Forum include adult and child immunisation programmes, national screening programmes.
- 2.3 This report provides an update on Health Protection Forum work since the last report to the board, including progress against action plans around immunisations, tuberculosis and screening, and plans for the Forum meeting in March.

3. DETAIL

- 3.1 The Health Protection Forum meets quarterly bringing together various agencies including Croydon Council, Croydon Clinical Commissioning Group, Croydon University Hospital, NHS England, Public Health England and other agencies relevant to the particular theme under discussion.
- 3.2 As there had been a number of new action plans, the December meeting focussed on reviewing progress in the following areas for which action plans had been developed in 2016/17:

3.2.1 Tuberculosis and BCG

3.2.1.1 BCG

Following a global shortage of BCG vaccine which also affected UK supplies, there were almost 3,000 children aged < 1 in Croydon who were going to miss out on BCG vaccine. Public Health investigated this issue and, by escalating to senior levels in Croydon Health Services and NHS England, arrangements have now been put in place to ensure that all of these children will receive the BCG vaccine by their 1st birthday.

Public Health are working with NHS England and Public Health England to examine whether BCG vaccine can be extended to 1-5 year olds in Croydon who fall into a risk group.

3.2.1.2 Accommodation for people with TB who have no recourse to public funds

People with no recourse to public funds are able to receive treatment for TB through the NHS. Public Health England have released a pan-London policy for providing accommodation for people diagnosed with TB but with no recourse to public funds. Public Health are working with PHE and local stakeholders to determine how this policy can be implemented locally.

3.2.2 MMR/DTaP vaccination

The Public Health team are continuing to work with NHS England commissioners to review the GP call recall process meeting with GP practices over the next month to determine opportunities for improvement. They are also working with the Behavioural Insight Team to develop a proposal for a Croydon wide piece of work to improve MMR uptake by using their expertise to find opportunities for simple behaviourally informed interventions.

Work is underway with colleagues at Kingston University to understand who in Croydon is more likely not to be vaccinated to inform health promotion activities and future engagement with local GPs and community groups.

To maximise the opportunities across the life course for vaccination, points have been mapped at which council or healthcare workers have contact with children or their parents that provide a chance for vaccination or provision of vaccine information. This has identified using the opportunity of training for midwives on whooping cough and BCG vaccination to also provide information on MMR vaccination and give them the skills required to inform mothers about MMR for themselves and their children. This map

will also be used to work with commissioners to maximise the potential of these touchpoints.

Public health and commissioners are working with the school nursing service to maximise opportunities for pursuing full vaccination from the point of school admission.

3.2.3 **Seasonal influenza vaccination**

The seasonal flu vaccination drive by Croydon Health Services was particularly successful this year, exceeding the target to vaccinate 75% of frontline staff and being shortlisted for the 'Most innovative flu fighter campaign' award as part of NHS Employers' 2017 flu fighter awards.

3.2.4 **Antenatal and Newborn Screening**

Trajectories have been agreed to increase early bookings in the maternity service and any unbooked pregnant women presenting to the Integrated Sexual Health Service can now be referred directly to maternity rather than via the GP to reduce avoidable delays.

It is recommended that GPs stop doing blood tests required at the time of antenatal care booking (by 10 weeks gestation, or as soon as possible after the mother presents to services) and that faxes are no longer used for making referrals. Maternity services will do all blood tests at the booking appointment to ensure that all women are offered these antenatal screening tests; referrals from GPs should be made electronically. These messages will be reinforced by additional communications to GPs.

The inclusion of information on the need for an interpreter onto GP referral forms, particularly for maternity services, has been raised for amending on the DXS system to improve availability of interpreters for women and avoid delays to appointments.

3.2.5 **Non-Cancer Screening programmes**

Abdominal Aortic Aneurysm Screening programmes are in the process of being re-procured.

A new Diabetic Eye Screening pathway for pregnant women with pre-existing diabetes was being rolled out from early 2017. Its implementation locally will be followed up by Croydon commissioners.

3.2.6 **Cancer Screening**

Progress has been made in engaging some Healthy Living Pharmacies in giving messages around cancer screening, particularly bowel cancer screening. Information on screening has been sent to all GP practices via the Public Health GP network newsletter. Opportunities for increasing awareness of cancer screening in other commissioned services and among children and young people are being explored.

3.3 **Air quality and health**

3.3.1 **Air pollution and health.** Poor air quality is a significant public health issue. Air pollution affects everyone that lives and works in the borough. The most vulnerable groups include children and older people, especially those with respiratory and other health conditions. Public Health England

estimated that, in 2010 in Croydon, 155 deaths were attributable to particulate air pollution in residents aged 25 and over. Most air pollution in Croydon is caused by road transport (particularly diesel vehicles), and domestic and commercial heating systems.

3.3.2 Improving air quality. There are a number of national and regional policy and legislative measures in place aimed at reducing air pollution. The GLA is currently leading a consultation on a proposed Ultra Low Emission Zone whereby vehicles will need to meet emission standards or pay a daily charge to travel. Two sites in Croydon (George Street, Croydon and London Road, Norbury) exceed limit values set for air pollutants, including nitrogen dioxide and particulate matter.

3.3.3 Role of local authorities in improving air quality. Local Authorities in the UK have a responsibility under Local Air Quality Management legislation to review air quality. Where levels exceed national objectives, measures should be put in place to reduce emissions, and be reported in the local Air Quality Action Plan. Measures to reduce emissions from local sources include traffic management, encouraging uptake of cleaner vehicles, and promoting increased use of public transport along with more sustainable transport methods such as walking and cycling.

3.3.4 Croydon has an [Air Quality Action Plan \(2012-2017\)](#) with ten measures to deliver cleaner air. These include a low emission strategy, reducing pollution from idle vehicles and providing an information service, called AirTEXT. An updated plan for 2017-2022 is currently in development and a proposal for an extension consultation to inform the plan is being considered. Further details on the current situation and the proposals are available in the report to Cabinet on 20 March 2017, entitled New Air Quality Action Plan 2017-2022.

3.3.5 Air pollution will be the focus of the Health Protection Forum meeting in summer 2017, following the Croydon Air Quality Summit (revised date to be finalised). Further information on the current situation and actions required will be provided to the Health and Wellbeing Board following these meetings.

3.4 The March meeting of the Health Protection Forum will focus on Hepatitis and will agree the Forum's work plan for 2017/18.

CONTACT OFFICER:

Ellen Schwartz, Consultant in Public Health, Croydon Council

Ellen.Schwartz@croydon.gov.uk 020 8726 6000 Ext. 61644

Lisa Burn, Public Health Principal, Croydon Council

Lisa.Burn@croydon.gov.uk 020 8726 6000 Ext. 63093

BACKGROUND DOCUMENTS:

New Air Quality Action Plan 2017-2022 (Report to Cabinet, 20 March 2017)