

**TITLE OF REPORT: Health Protection Update**

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**Purpose of the Report**

1. To raise awareness of the Health & Wellbeing Board of some recent important health protection issues of interest in Gateshead.

**Background**

2. In November 2015, the Health and Well-being Board received the Director of Public Health's Health Protection Assurance report 2014/15. This report has been incorporated into the Director of Public Health Annual Report 2014/15 (Chapter 5), which is presented as a separate item on the agenda. This paper provides an update about major issues from April 2015 to date, to keep the Health and Well-Being Board informed about significant health protection issues.

- 2.1 Since April 2015, there have been three major data releases of interest to the Health and Well-being Board: uptake of cancer screening programmes, excess winter deaths and uptake of flu vaccinations. This paper provides an update re each of these issues and other areas of interest: sexual health and tuberculosis.

**2.2 Uptake of Cancer Screening Programmes**

There are three cancer screening programmes for which the DPH has an assurance role: breast, cervical and bowel. The 2014 end of year data is attached at appendix 1.

Key messages are:

- a) Breast cancer screening: 78.5% of eligible women were screened (17316 women), up 0.9% compared to 77.6% in 2014. This is higher than the North East (77.1%) and England (75.4%)
- b) Cervical cancer screening: 75.8% of eligible women were adequately screened (38526 women), down 0.9% compared to 2014. This is similar to North East (75.7%) and higher than England (73.5%)
- c) Bowel cancer screening: 60% of eligible people were screened, higher than North East (59.4%) and England (57.1%). NB this is the first time the data has been published at LA, regional and national levels.

Members of the Health and Well-being Board received a cancer update earlier in the year which reported that Macmillan had funded a post to increase cancer screening uptake. The post holder is employed by GVOC to work in the community for three years. The data referred to in this report is too early to reflect any impact of the post.

## 2.3 Excess Winter Deaths

Excess winter mortality is calculated as winter deaths (deaths occurring in December to March) minus the average of non-winter deaths (April to July of the current year and August to November of the previous year).

2.3.1 England has seen an increase in excess winter deaths from 11.3% in 13/14 to 27.45 in 14/15, an increase of 142%

2.3.2 The north east has seen an increase in excess winter deaths from 9.5% in 13/14 to 28.3% in 14/15, an increase of 198%

2.3.3 Data has not been published for local authorities, however, based on the increasing trends shown across all the other published English regions it is likely Gateshead will be following this trend.

2.3.4 At the time of writing, there is no explanation for this large increase. However, excess winter deaths are associated with: 'flu (last year's flu was not particularly severe), falls, cold homes, malnutrition etc.

2.3.4i Each year, over 1,000 Gateshead residents aged 65 and over are admitted to hospital following a fall. Falls often have long term physical, mental and emotional effects. Falls can destroy confidence, increase isolation and reduce independence and are very costly to health and social services.

2.3.4ii The Gateshead vision for falls prevention is "that the health and wellbeing of older people is maintained and improved every year, to enable them to live full and active lives",

2.3.4iii Data show that the number of people aged 65 or over who are injured in Gateshead by a fall is higher than the North East average and significantly higher than the England average. As previously reported to the Board, a falls prevention strategy is in place to reduce the number of falls, and the following actions are being taken:

- **Falls pathway** - develop and implement a falls prevention pathway adhering to NICE guidelines.
- **Falls Training** - deliver training for all front line staff and community groups who deal with older people, to increase knowledge and awareness of falls prevention evidence
- **Routine screening** - explore the use of routine screening across different settings, including home risk assessments, and case identification in primary care.
- **Falls in the home** - continue to develop the Falls Prevention Scheme and share evidence with commissioners
- **Co-ordination and promotion of falls prevention** - continue to develop links with other strategic plans and to gain commitment to implementation of the action plan from key partner organisations, and have clear accountability structures.

## 2.4 Uptake of Flu Vaccinations

Through the National Flu programme, there are four specified target groups for 'flu vaccinations:

- population aged 65+,

- population < 65 at risk,
- pregnant women and
- front line health care staff.

This data is provided by GP practices and at the time of writing 28/31 GP practices in Gateshead had submitted data.

- 2.4.1 Population aged 65+. At the time of writing, 60% of this target group had received a 'flu vaccination (21239 people) down 2.6% on this time in 2014. However, the number of vaccinations increased by 5637 due to an increase in the population 65 and over. This is below the 75% target for this population, although above the England coverage of 58.1%
- 2.4.2 Population < 65 at risk. At the time of writing, 37.6% of eligible patients had received a 'flu vaccination (8279 patients), down 10.3% compared to 2014 (an increase of 1879 vaccinations)
- 2.4.3 Pregnant women. At the time of writing 32.2% of pregnant women registered with their GP had received a flu vaccination (486 people) down 6.4% on this time in 2014, but an increase of 94 vaccinations. This is better than the Cumbria, Northumberland Tyne & Wear value (31.9%) and the England value (31.8%)
- 2.4.4 Front line health care staff. This data includes NHS trusts, GP practice staff and independent health sector staff; it does not include social care workers. At the time of writing, 53.6% of health care workers in Gateshead NHS Foundation Trust and GP practices in Gateshead had been vaccinated (1613 vaccinations), an increase of 17.5% compared to last year and higher than Cumbria, Northumberland Tyne & Wear (40.3%) and England (32.4%). It is worth noting that Gateshead NHS Foundation Trust has achieved 64.7% of staff vaccinated this year.

## **2.5 Tuberculosis (TB)**

- 2.5.1 TB is caused by a bacterium (*Mycobacterium tuberculosis*) that is spread through the air when infected people cough or sneeze. The disease most often affects the lungs but it can infect any part of the body, including the bones and the nervous system.

Of those exposed to TB who do not develop symptoms immediately there is a 1:10 to a 1:20 chance of developing TB at a later point in life. Until disease develops people are described as having inactive or latent TB if infection is identified. Latent TB is not infectious.

Most people who are exposed to TB never develop symptoms, since the bacteria can live in an inactive form in the body, but if the immune system weakens, such as in malnourished people, people with HIV or the elderly, TB bacteria can become active. Other high risk groups include: homeless people, prisoners and drug and alcohol users.

Sometimes there is no adequate explanation as to why some individuals go on to develop active TB disease. Amongst infected migrants from high prevalence TB countries the disease is most likely to develop seven years after arriving in the UK and of these patients there is a higher prevalence of non-infectious non

pulmonary TB than amongst white British patients who are more likely to develop infectious pulmonary TB.

There is a latent TB case finding programme in place for newly arrived migrants from high risk TB countries and for TB contacts. Contact tracing is carried out for both infectious and non-infectious TB cases. Screening is completed in adult and paediatric TB screening clinics at the QE Hospital by the Specialist HV for TB and Migrant Health in conjunction with Respiratory Medicine and Paediatrics. Follow up home visits are important to ensure compliance. There is usually an average of between 10-15 individuals on prophylactic treatment at any one time. Prophylaxis reduces the risk of TB disease developing in these individuals in future but it is essential compliance is good to prevent drug resistance as the same drugs are used that are also used to treat active TB disease

2.5.2 Gateshead is a low prevalence area for TB. Cases are shown in the table below.

| Year           | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| No of TB Cases | 7  | 6  | 7  | 6  | 2  | 3  | 8  | 4  | 7  | 14 | 3  | 9  | 12 | 9  | 21 |

Improved notification systems and better data collection may have contributed to the increased cases

2.5.3 Gateshead Public Health Team is working with Public Health England and the Specialist Health Visitor (TB and Migrant Health) to improve training amongst staff working with the most vulnerable groups. The team will also work with Newcastle Gateshead CCG to ensure robust commissioning arrangements are in place to support the TB pathway

## 2.6 Sexual Health

Gateshead Council is responsible for commissioning comprehensive, open access sexual health services. The Public Health Team leads a strategic Sexual Health partnership focussing on chlamydia detection rates, increasing HIV testing with an, emphasis on early testing to avoid late diagnosis and unintended pregnancies, including under 18 and under 16 conception rates.

A new model Integrated Sexual Health Service was commissioned by the Council from 1<sup>st</sup> April 2015. This is supplemented with Primary Care contraception contracts which the Council holds with General Practices and Community Pharmacists across Gateshead.

Headline figures (2014):

- Overall 1534 new sexually transmitted infections (STIs) were diagnosed in residents of Gateshead, a rate of 767.0 per 100,000 residents (compared to 797.2 per 100,000 in England).
- Gateshead is ranked 94 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 772.8 per 100,000 residents (compared to 828.7 per 100,000 in England).

- 56% of diagnoses of new STIs in Gateshead were in young people aged 15-24 years (compared to 46% in England). This includes those tested in genitourinary medicine clinics (GUM) only.
- There were 6 new HIV diagnoses in Gateshead and the diagnosed HIV prevalence was 1.5 per 1,000 population aged 15-59 years (compared to 2.1 per 1,000 in England).
- In 2013, the under 18 conception rate per 1,000 females aged 15 to 17 years in Gateshead was 29.3, while in England the rate was 24.3.

Future challenges:

- Monitoring performance; continued refinement of KPI data from service providers
- Managing demand and costs of a tariff based service; implementing financial impact assessment project to establish best value funding structure for the service.
- Engaging partners; commissioners and providers working together to support joined up patient pathways.

**Proposal**

3. It is proposed to update the Health and Well-being Board at regular intervals on an exception basis to ensure the Board is kept informed

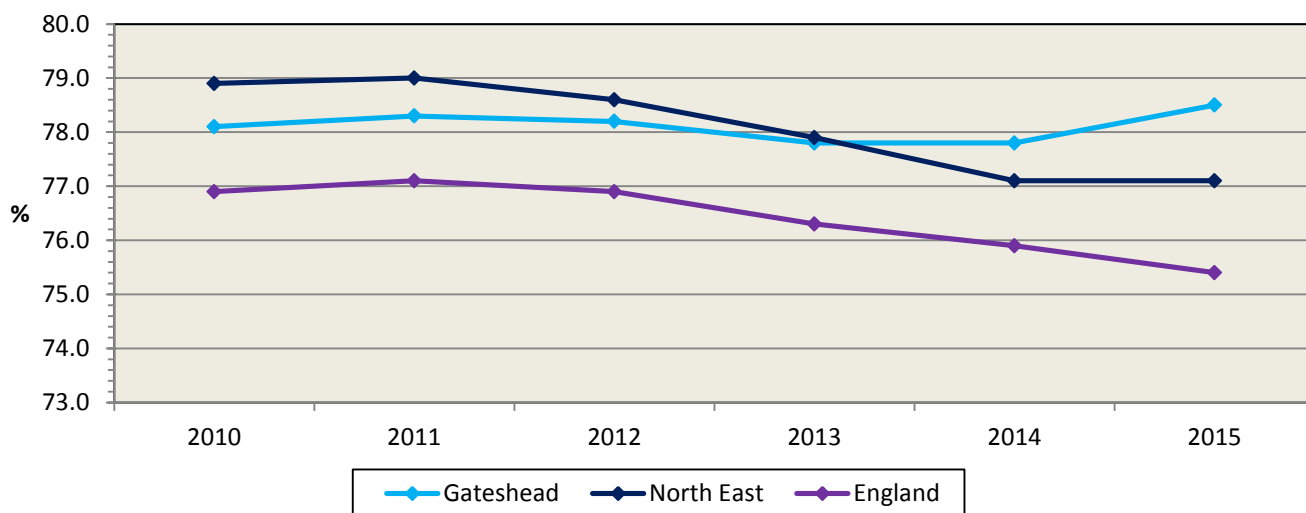
**Recommendations**

4. The Health and Wellbeing Board is asked to consider the issues reported

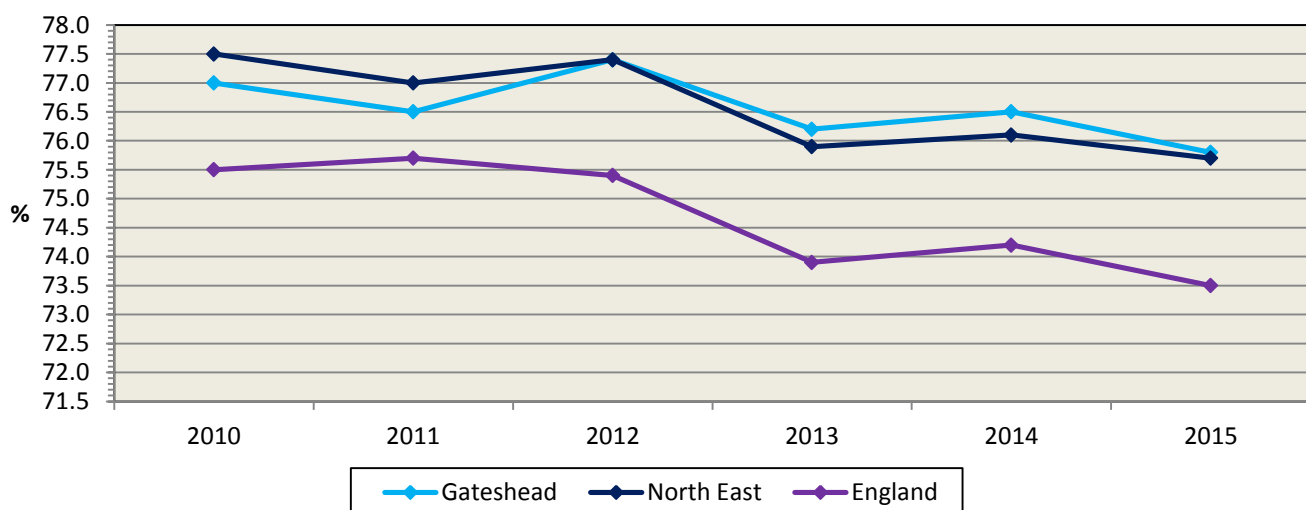
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**2.20i Cancer screening coverage - breast cancer (proportion %)**



**2.20ii Cancer screening coverage - cervical cancer (proportion %)**



**2.20iii - Cancer screening coverage - bowel cancer (proportion %)**

