



CABINET
23 OCTOBER 2018
DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT 2017-18
ADDENDUM REPORT

Portfolio Holder: Councillor David Brake, Adults' Services
Report from: James Williams, Director of Public Health
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Summary

To provide Cabinet with the views of the Health and Adult Social Care Overview and Scrutiny Committee which considered the report on 16 October 2018.

1. Background

- 1.1 The Committee was informed that the Director of Public Health is statutorily required to produce an annual report setting out issues that impact on the health and wellbeing of the local population. Health protection had been identified as the focus for the 2017/18 report which covered nine areas - Infectious Diseases and Foodborne Illnesses; Seasonal Flu; Screening; Emergency Preparedness; Sexual Health and Blood Borne Viruses; Tuberculosis; Health Care Associated Infections; Air Quality and Vaccinations.
- 1.2 There had been 140 recorded outbreaks of infectious diseases in Medway in the last five years, which were mainly linked to gastrointestinal diseases. The majority of the outbreaks were associated with noro-virus. Encouraging uptake of seasonal influenza vaccination was one way of reducing winter pressures on the health and care system. Uptake rates had increased locally. Last year had seen a number of significant outbreaks of seasonal influenza nationally and regionally, but there had been relatively few institutional outbreaks

in Medway compared to other areas. This was considered to be due to strong partnership working. A new type of flu vaccination had been introduced for over 65s. This vaccine has been found to be more effective in this age group. The challenge was to persuade groups, such as pregnant women and those with chronic health conditions to get themselves vaccinated. There was a target of 100% of staff working in an acute hospital setting to be vaccinated. The Council was committed to ensuring all key frontline care staff were vaccinated and 29% of the social care workforce had been vaccinated so far, which was a significant improvement compared to the previous year. Vaccination programmes were funded by NHS England and supported by Public Health England with the Director of Public Health being responsible for holding these bodies to account to ensure effective provision for the Medway population.

- 1.3 Health screening was challenging as the people most likely to attend screening were not those who were the most likely to experience health problems. One particular challenge was to increase the rate of bowel screening.
- 1.4 The Local Health and Resilience Partnership was responsible for ensuring the Kent and Medway health system was able to respond effectively to incidents that require an NHS response. This could include epidemics of communicable disease, winter pressures and adverse weather, for example summer heatwaves. The Director of Public Health liaised with the NHS to seek assurance and to test preparedness plans to ensure they were fit for purpose and could protect the population.
- 1.5 The rates of sexually transmitted diseases were relatively low in Medway with the highest infection rate being amongst 15 to 24 year olds. Services to tackle these diseases in Medway were considered to be good with the service having been retendered.
- 1.6 Medway had a low prevalence for TB and was well below the threshold of 40 cases per 100,000 population which was considered high. Latent TB and the need to increase understanding of it was one challenge faced by Medway.
- 1.7 There was a need to ensure that patients could be treated safely and effectively in health care settings without picking up infections that impact on their care and health. NHS Medway CCG and other colleagues within Public England and NHS England were working to address the issue of health care acquired infections.
- 1.8 Medway currently had four air quality management zones. Overall, air quality in Medway was good but there were particular issues in some areas. Vehicles emissions were generally the cause of pollutants, however given Medway's geography and proximity to major national arterial transport networks, tackling these issues required partnership action. An Air Quality Action Plan and Air Quality Communications

Strategy had been developed to help local residents and businesses address issues that could be managed within Medway.

- 1.9 The Committee was informed that Healthwatch Medway already held and shared information with the public about how to stay healthy and improve their health with Healthwatch looking forward to continuing to work with Public Health on prevention and information sharing.
- 1.10 A Committee Member noted plans to make notification of the hygiene standards at food premises mandatory at national level. It was suggested that Medway could formally request that food establishments do this ahead of any legislation. The Director of Public Health advised that Medway already had a local food hygiene inspection scheme in place and over 93% of local food businesses had been assessed as good or very good in 2017. This was an increase of 3% from the 90% that had been graded at these levels in 2016.
- 1.11 In relation to child vaccination records, there had previously been difficulties in determining whether the data provided by the local NHS England team responsible for collating this information, accurately reflected the levels of children vaccinated in Medway. The Member questioned how reliable the data now was and also noted that the 95% vaccination target that was required to avoid disease outbreaks in the population was not being met nationally or locally. There had been outbreaks of measles in Europe as vaccination levels dropped and it was asked what was being done to increase vaccination levels. The Member also queried whether there was sufficient seasonal influenza vaccine available as there had been reports of shortages.
- 1.12 Officers advised that the challenges in relation to childhood vaccination data had been resolved following the national procurement of the Child Health Information System. There had been a local measles outbreak in the Gillingham, Chatham and Swale area. An Outbreak Control team had managed the outbreak and produced a full report with the outbreak having been relatively limited compared to that seen in some other areas. Work was being undertaken to ensure that people were able to access two courses of measles and mumps vaccine. Production issues associated with the new flu vaccine had been largely resolved. Patients were able to obtain the flu vaccine at pharmacies and so any delay in being able to obtain a GP appointment should not cause delay in being vaccinated.
- 1.13 A Member asked how causes of poor air quality were being identified. She considered that Medway's aspiration to become city of cycling was made problematic by its hilly topography. It was suggested that cycle routes across Medway should be joined up via the river Medway as this would provide easily cyclable routes. The cost of buying an electric vehicle was currently prohibitive with there being limited charging availability. The Member considered therefore, that aspirations and recommendations in relation to these issues were not realistic. Another Member agreed that some of the recommendations were not realistic

and said that resolving air quality challenges would be challenging against a backdrop of an ever increasing population and increasing number of cars.

1.14 The Director of Public Health advised that the number of air quality exceedances in Medway had reduced in the last couple of years and that mobile monitoring stations were used to ensure that issues were detected early. Measures were also being taken to reduce particulate pollution. The issues raised in relation to cycling would be referred to the relevant team. With regard to electric vehicles and sustainable forms of transport, Council policy was to encourage their use. It was acknowledged that the purchase of an electric vehicle was not realistic for a lot of people at present. However, the price of electric vehicles was expected to gradually fall and there would be other options, such as leasing, for people unable to buy a vehicle outright.

1.15 The Committee:

- a) Considered the comments of the Health and Wellbeing Board.
- b) Noted the Director of Public Health's Annual Report for 2017-18, in particular its findings and recommendations.
- c) Requested that hard copies of the report be provided to Members.

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