

NORTH LINCOLNSHIRE COUNCIL

Health Protection Update

**North Lincolnshire
Health Protection Update 2018/19**

1. OBJECT AND KEY POINTS IN THIS REPORT

Object:

1.1 To present an update on health protection in North Lincolnshire 2018/19

1.2 To seek continuing support and commitment from the Board to health protection in North Lincolnshire.

Key Points:

1.3 North Lincolnshire is performing reasonably well against the majority of health protection outcomes in comparison to Yorkshire and the Humber and England averages, so we can be assured that our health protection system is functioning well. Areas where improvements are sought include adult immunisation and child immunisation.

1.4 Overall Public Health England has identified that North Lincolnshire was in the category of low spend and better outcome quadrant in its Spend and Outcome Tool for health protection performance in 2018, suggesting that North Lincolnshire's health protection response is both efficient and effective.

1.5 Our health protection focus in North Lincolnshire is to maintain our generally strong and efficient outcome performance and to address identified areas of concern.

2. BACKGROUND INFORMATION

2.1 Health protection has been defined as "public health activities intended to protect individuals, groups, and populations from infectious diseases and environmental hazards. Hazards can be biological, chemical,

physical or from radiation; and result in exposures through food, water, air, animals, the environment and person to person”.

2.2 There have been considerable changes to how health protection is managed and delivered following the implementation of the Health and Social Care Act 2012. This placed a duty on Local Authorities in England to protect the health of the local population, discharged through their Director of Public Health.

2.3 Health protection responsibilities and functions sit across a large number of different organisations. These responsibilities can be exercised by ensuring that the Director of Public Health (DPH) is assured that the systems and organisations are in place to protect the health of the population in their area, are operating effectively.

2.4 The DPHs across the Humber, York and North Yorkshire have established a DPH Health Protection Assurance Framework. Twice a year they come together with representatives of partner organisations to review performance and challenges relating to their health protection responsibilities. The agreed outline for this framework is based on the five overarching building blocks of public health protection. These are:

- Communicable Diseases
- Environmental Hazards and Control
- Screening and Immunisations
- Infection, Prevention and Control
- Emergency Preparedness, Resilience and Response.

2.5 In 2019, North and North East Lincolnshire Public Health established a Northern Lincolnshire Health Protection Assurance Group. This meets twice a year.

2.6 This report will provide intelligence on current health protection outcomes for North Lincolnshire and these will be compared with outcomes for England and for the Yorkshire and Humber region. The intelligence contained in the report comes from a number of sources but the main source is Public Health England’s Fingertips website <https://fingertips.phe.org.uk/profile/public-health-outcomes>

2.7 **Health Protection Outcomes**

Immunisation

Immunisation is one of the most effective ways of protecting public health and is particularly important for babies and young children. Immunisation remains an overwhelmingly popular primary health service with take up of most childhood vaccinations exceeding 90% across the country as whole. The success of the programme is demonstrated by

the fact that once commonplace diseases such as polio, measles, mumps and rubella that were associated with childhood mortality, poorly children, congenital abnormalities and permanent disability are now extremely rare or completely eradicated. Immunisation is also an important public health intervention for older people and adults with long-term health conditions, with programmes covering diseases such as flu and shingles and targeted risk factors.

North Lincolnshire achieved better than the England average for all childhood immunisations and performance in adult immunisations was in line with the regional and national uptake. However, only a three immunisations exceeded the herd immunity levels (>95%) which is the coverage that we aim for in order to prevent community outbreaks. This pattern has been the norm for a number of years.

Immunisation uptake for North Lincolnshire can be found at:

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/6/par/E12000003/ati/102/are/E06000013>

Vaccination Preventable Disease: are those infections which our immunisation programmes are designed to prevent. These diseases have in the past been associated with deaths in childhood and/or long term health problems secondary to the infections. Some immunisation programmes have been so successful that the diseases have been eradicated from Britain, e.g. polio, but the vaccine is still provided due to the risk of these diseases making a comeback as they remain endemic in some parts of the world.

The table 1 shows North Lincolnshire has a very low number of vaccine preventable diseases with no cases of measles in the period between 2017 and 2018. This is particularly strong performance given the fact that the number of cases of measles has been creeping up in many parts of England leading to the loss of our status as a measles free country earlier this year.

Table 1: North Lincolnshire all ages vaccine preventable diseases 2017/18

	Year	England	Y&H	North Lincolnshire
Mumps incidence rate/ 100,000	2017	3.2	3.9	0.0
Measles Incidence rate/ 100,000	2018	1.7	1.5	0.0
Pertussis incidence rate/ 100,000	2017	7.8	9.5	3.5

Gastrointestinal Infections, including food related incidents

Gastrointestinal infections can be viral, bacterial or parasitic and have a range of transmission methods but poor hygiene, particularly with

regards to food is a high risk for several of these infections. Illnesses can be mild or severe and can be particularly serious in older people or those with underlying health problems.

Under the Public Health (Control of Disease) Act 1984, registered medical practitioners have a legal duty to notify the proper officer within their local authority or local health protection team of suspected cases of a number of infectious diseases, including food poisoning. Normally, these notifications are referred to local authority environmental health services for investigation to establish possible sources and links between different cases.

Current performance for prevention of gastrointestinal infections in North Lincolnshire is similar to national and regional performance and represents generally satisfactory performance.

Sexually Transmitted Infections, including HIV

Chlamydia is the most common Sexually Transmitted Infection (STI) in the UK. Left untreated, it can result in reproductive ill-health such as pelvic inflammatory disease, ectopic pregnancy and infertility.

Gonorrhoea is the second most common STI with 56,259 new cases in 2018 in England, which is an increase of 26% on 2017ⁱ. Left untreated, it can result in reproductive ill-health such as pelvic inflammatory disease, ectopic pregnancy and infertility.

Syphilis is a less common STI with 7,541 new presentations in 2018 in England. Left untreated it can result in serious neurological and cardiovascular problems.

Human immunodeficiency virus (HIV) is a serious condition that can lead to AIDS (acquired immunodeficiency syndrome) which results in approximately 440, mostly male, deaths per year in the United Kingdom. At least 80% of HIV presentations in the UK in 2016 acquired the condition sexually. The diagnosis rate nationally has fallen over the last few years but the number of people living with the disease is increasing. HIV is now a manageable disease but requires lifelong treatment.

Current data from Public Health England show that North Lincolnshire performs well in some areas against both the national and regional values, with low diagnosis rates for syphilis and HIV, and good detection rate and screening rates for chlamydia in young people. The diagnosis rate for gonorrhoea has fallen, for the second year in a row, and is now considered to be statistically significantly lower than the England average, though the number of cases is still five times higher than in 2012. North Lincolnshire has higher diagnostic rates for syphilis and gonorrhoea and a lower detection rate for chlamydia.

Respiratory Infections

Respiratory infections are a part of everyday life but there are a number of serious and preventable respiratory infections that are a major threat to health, and outbreaks can reflect a breakdown in the health protection system.

Tuberculosis is an airborne, infectious, bacterial disease primarily affecting the respiratory system. There was an increase in TB notifications in the UK between 2000 and 2011 but a national public health focus has helped to ensure a substantial reduction in cases, such that the rate of TB reached an all time low in 2018.

North Lincolnshire continues to have a low incidence of tuberculosis. Current data from Public Health England shows that between 2016 and 2018 there were 18 recorded cases of tuberculosis in North Lincolnshire. The apparently strong performance on this outcome in part reflects the relatively low number of immigrants that reside in our communities compared with the situation in other parts of the country. There are local vulnerabilities however.

Often diagnosis was made late with poor outcomes for the individuals affected. There is a risk that late diagnosis will lead to epidemics in some communities and we are exploring the possibility of some targeted TB screening in some communities. It is important that people diagnosed with TB commence treatment quickly in order to obtain the best outcome.

Legionnaires' disease is a serious pneumonia caused by the Legionella bacteria. People become infected when they inhale water droplets from a contaminated water source such as cooling towers, air conditioning systems and spa pools. Isolated cases may occur due to poorly maintained domestic water supplies but serious outbreaks sometimes occur in hospitals or in community settings. The number of cases of Legionnaires' disease in North Lincolnshire is low (1.76 per 100,000).

Hepatitis

Hepatitis A virus is transmitted via faecal contamination of food and water, or by close contact with an infected person. Hepatitis A is an uncommon infection in England, although there has been a recent increase over the past few years following an outbreak amongst men who have sex with men (MSM).

Between September and October 2018, 2 cases of hepatitis A were diagnosed in a local primary school. Interventions to prevent further infection included promotion of handwashing and vaccination of a defined cohort at the school. The vaccine was offered to 190 children with 145 children received it, plus all 18 eligible staff.

Hepatitis B is a blood borne infection of the liver caused by the hepatitis B virus (HBV).

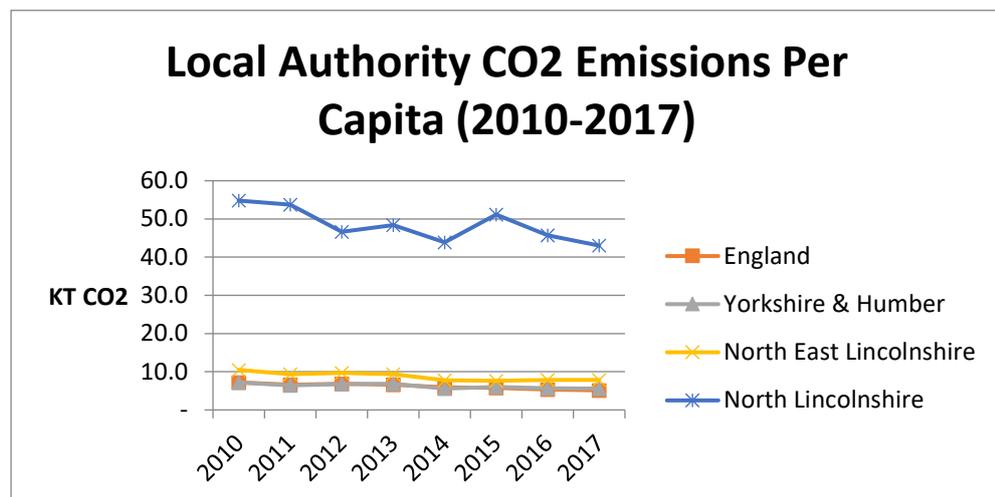
Hepatitis C infection (HCV) is a blood borne virus that can cause life-threatening liver disease, which due to new treatments can be cured.

Diagnosed cases of HBV in North Lincolnshire are currently below the national and regional average. There has been an improvement in mortality associated with HCV in North Lincolnshire, which reflects recent treatment developments. Our rates are now below national compared to regional rates which have been considerably above the national average in previous years. It remains important that high risk persons are screened for HCV to ensure that they access the treatment that can cure their condition. It is important that drug services are supported to increase HCV screening. Commissioned services continue to encourage clients to have the HBV test/vaccination and be tested for HCV through universal campaigns and one to one work.

Climate Change

It is increasingly recognised that climate change is one of the biggest threats to health. Threats come in many forms including heatwaves, extreme weather events, threats to food production, flooding, droughts, the spread of vector borne diseases and potentially new diseases. Reducing carbon emissions associated with industry, agriculture, transport and domestic energy is one of the most effective ways that local areas can contribute towards reducing this threat.

Local Authority CO² Emissions Per Capita 2010-2017



North Lincolnshire has amongst the highest per capita emissions of CO² in England. This is mainly a legacy of heavy industry such as the presence of one of the biggest remaining steelworks in the country. Levels of CO² have however fallen slowly over the time period in North Lincolnshire. Most of the fall is associated with reductions in industrial CO² emissions and domestic CO² emissions. Industrial emissions have

fallen by 20% and domestic emissions have fallen by 32% in North Lincolnshire.

However, transport emissions have increased by 10% in North Lincolnshire (North Lincolnshire Environmental Policy). Overall progress in this area is falling short of expectations and we have a long way to go in order to dramatically reduce our carbon emissions.

Air Pollution

Air pollution is created when chemicals and particles considered harmful to human health or ecosystems, are released into the atmosphere. The Department for Environment, Food and Rural Affairs (DEFRA) consider traffic emissions to be the major source of air pollution. The Royal College of Physicians attribute up to 40,000 deaths per year to outdoor air pollution.

Since December 1997, each Local Authority in the UK has been carrying out a review and assessment of air quality in their area. This involves measuring air pollution and trying to predict how it will change in the next few years. The aim of the review is to make sure that the national air quality objectives will be achieved throughout the UK. These objectives have been put in place to protect people's health and the environment.

If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area (AQMA) there. This area could be just one or two streets, or it could be much bigger.

In North Lincolnshire the AQMA is associated with the steelworks in Scunthorpe. Around 4000 people live within this area, most within the Frodingham ward. The Council has been working with industry, health professionals and the Environment Agency for a number of years to implement actions on the Steelworks Site. Monitoring data shows that the level of PM₁₀ and PAH (Polycyclic Aromatic Hydrocarbons) has reduced.

Screening

Screening is the process of identifying healthy people who may have an increased chance of a disease or condition. The key national screening programmes are:

- Abdominal aortic aneurysm (AAA) screening. Offered to men during the year they turn 65. Older men can self-refer.
- Bowel cancer screening. Offered to men and women aged 60 to 74 every 2 years. In some areas of the country people aged 55 also invited for a one-off bowel scope screening test.
- Breast screening. Offered routinely to women aged from 50 up to their 71st birthday. Older women can self-refer.

- Cervical screening. Offered to women aged from 25 to 49 every 3 years, and women aged from 50 to 64 every 5 years.
- Diabetic eye screening. Offered annually to people with diabetes aged 12 and over.
- Screening in pregnancy includes; sickle cell and thalassaemia(ideally by 10 weeks), infectious diseases (HIV, hepatitis B and syphilis), Down's syndrome, Edwards' syndrome and Patau's syndrome, 11 physical conditions in the baby(20-week scan), diabetic retinopathy (for women with diabetes)
- Newborn screening includes; newborn hearing, physical examination (for problems with eyes, hearts, hips and testes) within 3 days of birth and again at 6 to 8 weeks of age, newborn blood spot (for 9 rare conditions).

There has been a general downward trend in the uptake of screening over the past few years across England. Local performance in North Lincolnshire has tended to mirror this situation but in the main our performance has remained above the England average.

Anti-microbial resistance

It is now recognised that over-prescribing of antibiotics is a major health protection threat as it increases the propensity of bacterial infections to become resistant to antibiotics. There are also a large number of community and healthcare infection control related indicators. Many of these are not suitable for comparison across different areas and organisations so are not included in this report. However they provide good indicators of local performance and changes over time. Current performance is available through Public Health England fingertips (<https://fingertips.phe.org.uk/profile/amr-local-indicators/>).

There has been a significant improvement in local performance on antibiotic prescribing in recent years and our rate across North Lincolnshire is now good and similar to regional and national performance. Work continues with individual GP practices where prescribing remains too high.

Excess winter deaths

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Mortality during winter increases more in England compared to other European countries with colder climates, suggesting that many more deaths could be preventable in England. As in previous years the rate of excess winter deaths is around the same as the regional average in North Lincolnshire.

There was however a year on year increase in this rate in the area, regionally and nationally.

Road traffic

Road traffic poses a public health risk and the burden is greatest on the most disadvantaged in society. North Lincolnshire has one of the highest rates of killed and injured on the roads for adults but our child rate is below the regional rate and only marginally above the national rate. It should also be noted that road traffic is a source of air pollution and can be a barrier to active travel.

Suicide prevention

Suicide is a major concern for society and a tragedy for the bereaved. Suicide and undetermined injury are a leading cause of years of life lost and one of the main causes of death in men under the age of 45.

One death from suicide is too many. It is a deeply personal tragedy and has a ripple effect a long way beyond the family affected. Every suicide is a tragedy that has a far-reaching impact on individuals, family, friends and the community long after a person has died.

The suicide rate in North Lincolnshire is around the national average (9.8 per 100,000 for 2016-18). The rate is much higher in men than women, reflecting the national picture.

Detailed analysis of factors associated with suicide is available through suicide audit reports. The 2019-2024 suicide prevention strategy has just been refreshed and we are expanding our real time surveillance to ensure more data are captured around those at risk which will further inform and enhance our planning to support this.

3. OPTIONS FOR CONSIDERATION

- 3.1 To continue with the strategic direction and support for health protection in North Lincolnshire.

4. ANALYSIS OF OPTIONS

- 4.1 North Lincolnshire is performing reasonably well against the majority of health protection outcomes in comparison to Yorkshire and the Humber and England averages so we can be assured that our health protection system is functioning well.

There is a requirement for improvement in both adult and child immunisation. This is being addressed in a number of ways such as:

localised public health campaigns, increased communications, strategic partnership frameworks and action plans, and direct working with PHE and NHSE.

In order to effectively mitigate future health impacts associated with climate change, more needs to be done to reduce carbon emissions across North Lincolnshire and to ensure emergency preparedness.

Overall Public Health England has identified that North Lincolnshire fell into the low spend, better outcome quadrant in its Spend and Outcome Tool for its health protection performance in 2018, suggesting that our health protection response is both efficient and effective.

The focus for our health protection in North Lincolnshire is to maintain our generally strong and efficient outcome performance and to address identified areas of concern.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 Resources are allocated for commissioned services.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 Not applicable.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Not applicable.

9. RECOMMENDATIONS

9.1 The Board accepts the contents of the report.

9.2 The Board provides continuing support and commitment to health protection in North Lincolnshire.

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Date: 17th February 2020

Background Papers used in the preparation of this report –

North East Lincolnshire and North Lincolnshire Annual Health Protection Report
2018/19, Geoff Barnes.

North Lincolnshire Council Environmental Policy 2019
