

# **Health and Care Scrutiny Committee**

## **Report from the Director of Public Health**

13<sup>th</sup> November 2018

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### **National NHS England flu vaccination – new vaccines**

Last year (2017/18) was a difficult year for influenza. There were a high number of cases of influenza reported, with a substantial impact on the health of our residents and the health and social care services which support them. There have been two major changes to the national influenza vaccination programme: the introduction of an adjuvanted trivalent vaccine for over 65 year olds; and recommendation to use a quadrivalent vaccine in all other groups.

The adjuvanted trivalent vaccine has been introduced to the national programme for over 65 year olds, because it produces a better immune response in this group than the non-adjuvanted vaccine. This is particularly important because older people are some of the most susceptible to poor outcomes from influenza infection, including hospital admission and premature death. The new vaccine will offer them better protection. There have been some issues with the supply of the adjuvanted trivalent vaccine, which NHS England have been managing with Primary Care and community pharmacy. There is a phased delivery of vaccine, with all vaccine scheduled to be delivered by November. The NHS is working with providers in community pharmacy and primary care to help manage demand. If a person is not able to obtain the vaccine from their GP or community pharmacy, they should be directed to another provider who will give them the vaccine.

The quadrivalent vaccine should be given to all other risk groups covered through the national programme. This covers a wider range of influenza subtypes, which will give better protection than the previous trivalent (non-adjuvanted). There are no supply issues with this vaccine.

### **Gloucestershire County Council Staff vaccination programme**

Gloucestershire County Council runs a staff and elected member vaccination programme. Clinics have been running throughout GGC sites across the County. Additionally, our staff can also access the NHS staff flu vaccination clinics, or drop into any Badham's pharmacy. Uptake has been very high again this year, with 1,200 vaccines already administered in the first month.

### **Care Home staff influenza vaccination pilot**

Care home residents are particularly vulnerable to influenza, this can lead to a difficult illness, admission to hospital, and premature mortality. Last year Gloucestershire had the highest number of reported influenza-like illness outbreaks

in care homes in the South West. While this reflects good reporting practice from care homes, it also indicates a high burden of disease. Staff working with care home residents have a key role in protecting their residents from contracting influenza. Staff themselves are also susceptible to contracting influenza, which represents a risk for them personally and the resilience of care teams. Gloucestershire County Council with partners in the NHS and nursing home providers have developed and implemented a pilot to test two models to improve influenza vaccination uptake among care home staff. 36 nursing homes will have influenza vaccination administered to staff on-site by either an attending GP, or by a community NHS provider. The pilot includes a comprehensive evaluation to assess the effectiveness of this approach and to plan for future interventions to improve uptake in this important group.

### **Drug and Alcohol Performance**

Previous discussion at HCOSC has identified a concern that performance against three key drug and alcohol indicators (successful completions of treatment for alcohol, opiates and non-opiates) is declining but is still showing as green in the performance scorecard. This is because performance continues to exceed the targets set in the contracts, which were set lower than in previous years to reflect the reduction in the service budget and provision, as well as the expected dip in performance created by recommissioning and transition.

However, we have recognised that this presentation is not necessarily helpful to those reviewing or scrutinising performance. As such, performance tolerances have been reset in the Council's performance management system, so that this performance now shows as blue, rather than green. Commentary will also be provided on a routine basis to ensure that concerns about performance trajectory are highlighted, even when performance currently exceeds target.

We continue to closely monitor performance and activity by CGL to improve it, which they are doing as a priority through a strong focus on completions in weekly 1:1, staff and clinical meetings and a monthly data and performance review.

It should also be noted that these three indicators reflect one aspect of a balanced drug and alcohol treatment system and that good performance is being reported in other areas, such as the number of service users in structured treatment and waiting times for treatment.

### **Smoking**

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases. Smoking prevalence rates (2017) show Gloucestershire at 14.3% (similar to England), which is higher than the 2016 figure of 12.5%. Smoking is highest among our most deprived populations with 27.8% of routine and manual workers smoking – so it is a significant health inequality issue. Nationally the numbers of people accessing support to stop smoking is reducing partly due to the increase use of vaping as a quitting aid but also because many of those still smoking are lifelong heavy smokers that do not want to, or find it incredibly difficult, to quit.

Smoking cessation support is available from GPs, community pharmacies or the Gloucestershire Healthy Lifestyle Service (HLS). The offer includes behaviour change support alongside nicotine replacement therapy. This includes support for people who are vaping as well. The outcomes of the service are measured as four week quit rates. The combined quit rate for 2018/19 Quarter 1 is similar to Quarter 4 of 2017/18 - 49.9%. The quit rate of those supported by HLS is 73% which is a significant achievement and above the 50% national average rate - the GP and pharmacy quit rate remains stable at 32.4%.

In order to continue to support those who wish to stop smoking and colleagues in Primary Care who are delivering this service the Public Health team are undertaking the following actions:

- We are discussing with the CCG the potential of developing a pilot with the GP Health Inequality Fellows to increase the identification and referral of smokers.
- We are piloting having a lifestyles coach 1 day a week in a GP Practice and Pharmacy in the Forest of Dean to see if this increases signposting to the service.
- The Healthy Lifestyle Service are conducting a primary care engagement campaign to increase referrals into the service.
- We have trained a number of new stop smoking advisors, particularly in pharmacy.
- We are working with colleagues in the CCG to adopt a health system approach to smoking cessation. This will focus initially on the respiratory clinical programme and will seek to increase referrals into the Health Lifestyle Service from primary, secondary and community care.

Another key area of focus is smoking in pregnancy as it increases the risk of premature birth, still birth and miscarriage. Prevalence data for smoking at time of delivery shows that Gloucestershire has a prevalence of 10.9%. (Similar to England 10.8%). However the national ambition is 6% by 2022.

The number of pregnant quitters remains stable (31/33 in Quarter 1) but in order to significantly reduce the prevalence figure we need more women accessing the service and for this we rely on referrals from secondary care. For those women that do access the Healthy Lifestyle Service the likelihood that they will quit is very high. In Quarter 1 the quit rate was 94%. This demonstrates that the service continues to provide an exceptional service to pregnant smokers. In order to increase the number of pregnant women engaging with the Health Lifestyle Service, we are undertaking the following actions:

- Reducing the number smoking in pregnancy is a priority for the Better Births (BB) programme. A smoking in pregnancy sub group of BB has been established and an action plan is being developed.

- Public Health are funding a seconded maternity post for 18 months to work strategically across maternity and health visiting to develop, strengthen and join up pathways, information and training.
- A new specialist maternity healthy lifestyles coach will work with the above post to increase support particularly to vulnerable women.
- An engagement campaign around pregnant women will support this work.

Further information on the Healthy Lifestyle Service can be found on their website: [www.hlsglos.org.uk](http://www.hlsglos.org.uk)

## **Late diagnosis of HIV**

Late diagnosis of HIV is an important measure for sexual health in Gloucestershire. A late diagnosis negatively impacts on the person's life chances and their long term health. Additionally, early treatment is important to reduce the viral load and therefore decrease the risk of infecting others. If a person has a late diagnosis, they will likely have a high viral load, and may not have been taking the required protective measures.

Gloucestershire has now had two consecutive periods (three year rolling averages) which show that a higher proportion of diagnosis of HIV in Gloucestershire are classified as 'late' compared to England. The latest period (2015 to 2017) shows that 63.8% of diagnosis are late, compared to 41.1% of diagnosis in England. While we have relatively few cases of HIV in Gloucestershire, it is important to understand the cause of the issue, and to identify interventions to reduce the risk of late diagnosis.

The Public Health team are working with the Public Health England Field Epidemiology Service to review the data behind HIV infection in more depth. A small group of key stakeholder organisations is being brought together to review the issues (and data) and to identify actions to improve detection rates. The Public Health team will continue to monitor this situation and to report actions and impacts to this group.