

Meeting Notes/Action Log of Arden Health Protection Committee Meeting

24th February 2014

Northgate House, Warwick, 2-4pm

Attendees:

Debbie Crisp, Lead TB Nurse, Arden Community TB Nursing Service

Ash Banerjee, Screening and Immunisation Lead Consultant, NHS England Local Area Team and Public Health England

Nina Morton, Screening and Immunisation Manager, NHS England Local Area Team and Public Health England

Mamoona Tahir, CCDC, West Midlands East Health Protection Team, PHE

Madhu Bardhan, CCDC, West Midlands East Health Protection Team, PHE

Sharon Stuart, Infection Prevention and Control Commissioning Nurse, Coventry Rugby CCG

Michelle Gorrell, Infection Prevention and Control Commissioning Nurse, Coventry Rugby CCG

Councillor Bob Stevens, Portfolio Leader for Health, Warwickshire County Council

Sharon Grant, Emergency Planning Officer, CSW Resilience

Geoff Turton, Head of Environmental Services, Stratford District Council

Hamish Simmonds, Head of Regulatory Services, Coventry City Council

John Linnane, Director of Public Health, Warwickshire County Council, Chair

Nadia Inglis, Consultant in Public Health, Warwickshire County Council/Coventry City Council

1. Notes of previous meeting

Agreed notes of previous meeting.

2. Update from partners

Communicable Disease (MT and MB)

1038 cases of infection reported to PHE in Coventry in 2013, compared with 1000 in Warwickshire

It was also noted that Campylobacter cases form consistently the highest level of notifications in both Coventry and Warwickshire (higher in Warwickshire given rural geographies). Increasing number of invasive Group A streptococcal infections noted over years 2011-2013 – potential explanation relates to improved case ascertainment and notification. However, an increase in notifications of scarlet fever (non-invasive Group A strep) has been seen in the early weeks of 2014. Also noted that pertussis cases have reduced after a peak in 2012.

Noted that Hep B figures for Warwickshire do not seem consistent with those reported in the West Midlands Hep B report (higher in the latter).

Action: NI to meet with SS and MG regarding infection control in hospitals and care homes and regarding the Arden Health Protection Strategy.

Action: GT to make contact with SS and MG regarding support with care homes.

Action: NI to follow up with MT regarding Hep B figures.

TB (DC)

Report that TB Alert funds for TB patients in need (basic needs) have now ceased.

Follow up from meeting: Some of this need is being addressed through Coventry Citizen's Advice Bureau (CAB) commissioned programme for TB patients in Coventry (with mutual support for Warwickshire CAB where needed).

Action: NI and DC to take this forward, identifying need on a case by case basis in the first instance

Immunisations (AB)

Quarter 2 2013/14 immunisation uptake figures discussed (Quarter 3 figures due to be published).

95% uptake achieved (or very nearly achieved) across the board in Warwickshire and Coventry for routine childhood immunisations.

Lower uptake of HPV (89.8% Cov, 87.4% Warks, 89.3 West Mids) and PPV (65.1% Coventry, 70.2% Warwickshire, 68.1% West Midlands).

Seasonal Flu uptake discussed (figures to Dec 2013).

Follow up from meeting – final figures found in appendix

Plans for seasonal flu vaccination programme in children next year – all 2, 3 and 4 year olds and also years 7 and 8 (secondary school).

NHS England are looking to procuring an immunisation service for Arden Herefordshire and Worcestershire.

Screening (NM)

Screening risk registers no longer to be brought to Health Protection Committee – all discussed at screening boards (for each screening programme) which occur quarterly and to which Local authority Public Health colleagues are invited (and receive all minutes).

Discussion of new Screening programme KPI data which has been published for one quarter and is in public domain.

Procurement for a new Diabetic Eye Screening service for Arden, Herefordshire and Worcestershire is under way.

A new IT screening programme management system for the Newborn and Infant Physical Examination screening programme is due to be rolled out from April 2014.

SWFT now have Badger software (Maternity IT system) which allows them to capture antenatal and newborn screening information electronically.

Feedback from last Bowel Cancer Quality Assurance visit was generally very positive, with some issues raised with regard to capacity and accommodation, which are being managed through the screening programme boards.

Discussed need to identify among partners roles and responsibilities with regard to the neonatal Hep B vaccination programme (not managed as part of the antenatal and newborn screening programmes)

Action: NI to take this forward with immunisation and screening colleagues and PHE.

Environmental Health (HS and GT)

Discussion regarding recent risks related to sunbeds.

Feedback regarding recent agreements between Coventry and Warwickshire Environmental Heads of Service regarding how to work together more effectively

regarding air pollution monitoring, including sharing contractors for monitoring, potential joint efforts in developing planning guidance, working with Public health regarding input into individual planning applications, and also in discussions with highways colleagues.

Emergency Planning (SG)

The Multiagency Memorandum of Understanding for Service Delivery and Emergency Preparedness in the Event of a Health Protection Incident is in final stages of completion and to be sent out to Local Health Resilience Partnership colleagues for comment and sign off.

2. Health Protection Strategy Action Plan

Action plans (based on Arden Health Protection Strategy 2013-15) drawn up by NI for TB, Bloodborne viruses and Sexual Health shared with group (not agreed by subgroups).

Members of committee asked to complete action plans based on strategy actions for their areas (remaining areas to be completed: GI diseases, Healthcare acquired infection and Community Infection Prevention and Control, Environmental Health, Population Screening Programmes, Immunisation and Vaccinations) to be added to the strategy master action plan.

Discussion regarding purpose of strategy given that partner organisations are setting their own strategies for their particular responsibilities.

Action: NI to send round word document of Health Protection Strategy to enable completion of above task and action plan excel templates.

Follow up to meeting: As priorities of partners have changed since development of the strategy, strategy statements which are now not priorities for partners should be removed from action plan document (with a reason stated) and new priorities inserted (to ensure the document is kept "live" and fits with corporate priorities of partners).

3. Antimicrobial Strategy

Removed from agenda

4. AOB

Question raised as to whether CCG colleagues should be partner members of the committee. Decided it was important for their to be a specific purpose for membership that could not be achieved through other forums.

Action: Committee should identify actions/priorities in subsequent meetings that should be taken forward with CCG colleagues.

5. Next Meeting Date

19th May 2014 – Northgate House, Warwick, 2-4pm