



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

30 January 2025

Report of the Director of Public Health

Health Protection Board Update

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to note the key messages arising at the Derbyshire Health Protection Board from its meetings on 20 September and 15 November 2024.

2. Information and Analysis

- 2.1 The Health Protection Board is a Derby and Derbyshire Board that is a sub-group of the Derbyshire Health and Wellbeing Board.
- 2.2 The purpose of the Health Protection Board is to provide assurance to the Health and Wellbeing Boards of Derbyshire County and Derby City that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the health of the residents of Derby City and Derbyshire County.
- 2.3 The following non-confidential updates were provided during the business of the meetings on 20 September and 15 November 2024:
- 2.4 Community Infection Prevention and Control: there remain issues with a lack of access to specialist IPC services for non-NHS community settings, such as residential care settings. This has been escalated to consider whether additional sources of funding would allow the existing services

to expand specialist IPC support into non-NHS community settings, which will facilitate discharge from acute trusts and patient flow to mitigate winter pressures.

2.5 Vaccination and Immunisations and Screening programmes

- Further updates were provided on the work underway to support the delegation of screening and vaccination services to ICBs in April 2026, including updates to organisational, staffing and governance arrangements. A decision on functions to be delegated is expected in late 2024.
- An engagement workshop was held in November to explore delegation of screening services in more detail, where it was raised that consideration of what a future commissioning model for Glossop residents would be required, as current access is to providers outside of the Midlands region
- Updates were provided on current performance, and updates to specific programmes:
 - Antenatal and New Born Screening: an Incident Management Team has continued to meet following identification that a significant proportion of families across Derbyshire may not have been informed of their child's sickle cell or other haemoglobinopathy carrier status. All affected families have received communication, with the offer to speak to a specialist. A new service delivery model has been developed with expected start date in early 2025, with the interim arrangements continuing until then. A full Quality Assurance visit at UHDB took place in November 2024, with actions identified for completion by February 2025
 - No significant quality or performance concerns in other screening programmes were highlighted.
 - Diabetic Eye Screening: Optical Coherence Tomography (OCT) will be included in the screening programme starting from October 2024, with implementation by October 2025
 - Bowel cancer: University of Hospitals Derby and Burton NHS Foundation Trust have commenced the age extension for 52 and 50 year olds, with other local providers expected to implement the age extension throughout 2024/25.
 - Breast screening – a number of new community sites have been sourced to support with local access to screening, and 2 new mobile units are now available to serve residents in Glossop
 - Influenza: the flu vaccination programme commenced on 1st September for pregnant women and children and young people and 3rd October for other eligible cohorts and the

Board received updates on planning and delivery of the programmes

- Respiratory Syncytial Virus: a new vaccination programme was launched on 1st September and details were provided on the roll out of the programme for pregnant women at UHDB and CRH, and for older people through GPs.
- Mpox: an update was provided on work underway to develop a system-wide plan to provide post-exposure vaccination as required for community and healthcare worker contacts of Mpox Clade 1 cases

2.6 An update was provided on learning that had been identified from Exercise Nergal, a recent multi-agency tabletop exercise designed to test system and organisational preparedness for response to Infectious Diseases and Pandemics. Updates on progress against the recommendations will be reported to the Health Emergency Planning Officers Group and the Local Health Resilience Partnership

2.7 The Board received the Annual Air Quality Monitoring report. There are currently 5 Air Quality Management Areas in Derbyshire (located in Brimington, Tintwhistle, Dinting Vale, Fairfield and Ashbourne) where the annual average concentration of Nitrogen Dioxide (NO₂) has exceeded Limit Values. DEFRA have recently requested that the AQMA in Brimington is revoked due to air pollution levels consistently being below the limit value, and the legal process for this is being progressed. Medium-term trends have shown that of the 109 monitoring sites that have been continuously monitored for NO₂ in Derby and Derbyshire since 2014, there has been an improvement in air quality at 108, and a deterioration at one site. The impacts of the Covid pandemic accelerated improvements in 2020 and 2021, but these improvements were not sustained in 2022 and 2023. However the overall long-term trend in improvement in air quality has continued. There is no current evidence that air quality objectives for fine particulates (PM₁₀ and PM_{2.5}) are being exceeded anywhere in the county. However, there is a relative paucity of monitoring data relating to these pollutants, with only 4 monitoring stations across Derby and Derbyshire. The air quality monitoring indicators in the revised Derby and Derbyshire Air Quality Strategy generally show improvements compared to a baseline year of 2019.

2.8 Vulnerable populations: an update was provided from the Vulnerable populations sub-group which has focussed work on data sharing for new

asylum seekers, and support provided to GPs for completing health assessments.

3. Alternative Options Considered

3.1 No alternative options to consider as this report is for information only.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 No consultation required.

6. Partnership Opportunities

6.1 Partners are asked to note the topics discussed at the Health Protection Board, and identify opportunities to implement any actions identified.

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

a) Note the update report from the Health Protection Board

10. Reasons for Recommendation(s)

10.1 To meet the purpose of the Derbyshire Health Protection Board in providing assurance to the Derbyshire Health and Wellbeing Board that adequate arrangements are in place to protect the health of the residents of Derbyshire County

Report Author: Iain Little, Assistant Director of Public Health

Contact details: iain.little@derbyshire.gov.uk

Organisation: Derbyshire County Council

HWB Sponsor: Ellie Houlston, Director of Public Health

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 None identified

Partnerships

5.1 Partners are asked to note the topics discussed at the Health Protection Board and consider opportunities for supporting any actions identified

Health and Wellbeing Strategy Areas of Focus

6.1 The Health Protection Board is a sub-group of the Health and Wellbeing Board, and contributes specifically to the following Areas of Focus:

- Area of Focus 2: Support good mental health
- Area of Focus 3: Support communities to be resilient and independent
- Area of Focus 4: Tackle child poverty and enable children and young people in Derbyshire to start well
- Area of Focus 5: Develop the Health and Wellbeing Board to effectively deliver on the areas of focus

Other implications

7.1 There are no other implications of this report identified.