



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health, and Chair of the Lincolnshire Health Protection Board

Report to	Lincolnshire Health and Wellbeing Board
Date:	12 March 2024
Subject:	Health Protection Board Annual Report 2023 - 2024

Summary:

The purpose of this report is to provide members of the Health & Wellbeing Board with an update on the Health Protection assurance arrangements in Lincolnshire, summarise activities undertaken during 2023-24, and outline key priorities for 2024-25.

Health Protection arrangements across Lincolnshire are robust and monitored quarterly by the Lincolnshire Health Protection Board.

Actions Required:

1. The Lincolnshire Health and Wellbeing Board are asked to note the Director of Public Health's Annual Health Protection Summary Report.
2. To note and support the focus and priorities for 2024-25, including programmes of work delivered through the Integrated Health Protection Working Group.

1. Background

Health Protection seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. As well as major national immunisation and screening programmes and the provision of health services to detect, diagnose and treat infectious diseases, Health Protection also encompasses planning, surveillance and response to incidents and outbreaks.

Health protection is *"the protection of individuals, groups and populations through expert advice and effective collaboration to identify, prevent and mitigate the impacts of infectious diseases and environmental, chemical and radiological threats"*. Many organisations have statutory responsibilities for different elements of health protection and an effective, functioning health protection system requires strong collaborative working across all partners.

The effective delivery of local health protection services requires close partnership working between UK Health Security Agency (UKHSA), the NHS and local government, amongst others. Core health protection functions expected of local health systems include:

- Emergency preparedness, resilience, and response
- Communicable disease control
- Risk assessment and risk management
- Risk communication
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Infection prevention and control in health and care settings
- Delivery and monitoring of immunisation and vaccination programmes
- Environmental public health and control of chemical, biological and radiological hazards

The Director of Public Health (DPH), employed by upper tier Local Authorities with Public Health responsibilities, should be assured that the arrangements to protect the health of the communities that they serve are robust and implemented appropriately to local health needs. This includes seeking assurance that all organisations involved in health protection co-operate and work together, including agreeing funding, roles and responsibilities and operational elements of response to incidents and outbreaks.

They also need the opportunity to escalate concerns as necessary, when they believe local needs are not being met. This may include reports to the Health Protection Board and / or the Health and Wellbeing Board

2. Health Protection System Arrangements

2.1. Integrated Health Protection Framework

The responsibilities of Local Authority Public Health functions, including Health Protection, are underpinned by legislation under the Health and Social Care Act 2012. In addition to this the Integrated Care Board (ICB) also have a responsibility for Health Protection. With the introduction of the Health and Care bill (2022), ICBs and Integrated Care Partnerships (ICPs) will work closely with the NHS and Local Authorities to support greater collaboration and joint working. The Integrated Health Protection Framework (IHPF) for Lincolnshire was drafted in 2023 to support the new approach to joint working. This was formally signed off by the Health Protection Board in January 2024, see Appendix A.

3. Health Protection Activities 2023-24

3.1. Reducing Infectious Diseases and Managing Outbreaks

A full report detailing the breakdown of performance across the following work areas is detailing in Appendix B – Lincolnshire System Integrated Health protection Report:

- Infection Prevention and Control
- Outbreak Identification and Rapid Response
- Communicable Disease Control

3.2. Vaccination and Immunisation

Vaccination in children is separated into under 5's vaccinations, delivered almost exclusively by general practices, and school age vaccinations delivered in Lincolnshire by the School Aged Immunisation Team (SAIS) which is based in Lincolnshire Community Health Services (LCHS). The rates of immunisation for routine childhood (<18) vaccinations have been stagnant or falling nationally, and this picture is mirrored within Lincolnshire. Rates of under 5 vaccinations vary based on the timing of vaccinations with those delivered later having lower uptake. School aged immunisations have fluctuating performance but have dropped significantly since COVID and have not recovered to previous levels.

To address this, a multiagency group was brought together to better understand the reasons why vaccination rates were stagnant or falling and develop an action plan to reverse this trend. A more detailed investigation into Lincolnshire data on General Practice delivered vaccinations has been conducted by the Public Health Intelligence Team as part of their data analysis support to the working group. In summary, if there are two domains to focus on (individual factors and systemic factors) then the data tells us that systemic factors dominate. Individual factors such as deprivation, or ethnicity, whilst inherent in conversations, discussions, and decisions, contribute to a lesser extent in explaining vaccine variation across the registered general practices in Lincolnshire.

Key actions of the working group thus far have been:

- a detailed analysis of the available data by the public health analysis team
- Forming a network to disseminate the best health promotion materials
- Ongoing work interviewing GP practices to better understand barriers and enablers to improving vaccination uptake
- Developing a vaccination questionnaire, and commissioning 1:1 interviews in the most deprived areas of the county to better understand why rates are lower in certain communities
- Linking school age immunisation team with education and co-developing a strategy for better engagement with schools

Furthermore, in Lincolnshire we have developed an action plan to improve child immunisation based upon reviews of local data, published literature, and national guidance, as well as querying regional colleagues for alternative models of vaccination and vaccination interventions. See appendix C for full details.

3.3. Seasonal Vaccination

Seasonal vaccinations for both adults and children continue to be a challenge, with both rates of vaccination for Covid-19 and Flu below where we would like for Lincolnshire, albeit better than national averages. Extensive work across the system, linked to the newly formed Lincolnshire Immunisation Board, will see systemwide work being undertaken to improve uptake across all cohorts and especially our own health and care workforces.

Cohort	National (%)	Midlands (%)	Lincolnshire (%)
Care Home Residents	81.4	81.1	81.9
Healthcare Workers	44.3	40.3	45.7
Social Care Workers	23.1	22.6	24.4
80+	79.7	79.3	84.6
75-79	78.8	78.7	83.2
70-74	74.0	73.7	80.1
60-69	64.7	64.5	72.7
At Risk	29.8	29.1	37.3
12-15 At Risk	14.3	12.4	16.0
12-17 Household Contacts of Immunosuppressed	1.3	1.4	1.3
5-11 At Risk	19.6	17.4	16.5

Table 1 – Covid-19 Vaccination Uptake Rates, accurate as of the 29 January 2024.

Cohort	Lincolnshire (%)
Aged 65+	80.0
Under 65 At Risk	49.9
Care Home Residents	83.0
Household Contacts Of Immunosuppressed	43.3
Healthcare Workers	50.0
Social Care Workers	29.6

Table 2 – Flu Vaccination Uptake Rates accurate as of the 29 January 2024.

It is evident that programmes perform well compared to national comparators, with good uptake in those most vulnerable, but still leaves significant risks with underrepresentation across the Health and Care workforce.

3.4. Measles

In January 2024 Measles was declared a national incident by UKHSA. This was prompted following a gradual decrease of children being vaccinated against the disease alongside an increase in reported cases. Measles is a highly infectious disease that can sometimes lead to serious problems such as pneumonia, meningitis, and on rare occasions, long-term disability, or death. It is a vaccine-preventable disease and the best way to prevent Measles infection is to have 2 doses of the MMR Vaccine.

Since 2022, measles activity has been slowly ramping up globally with large outbreaks currently underway in multiple countries in South Asia and Africa.

During 2023 there was a resurgence of measles in England. From 1 January to 31 December 2023 there were 368 laboratory confirmed measles cases, 122 (33%) of these in London and 160 (44%) in the West Midlands, however all Regions had reported cases, promoting declaration from UKHSA of a National Standard Incident Response for measles. The purpose of this response was to oversee the risk assessment and public health response to the outbreak in the West Midlands and to coordinate the multi-agency input to the response nationally, limiting further spread to other high-risk areas.

As of 1 February 2024, UKHSA have been notified of 26 suspected Measles cases in Lincolnshire. Following testing, all 26 were negative. There have been 0 confirmed cases or outbreaks in Lincolnshire to date.

3.4.1. Lincolnshire Preparedness

Partners across the Integrated Care System (ICS) are preparing for the possibility of clusters or outbreaks of measles, and we are working with system colleagues and other stakeholders to ensure that local outbreak plans are robust and include learning from colleagues in the Midlands region who have refined their processes to manage large outbreaks (these have occurred in areas where MMR vaccination uptake is low).

3.4.2. Engagement Strategy

Engagement to date has taken two core approaches, the first being direct engagement with the health and care system who are likely to encounter service users and/or patients who are symptomatic for measles. This approach has focussed on managing suspected cases across primary and secondary care as well as within the social care and wider systems. This also includes the development of action cards and communications to core services to ensure cases/outbreaks are managed accordingly.

The second component is a proactive and targeted communications and engagement approach aimed at improving MMR uptakes across underserved populations, health and care teams who have staff that are unvaccinated, engaging with local GP practices to improve their local offer and linking in with the national communications on the MMR catch up campaign.

This is supplemented by the work already underway to improve all childhood immunisations, both pre-school and school aged, as part of the Public Health led Childhood Immunisation Programme. This has involved all key system partners and is working across education, primary care, with parents and children, immunisations teams as well as NHSE, and ICB colleagues.

3.4.3. Media and Communications

UKHSA regional communications teams are currently leading the communications response. They have advised local areas and services strict adherence NOT to disclose further information regarding confirmed, possible, or suspected cases.

Locally, we have developed a System Communications Strategy which has been shared with comms leads, and this identifies key spokespeople from the ICB and LCC.

3.5. Emergency Preparedness, Resilience and Response

Organisations across Lincolnshire collaborate to ensure resilience to emergencies or major incidents and prepare for an effective multi-agency response, whilst maintaining resilient to deliver critical activities and essential services. This aids in providing an appropriate level of service during disruption and promotes the continuity of delivery both during and following an incident. In Lincolnshire, the top risks are:

- Pandemics
- Coastal and fluvial flooding
- Power loss
- Severe weather
- Terrorism

Through the lens of Health Protection, LCC Public Health contributes to the emergency preparedness, resilience, and response (EPRR) arrangements across the health and care system within Lincolnshire, with the overarching objective to seek assurance that effective plans are in place to protect the health of the local population. Post-pandemic priorities have included:

- Supporting, through partnership working, the transfer of EPRR responsibilities from NHS England to Lincolnshire ICB in their newly established role as Category 1 responders under the Civil Contingencies Act 2004.
- Refining pandemic preparedness and response arrangements through learning identified during the Covid-19 pandemic.
- Co-chairing the Local Health Resilience Partnership with Lincolnshire ICB, and in conjunction with them, developing and managing a work plan across the Lincolnshire Health Community to ensure the objectives within the LHRP strategic plan are achieved.
- Providing specialist public health advice and expertise to the Local Resilience Forum through emergency planning activities in line with the integrated emergency planning framework principles.

Looking ahead to 2024-25, LCC Public Health will take an active role in the NHS Core Standards Annual Assurance process, working in partnership with NHS England and Lincolnshire ICB to review evidence of the compliance of NHS Providers in Lincolnshire against the NHS Core Standards for EPRR.

3.6. Clinical Service Commissioning

Clinical service commissioning is the process which is used to plan, purchase and monitor various health services. As a local Government we are best placed to ensure that the available funding is used to meet the needs of local people.

3.6.1. Sexual Health

Integrated sexual health services in Lincolnshire and Northern will be provided by LCHS, following the outcome of a joint procurement exercise with North and North East Lincolnshire councils. The new service model launches in April 2024 for up to seven years.

Integrated sexual health services provide service users with open access to confidential, non-judgemental services including sexually transmitted infections (STIs) and blood borne viruses (BBV) testing (including HIV), treatment and management; HIV prevention including pre-exposure

prophylaxis (PrEP) and post-exposure prophylaxis (PEP); the full range of contraceptive provision; health promotion and prevention including relevant vaccination. In Lincolnshire, the service will include NHS England funded HIV treatment and care.

Additionally, the charity Positive Health has been recommissioned and will continue to provide support services for people living with HIV in Lincolnshire, as well as some outreach and sexual health promotion services across Greater Lincolnshire. HIV support services include peer support, help for people to deal with HIV stigma, to cope with a diagnosis, to understand HIV treatment and the importance of adherence, self-care, and to practise safer sex. They address the social and welfare needs that are common for people living with HIV and co-morbidities, such as poverty, unemployment, insecure housing, uncertain migration status and social isolation and thereby helping people to stay in care and adhere to HIV treatment, key objectives in the plan to end HIV transmission.

GP long-acting reversible contraception (LARC) services are currently being evaluated.

3.6.2. Substance Misuse

Following the recommissioning of the drug and alcohol treatment service, LCC have awarded a 5-year contract (which can be extended twice, to a maximum of 9 years) to the partnership of Turning Point, Double Impact and Framework Housing to deliver an age-integrated treatment and recovery service which will go live on 1st April 2024.

The service will take a 'Recovery First' approach to delivery, with lived experience being fully integrated across the system. It will be delivered from 6 hubs across Lincolnshire plus a network of satellite venues to ensure equity of access across the county. The staff currently delivering the service, who are employed by With You will transfer their employment to the partnership, ensuring the Council holds onto their valuable experience and expertise. The new service will build upon the strengths of the existing service and support us in our ambition to have a high-quality treatment and recovery service in Lincolnshire.

Lincolnshire County Council is working closely with the new partnership and With You to ensure the transfer process over the coming months is as seamless as possible.

4. Forward Look – 2024-25

Over the course of the coming year, the Council's Public Health, Health Protection Service will continue to retain a strong focus on maintaining a robust Health Protection system across Lincolnshire, ensuring that as an ICP we are equipped locally to respond to emerging threats. Priorities for 2024-25 will be set at the next Health Protection Board, but will align with the current years, as set out below.

Lincolnshire Health Protection priorities for 2023-2024 are set out below:

- Support the preparedness for, response, and recovery from health protection incidents.
- Contribute to the continued recovery of immunisation and vaccination programmes with a focus on reducing inequalities.
- Work with the NHS to support national priorities and actions outlined in the Tuberculosis (TB): action plan for England, 2021 to 2026, using local intelligence to inform how we should act.

- Contribute to AMR programmes and achievement of the 5-year UK AMR Action Plan objectives.
- Ensure clinical services provisions continue to meet the ever-changing needs of the population of Lincolnshire.

5. Conclusion

The 2023-2024 Health Protection Annual Report has presented a wide range of activities to protect the health of Lincolnshire population. The report sets out future priorities for delivery through joint work with our partners across the Health Protection system, with oversight and assurance of this work via the Health Protection Board.

The report will be published once it has been agreed by Lincolnshire Health & Wellbeing Board.

6. Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

Immunisation, vaccination, and screening cuts across all aspects of the start well, live well, age well JSNA themes, as detailed within the report. The IPC workstream has a direct impact on enabled individuals for live and age well, specifically those engaged with our Adult Social Care services.

Protecting people from infectious diseases has a direct impact across all themes of the JLHWS.

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Integrated Health Protection Framework
Appendix B	Lincolnshire System Integrated Health Protection Report
Appendix C	Childhood Immunisation Action Plan

8. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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