Health and Wellbeing Board



Date of meeting: 30 June 2022

Title of Report: Devon, Cornwall, Isles of Scilly Health Protection

Committee Annual Report 2020-21

Lead Member: Councillor Dr John Mahony

Lead Strategic Director: Ruth Harrell (Director of Public Health)

Author: Julie Frier

Contact Email: julie.frier@plymouth.gov.uk

Your Reference: JF-DCIHPCAR-30/06/22

Key Decision: No

Confidentiality: Part I - Official

Purpose of Report

To present the annual assurance report of the Devon and Cornwall Health Protection Committee 2021/22 for information.

Local authorities, through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. To this end the Health Protection Committee (HPC) is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly to provide assurance to the local Health and Wellbeing Boards that adequate arrangements are in place for prevention, surveillance, planning and response to communicable disease and environmental hazards, to protect the public's health.

The HPC produces an annual report to the Health and Wellbeing Boards, which provides a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviews performance for the period I April 2020 to 31 March 2021, for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly.

The report considers the following domains of health protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and anti-microbial resistance

For each of these domains the report sets out:

- Assurance arrangements
- Performance and activity during 2020/21
- Actions taken against health protection priorities identified for 2020/21
- Priorities for the current year.

The health protection agenda in 2020/21 was dominated by the COVID-19 pandemic. This report therefore focuses on the response to the pandemic, the impact on wider health protection activity, and work to recover screening and immunisation coverage for our population.

There is a delay between the reporting period and the preparation of the report due to the timetable for publication of annual screening and immunisation performance. Because of this time lag, this year's report contains some information in relation to activities undertaken during 2021/22, to provide a more timely picture of progress.

The format of the report also differs from previous years, with the highlighting of local challenges, innovation and good practice in relation to the pandemic response.

Key points from the report for Plymouth

Management of COVID-19 outbreaks

The report includes numbers of outbreak by setting type dealt with by UKHSA. These numbers in particular for education and businesses settings will be smaller than the actual figures for outbreaks in these settings as local public health management was in place for education and workplace settings. Care settings were managed in collaboration with UKHSA but with local teams taking a far more proactive and supportive role than previously. Rates of non-COVID infectious diseases reported to UKHSA were low during the pandemic.

Local areas of innovation and good practice

COVID-19 testing was coordinated peninsula wide, with Public Health teams managing targeted community testing and outbreak testing at local level. Strong partnership working enabled all areas to support and supplement the national testing programme with local arrangements to speed and increase access during outbreaks in higher risk settings.

COVID-19 and flu vaccination were coordinated under a Devonwide seasonal vaccination programme with local targeting of areas of low uptake and groups with a lack of 'vaccine confidence'. The new Devonwide Infection Management System was central to the COVID-19 response, working locally as part of a Plymouth multi-agency team supporting care homes throughout the pandemic. This offer included the development of bespoke and care-home specific support via 'virtual infection prevention and control walkrounds'.

Local Outbreak Engagement Boards in all areas helped local authorities to keep in touch with key stakeholders, with Plymouth also setting up a 'Plymouth Community COVID Champions network' which was valuable in shaping communications, and sharing key messages with communities.

Screening & Immunisation programmes

All programmes (except childhood immunisations which continued throughout) were affected by the pandemic, but all have made strenuous efforts to recover and all are due to be back on track by July 2022 if they have not already achieved this. Coverage figures are reported annually almost a year in arrears so will not fully reflect the recovery.

Healthcare associated infections

Reducing the incidence of E.coli is a priority for Devon where case rates are particularly high. This work is part of the Anti-Microbial Resistance programme seeking to prevent and tackle those infections which are resistance to anti-virals, antibiotics, or antifungal treatments. Restarting this programme is a key priority as we move on from the acute phase of the pandemic and need to maintain the important learning around infection prevention and control. Handwashing and ventilation are messages for the long term, not just for COVID.

Health Protection Committee Priority areas Peninsula wide priorities for action in 2020/21 have been:

- I COVID-19 response including vaccination and targeting areas of inequality
- 2 Recovery of screening and immunisation delivery, coverage and uptake
- 3 Strengthening infection prevention and control throughout the community
- 4 Reducing healthcare associated infections and tackling antimicrobial resistance across
- 5 Developing health protection pathways for migrant and homeless communities
- 6 Maintaining a focus on the climate emergency.

Progress against these will be included in the next annual assurance report.

Recommendations and Reasons

The Health and Wellbeing Board notes the contents of the report.

Alternative options considered and rejected

The report is for noting only

Relevance to the Corporate Plan and/or the Plymouth Plan

The role of the Health Protection Committee, along with its annual assurance report, is to provide the structures and arrangements required to assure adequate performance against health protection priorities across communicable disease control and environmental hazards; immunisation and screening; health care associated infections and antimicrobial resistance. All areas of action are designed to protect and support individuals and settings at greatest need or risk.

The function of the Committee and its assurance role helps to deliver against the caring priorities within the Corporate Plan, and particularly with regards to the Plymouth Plan aim to become a Healthy City.

Implications for the Medium Term Financial Plan and Resource Implications:

None

Financial Risks

None

Carbon Footprint (Environmental) Implications:

None

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

None

Appendices

*Add rows as required to box below

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Α	Briefing report title							
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Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	If some/o	Exemption Paragraph Number (if applicable) If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
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Originating Senior Leadership Team member: Julie Frier

Please confirm the Strategic Director(s) has agreed the report? Yes – (Rob Nelder agreed in Ruth's absence)

Date agreed: 25/05/2022

Cabinet Member approval: [Cllr Dr John Mahoney - approved by email]

Date approved: 25/05/2022