

# Health and Wellbeing Board



Date of meeting:	29 June 2023
Title of Report:	Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council 2021-22
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Julie Frier
Contact Email:	<a href="mailto:julie.frier@plymouth.gov.uk">julie.frier@plymouth.gov.uk</a>
Your Reference:	<a href="#">Click here to enter text.</a>
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 1 April 2021 to 31 March 2022, 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 2021/22
- Actions taken against health protection priorities identified for 2021/22
- Priorities for the current year.

### Communicable disease control and environmental hazards

The health protection agenda in 2021/22 continued to be dominated by the COVID-19 pandemic. The end of this period was marked by the stepping back of many aspects of the COVID19 response that had been dominant in the earlier year.

#### *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 were 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, but have risen as restrictions and control measures have been lifted.

#### *Local areas of innovation and good practice*

COVID-19 and flu vaccination were coordinated under a Devonwide seasonal vaccination programme. Plymouth has developed a robust outreach COVID19 vaccination models which has been successful in reaching a wide variety of groups and areas with lower uptake.

The Devonwide Community 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, and sharing key messages with communities.

### Screening & Immunisation programmes

All screening and immunisation programmes (with the exception of the routine childhood immunisations) suffered from the impact of the COVID-19 pandemic to varying degrees with the focus during 2021/22 to support providers to implement detailed recovery plans to safely recommence screening and immunisations and to tackle the backlog that had developed during the pandemic. Most services are recovered and now need to focus on improving uptake and reducing inequalities.

### Healthcare associated infections

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.

### Health Protection Committee Priority areas

Priorities agreed by Health Protection Committee members for 2022/23 are to:

1. Maintain response to COVID-19 in line with current guidance, resourcing and activity.
2. Ensure preparedness and system wide resilience to respond to future pandemics or health protection emergencies, including sharing learning to inform future approaches.
3. Continue recovery of screening and immunisation programmes including launch of the Maximising Immunisation Uptake Groups and a renewed focus on addressing health inequalities in uptake, including a focus on flu and covid uptake amongst vulnerable and inclusion health groups.

4. Embed and strengthen community infection management services to prevent and respond to infections throughout the community, ensuring that there is IPC support for all settings, aligning to the broader SW IPC Strategy Work.
5. Continue work to reduce the incidence of healthcare associated infections and to tackle antimicrobial resistance across our communities
6. Work towards continuous improvement in all areas of health protection through audit, peer review, training, and development. Specifically address improvement areas highlighted by the Sector Led Improvement self-assessment and the UKHSA Gap Analysis/Action Planning tool.
7. Maintain a focus on local action to address the climate emergency, building on the findings of the SW sector-led improvement Climate and Public Health work.
8. Refresh health protection governance structures in line with integrated care board and integrated care system strategy development including a review of existing meetings and terms of reference.
9. Advocate for a rolling CPD and training programme to ensure a robust and resilient system which can respond to major incidents and emergencies.

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**

None

### **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.*

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### **Appendices**

*\*Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>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.</i>						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

**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 unpublished 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)	Exemption Paragraph Number (if applicable) <i>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.</i>						
	1	2	3	4	5	6	7

**Sign off:**

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Originating Senior Leadership Team member: Julie Frier, Consultant in Public Health											
Please confirm the Strategic Director(s) has agreed the report? Yes – Ruth Harrell Date agreed: 19/06/2023											
Cabinet Member approval: Approved by Councillor Aspinall (Cabinet Member for Health and Adult Social Care) verbally Date approved: 20/06/2023											