Health Protection Assurance Report for Rotherham Metropolitan Borough Council

May 2023

Contents

1. Introduction

1.1 This report provides a summary of the assurance functions of the Rotherham Metropolitan Bourough Council Health Protection Committee and reviews performance for the Health and Wellbeing Board. This is the first assurance report since 2019 due to the COVID pandemic.

1.2 The report considers the following key domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance
- Emergency planning and response.

1.3 The report sets out for each of these domains:

- Assurance arrangements
- Priorities for 2023/24.

1.4 The health protection agenda in in recent years has been 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.

2. Assurance arrangements

2.1 Local authorities, through their Director of Public Health, have an assurance role to ensure that appropriate arrangements are in place to protect the health of their populations.

2.2 The Health Protection Committee is mandated by the Health and Wellbeing Board to provide assurance that adequate arrangements are in place for prevention, surveillance, planning, and response to communicable disease and environmental hazards.

2.3 The purpose of this report is to update the Health and Wellbeing Board on key Health Protection Board priorities, achievements and areas of focus for 2023/24. The report will look back at what the health protection system helped to achieve in the Covid-19 response.

2.4 Summary terms of reference for the Committee are listed at **Appendix 1**.

2.5 A summary of organisational roles in relation to delivery, surveillance and assurance is included at **Appendix 2**.

3. Prevention and control of infectious disease

3.1 At the end of December 2019, Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia. The situation escalated rapidly and on 30 January 2020 the Director-General of the World Health Organisation declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC) as sporadic cases were now being seen across countries outside of China.

3.2 By the end of January 2020 the first two cases of coronavirus (2019-nCoV) in the United Kingdom were confirmed and, over the course of February, single and linked cases were being identified across the UK and outbreaks were being confirmed across Europe, notably Italy, France and Spain.

3.3 By mid-March 2020, as the UK Chief Medical Officers raised the risk to the UK from moderate to high, the first COVID-19 cases and situations in Rotherham involving single cases, schools and care homes were being identified. On 26 March 2020, the UK went into lockdown with the instruction to Stay at Home, Protect the NHS, Save Lives.

Activity in 2020/21/22

3.4 PHE/UKHSA, Rotherham MBC and the CCG (now ICB) worked in partnership to support settings with high-risk cases or outbreaks of COVID-19. Common settings where an outbreak response is required include care homes, supported living settings, early year and education settings, health care settings, workplaces (particularly those associated with national infrastructure or are otherwise high risk) prisons and homelessness settings.

3.5 In total 2045 outbreaks of Covid were recorded in Rotherham before the decommissioning of the COVID team and a move to Living with COVID.

3.6 The above number includes the first workplace Covid-19 Outbreak in the Rotherham which occurred in a sandwich factory in early 2020.

3.7 During this time the Public Health - Health Protection Teams provided the specialist response to other infectious disease and hazard related situations across Rotherham. Situations responded to alongside management of COVID-19 have included:

- Gastro-intestinal outbreaks in early years, schools and residential care settings
- Environmental exposures – including a large industrial fire
- High number of cases of Scalp Ringworm associated with barbers/hairdressers

COVID Response

Throughout the Covid-19 pandemic, from the first confirmed case in Rotherham to 'Living with Covid-19', the health protection system, under the governance of the Health Protection Board, has provided solid and consistent leadership to the local system in the response to outbreak control, infection prevention, management and response. The system has provided evidence-based and coordinated action as the pandemic unfolded, providing intelligence-led decision making, mobilising services to minimise transmission and protecting the most vulnerable.

Area of response	Detail
Public Health advice	Public health advice was developed and disseminated in relation to the identification and management of symptoms, case and outbreak response, promotional campaigns, and support for all sectors in relation to the pandemic. Proactive support was provided through a suite of assets and communication tools hosted by local authority, CCG and PHE/UKHSA agencies. Examples include early year and education setting regular online meetings, care home webinars, flow charts communicating actions to take following possible or confirmed case(s), checklists and risk assessment tools.
Contact tracing	The national NHS Test and Trace (T&T) service was launched on 28th May 2020, the aim being to ensure that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and to target asymptomatic testing of NHS and social care staff and care home residents. In addition, the programme intended to trace close recent contacts of anyone who tested positive and, if necessary, notify them that they must self-isolate at home to help stop the spread. A local 0 Contract tracing service was then successfully implemented locally with an increased contact success rate which helped to control and drive down the spread of COVID 19 in the Rotherham area.
Testing	Testing was coordinated across Rotherham by a regional testing strategist, along with the LRF, bringing together clinical, commissioning and public health expertise regularly to review latest guidance and manage implementation in the most effective way for a geographically dispersed population. Testing capacity and capability was targeted to ensure all communities were able to access symptomatic and asymptomatic testing services, considering the needs of those without easy access to transport, and vulnerable populations. Targeted community testing, including deployment of fixed and mobile PCR and LFD testing sites, was used to maximise testing uptake across the borough.

Vaccination	COVID-19 and flu vaccination programmes were co-managed as a seasonal vaccination programme, channelling resource and expertise in the most effective way. A particular focus was the work to identify and target areas of vaccine inequality. Rotherham MBC worked with the CCG to develop the outreach offer, through use of all vaccine partners – CCG, acute trusts, GPs and pharmacies, and use of community settings in areas of high deprivation and low uptake.
Variants of concern	PHE/UKHSA led the response to investigating single cases and outbreaks of variants of concern, working closely with ourselves to ensure containment and, in the case of Delta and Omicron, mitigate spread.
Workplaces	Rotherham employed two Workplace Covid officers to work closely with Rotherhams Businesses to control and mitigate outbreaks.
Settings based prevention & case & outbreak response	Prevention and response processes were developed for all settings to prevent and control outbreaks particularly in: • Schools and early years • Care homes and domiciliary care • Businesses & hospitality New and productive relationships were built with all sectors to support them to keep staff, clients and students safe, minimise disruption and keep premises open and functioning.

Surveillance Arrangements

3.8 UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.

3.9 Covid is just one of many infectious diseases of relevance to Rotherham and a smaller scale response needs to be available to respond to all communicable diseases and hazards within resource constraints. Surveillance arrangements cover all relevant pathogens and hazards.

3.10 Fortnightly bulletins are produced throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus.

3.11 A new Health Protection Dashboard has been developed to improve surveillance and assist Health Protection Committee.

4 Screening programmes

4.1 This section summarises some of the key developments for the individual screening programmes.

4.2 All screening programmes suffered from the impact of the COVID-19 pandemic to varying degrees with the focus during 2020/21 to support providers to safely pause programmes where this was necessary or required, for example due to infection, prevention and control reasons, and then to develop and implement detailed recovery plans to safely recommence screening and tackle the backlog that had developed during the pandemic to return programmes back to a business as usual footing. For some programmes, this has required significant investment, both regional and national to increase capacity over and above 100% to be able to deliver screening in a COVID-19 secure manner (for example, longer appointments to follow PPE and IPC procedures) and to offer screening to all those individuals who were affected by the pause in the programmes in as timely a way as possible. As a consequence, this investment has been designed to build in increased capacity to ensure more robust and sustainable services into the future.

4.3 The impact of the COVID pandemic has meant that there have been challenges meeting some national standards (for example, round length and coverage) and for these areas, action plans and improvement plans are in place alongside the recovery plans.

4.4 The following table gives a summary of performance, challenges and developments during 22/23 and future developments.

Screening programme:	
Bowel	**Service Delivery:** Bowel cancer screening for the population of Rotherham is delivered through the South Yorkshire Bowel Screening Centre, and the Bowel Screening Hub in Gateshead. Work has continued following the pandemic with great progress made in clearing the backlog which was caused by the pause in screening during Covid-19 pandemic. Endoscopy capacity continues to be a risk across the country with only limited numbers of endoscopists in the system and difficulties recruiting, however all KPIs are being met. The continuing age extension and introduction of Lynch Syndrome will put pressures on the system but plans for increasing capacity continue. Rotherham NHS Foundation Trust (and all Hospital Trust's across SY) have agreed to further extend the implementation of the Age Extension programme, with the inclusion of 58-year-olds from 3rd January 2023. The Age Extension will be a phased approach over a four-year period, lowering the age of bowel cancer screening eligibility to 50-years old, and this started in April 2021. **Improvements:** The South Yorkshire Bowel Screening programme has restored to achieve the six-week standard for sending out invitations.
Breast	**Service Overview** Currently the Breast screening service is delivered by The Rotherham NHS Foundation Trust (TRFT). The programme has successfully restored following the pandemic. **Service Delivery:** The Rotherham Breast Screening programme have now returned to their normal 36 month "next test due date" (previously "round length") and are inviting women who are now due for screening. The data provided in table 3 below shows an uptake for 2021/22 of 65.8% This is lower than pre covid figures however it is maintaining a steady upward trajectory. NHSE provided funding to support the programme to introduce text messaging to encourage attendance for screening with behavioural science nudges being included in prepared texts. Rotherham breast screening service have already seen an increase in screening attendance in the short time that these messages have been utilised. The unit also received additional non recurrent funding to allow a member of staff to undertake courtesy calls to remind previous non responders about their upcoming

appointments and confirm attendance.

Table 3: Breast Cancer Screening % uptake up to May 2022 and 2020 and 2021 as a comparison

	2016/17	2017/18	2019/20	2020/21	2021/22
	Breast	Breast	Breast	Breast	Breast
	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)
Standard	80%	80%	80%	80%	80%
Low threshold	70%	70%	70%	70%	70%
England	72.50%	72.10%	70.00%	61.30%	62.30%
Rotherham	76.00%	75.00%	74.00%	60.90%	65.80%

Improvements

The Public Health Programme Team (PHPT) and the Breast screening programme are working with the Health Facilitator Team and the Learning Disability team to introduce proactive telephone calls to patients with LD who are due their breast screening. This will ensure that any reasonable adjustments are agreed to enable the person to attend for their screening. Once identified the breast screening unit can also send out appropriate easy read information.

The PHPT are also working with the PCN Cancer Champions across Rotherham to ensure all people who are eligible for a breast screening have the right information recorded in their record so that a reminder text message/telephone call or information can be sent to encourage attendance if they have not responded to their Initial invites.

Cervical	Cervical Screening Activity in Primary Care All practices in Rotherham have continued to offer cervical screening, the coverage below demonstrates a slight decrease in the uptake compared to previous years in 25-49-year cohort but uptake in the 50-64-year cohort has stayed around the same. The collaborative partnership with the SYB ICS Cancer Alliance continues with the implementation of the innovative behavioural science approach using nudges and bespoke targeted messages within invites by letter, SMS text message reminders and telephone scripts, to reach underrepresented groups and influence their behaviour to partake in cervical screening programme. All of which are hosted on the Cancer Alliance website and available for practices to utilise. Three PCNs in Rotherham showed an interest in completing the behaviour science training and implementing some of the nudge theories. This approach will continue to be offered to the remaining PCN/practices within Rotherham. Gateshead Cervical Screening Laboratory Our regional laboratory for primary care cervical screening samples is based at Gateshead Health NHS Foundation Trust. For those that are HPV positive and go on for cytology, turnaround time is currently within the 14 days standard across SY, which is an improvement from last year and back within target. Colposcopy activity Rotherham NHS Foundation Trust (TRFT) are the local colposcopy provider. Currently the unit reports a higher number of referrals compared to this time last year, but all grades of referral continue to be managed within the required timeframes. Objectives for Cervical Screening within the Health Improvement Plan • Continue to encourage and roll out behavioural science nudge work to all PCNs, to assist practices to increase uptake of women who don't usually take up the offer of screening. • Continue to identify and specifically target any inequalities related to ethnicity. • Ensure all practices continue to offer screening despite other challenges. • Work with Primary Care to ensure that patients with LD are enabled to access their screening and have easy read information available to them to ensure they have informed choice. Work with LD team and cancer champions to offer a proactive telephone call to offer any reasonable adjustments to enable attendance. • Work with colposcopy providers to ensure patients with LD are identified and easy read information created to be utilised across South Yorkshire.

Table 1: Screening Coverage Data % Uptake 2016/17, 2017/18, 2019/20, 2020/21 and 2021/22 comparison.

	2016/17	2017/18	2019/20	2020/21	2020/21	2021/22	2021/22
	Cervical	Cervical	Cervical	Cervical	Cervical	Cervical	Cervical
	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-49, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-49, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)
Standard	80%	80%	80%	80%	80%	80%	80%
Low threshold	75%	75%	75%	75%	75%	75%	75%
England	72.10%	71.70%	72.20%	69.10%	75.00%	68.60%	75.00%
Rotherham	76.30%	76.10%	76.60%	74.40%	77.00%	73.90%	76.50%

Antenatal/ Neonatal

Service Overview

All key performance indicators (KPIs) are being met as detailed in the following link: NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK (www.gov.uk). There are no areas of concern currently highlighted.

BCG vaccine and SCID (Severe Combined Immuno-Deficiency):

Implementation of the NHS SCID (Severe Combined Immuno-Deficiency) screening evaluation commenced in September 2021 (applicable to babies born from the 1st of September 2021). All babies born in Rotherham are offered SCID screening as part of a national evaluation. This is undertaken prior to BCG vaccination as BCG vaccine (a live vaccine) is contraindicated in babies who test positive for SCID. BCG vaccination is provided by the Children's out-patient department at The Rotherham NHS Foundation Trust, and this is being monitored monthly by NHSE. The programme is working on maintaining above the 80% vaccinated within 28-days target. To aid uptake the programme has added a barcode to invite letters and displayed posters in the hospital setting which allows parents to access the information in other languages if English is not their first language.

Diabetic Eye

Service Overview:

The Diabetic Eye Screening programme is provided by Barnsley NHS

	Foundation Trust and is delivered at Rotherham hospital and community outreach venues including Rawmarsh Community Hall. **Service Delivery** Quarterly meetings with the programme continue to monitor progress and capacity against demand, supported by nationally developed forecasting tools. Barnsley and Rotherham programme have fully restored for their routine cohort, with patients being recalled within the 12-month interval. The service has made good progress with regards to timeframes for patients requiring slip lamp examination. **Improvements** The programme has now secured funding for a text messaging service to invite and remind patients of their appointments with a view to increase uptake and reduce the number of people who do not attend or respond.
Hepatitis C	In 2023/24, the RMBC commissioned Drug and Alcohol service was the first service in South Yorkshire to achieve Micro-Elimination of Hepatitis C. Micro-elimination is a new way of tackling hepatitis C. It uses a series of targets to ensure people are being diagnosed and getting the treatment they need quickly and easily. Rotherham's Drug and Alcohol service has achieved the following: • 100% of people using the service have been offered a hepatitis C test. • Over 90% of these people have then been tested. • 91% of people who were diagnosed with hepatitis C have started treatment. NHS England set these micro-elimination targets to eliminate hepatitis C as a major health concern by 2025.

Abdominal Aortic Aneurysm (AAA)

Service Overview

Abdominal Aortic Aneurysm (AAA) Screening Programme is delivered by Doncaster and Bassetlaw NHS Trust across South Yorkshire and uptake is monitored across the region.
Uptake data is shown below.

Public Health Profiles - OHID

Cohort	Period	Target	Rotherham
AAA male	2021/22	Acceptable >75% Achievable >85 %	79.4%

Service Delivery:

Monthly meetings continue between NHSE and the provider to seek assurance that there are no concerns regarding access to the screening programme for the Rotherham locality with timely invitations for routine cohort and both annual and quarterly surveillance. There is no backlog, and we are assured that all the eligible Rotherham population are being invited within appropriate timescales. The uptake above is the current position, and the programme are on track to meet the required thresholds.

Referral to Vascular Services:

Referrals to vascular services for men requiring potential surgery are discussed at the monthly provider meeting. There are currently two men from Rotherham awaiting surgery outside the 8-week target, these are due to complex health factors which require further clinical assessment.

Improvement work:

The Public Health Programmes Team have commenced work with the programme to address inequalities. Further insight is currently being gained to identify areas with the lowest uptake who require a targeted approach. This is being supported by the programme completing a Health Equity Assessment Tool (HEAT), a tool consisting of a series of questions and prompts, designed to help systematically assess health inequalities related to the programme and identify what can be done to help reduce inequalities, whilst also considering the requirements of the Equality Act 2010. Once the tool is completed the information will be used to identify priority areas in Rotherham.
The programme implemented a reminder text message service, this intervention has been audited providing proof of concept and therefore continues. The programme has commenced trial use of invite letters including QR codes and other languages to aid uptake in those whose first language is not English.

SYB AAA Service Procurement.

The current contract for the delivery of the South Yorkshire AAA Service provided by Doncaster and Bassetlaw Teaching Hospital was due to expire

	on 31st March 2023. Procurement to secure a high quality, sustainable service for South Yorkshire is underway. In response to the NHSE pre-procurement engagement (Request for Information) the current SYB Doncaster and Bassetlaw Teaching Hospital contract has been extended for 6 months (to 30th September 2023) to allow for a minimum 20-week service mobilisation period. Evaluation of bids will be undertaken in March 2023.

5 Immunisation programmes

5.1 This section summarises some of the key developments for the individual immunisation programmes.

5.2 National pandemic guidance prioritised the continuation of all immunisation programmes to ensure that public health protection was maintained, and outbreaks of vaccine preventable diseases were prevented.

5.3 The impact of the COVID pandemic has meant that there have been challenges meeting some national standards in some programmes (for example, recommended intervals between doses and coverage) and for these areas, action plans and improvement plans are in place alongside the recovery plans.

5.4 The following table gives a summary of performance, challenges and developments during 2022/23 and future developments.

Immunisation programme:	
Primary childhood immunisations	Immunisation programmes have been maintained as business as usual in general practice in Rotherham. Uptake in Q2 2022 showed consistent uptake across many cohorts, The Public Health Programmes Team review practice level data regularly and monitor any waiting lists in practices where children are waiting for appointments for vaccinations. The PHPT have sight of Quarterly COVER data that is submitted by CHIS for Rotherham practices and continues to have dialogue with primary care. The Local Vaccination and Immunisation Operational Group chaired by the NHSE Screening and Immunisation Place Lead brings together the local authority, CCG, CHIS, 0-19 Team, School aged Immunisation team and primary care to review uptake/coverage, agree priorities and programmes of work along with key actions required to improve childhood immunisation rates in Rotherham. The Public Health Programme Team are currently leading on a piece of work to ensure all practice staff understand the offer they can receive from the Child Health Information Service. A Standard Operating Procedure (SOP) has been created to help practices to increase uptake and manage their waiting lists. This includes a GP Resource pack with templates for those parents who want to delay or decline a vaccination which will assist with the management of waiting lists, and tips and strategies for increasing Uptake. We have also worked with Child Health Information Service (CHIS) to adapt the appointment letters that go out to parents to include behavioural science nudges and links to vaccine information, to ensure that we comply with NICE Guidance for information/communications regarding vaccinations. These are now live in all areas across South Yorkshire, and we are continuing to pursue a national change in the way vaccinations are written in the letters, to enable them to be translated and easily understood when parents receive them. However, it is too early to see the impact of this change. The waiting lists for child immunisations within GP practices continue to be monitored by Child Health Information Department and the PHPT alongside practice uptake. Work is ongoing with individual practices to help them bring their waiting list numbers down. **Uptake of Childhood Immunisations** The published COVER data shown below shows that despite all the disruptions of Covid-19, childhood immunisation uptake has remained steady throughout the period from April to September 2022. Collection is at Primary Care level and as such does not show the impact of vaccinations given at a later stage, such as the school team offer of MMR. Table 6: Cover data from April to June (Q1) and July to September 2022 (Q2) Target 95% (minimum threshold 90%)

Immunisation:	Q1April to June 2021	Q2 July to Sept. 2021	Q3 Oct to Dec 2021	Q4 Jan to March 2022	Q1 April - June 2022	Q2 July to Sept 2022
12m DTaP/IPV/Hib/HepB	96.6	95.3	96.4	96.3	95.2	93.2
12m PCV1	99.7	98.2	98.7	97.6	96.7	96.2
12m Rotavirus	95.9	94.3	95.1	94.2	93.3	91.5
12m Men B	96.9	95.5	97.1	96.5	95.5	93.7
24m DTaP/IPV/Hib/HepB	96.5	96.8	97.4	96.0	95.5	95.9
24m MMR1	96.6	96.1	97.1	93.8	93.8	93.9
24m Hib/MenC	96.3	96.2	97.2	93.8	93.9	94.1
24m PCV Booster	96.8	96.4	97.1	94.1	93.9	93.9
24m MenB Booster	95.4	94.8	96.1	93.3	92.9	92.5
5y DTaP/IPV/Hib	96.9	96.9	96.8	97.5	97.1	95.7
5y MMR1	97.2	97.2	96.3	97.1	97.0	96.1
5y DTaP/IPV Booster	92.9	92.4	92.5	93.4	92.6	91.6
5 y Hib/MenC	94.5	94.7	94.7	94.2	94.9	94.3
5y MMR2	93.3	93.5	93.1	93.3	93.2	92.0

School-aged immunisations

At this present time Intrahealth provide the school aged flu vaccination programme across Rotherham. However, there is a School aged Immunisation procurement being undertaken with the new contract effective from September 2023 which will see a new provider. The programme continued to offer secondary school age flu vaccination until February half term 2023.

Uptake has been affected by high levels of school absence due to Covid-19 isolation and other seasonal illnesses. School timetables and child absence have also affected uptake.

Table 5: School Flu Vaccination Uptake.

COHORT	Rotherham 20/21	Rotherham 21/22	Rotherham 22/23
Reception	63.7%	56.6%	57.3%
Yr. 1	62.6%	62.8%	61.6%
Yr. 2	64.1%	60.7%	62.6%
Yr. 3	64.7%	56.9%	59.2%
Yr. 4	63.4%	59.3%	61.8%
Yr. 5	63.1%	61.0%	60.5%
Yr. 6	58.6%	59.4%	60.4%
Yr. 7	54.7%	44.3%	46.5%
Yr. 8	N/A	41.8%	40.7%
Yr. 9	N/A	41.5%	42.1%
Yr. 10	N/A	39.9%	N/A
Yr. 11	N/A	43.3%	N/A

The adolescent programme for the 2021/22 academic year cohort commenced in September 2021 and was completed by 31st August 2022. Uptake was affected by disruption to schools, caused by the covid vaccination programme at the beginning of the year, and staff absence.

Catch up of delayed school vaccinations from 2019/20 and 20/21 was completed in August 2021 but the School Immunisation Team continued to offer any missed vaccinations in school whilst vaccinating the current 2021/22 cohort.

	Immunisation:	Up to August 2022	Up to August 2021
	HPV girls dose 1 Year 8	93.5%	91.1%
	HPV Boys Dose 1 Year 8	91.9%	88.4%
	HPV Girls Dose 2 Year 9	87.8%	80.8%
	HPV Boys Dose 2 Year 9	85.1%	76.9%
	TD/IPV Year 9	90.0%	88.8%
	Men ACWY Year 9	91.0%	89.9%
Vaccinations in pregnancy	Pertussis vaccination is being offered to all pregnant women at Rotherham Hospital Site. Flu vaccination is also offered at the same time during flu season. Those eligible for the prenatal pertussis vaccine are from 16 weeks of pregnancy onwards. Rotherham's uptake for January 2023 was 70.6% which is higher than January 2022 at 61.8% (data taken from Immform and not yet published, not to be shared outside HPB).		

Older people immunisations

Pneumococcal vaccination is offered to over 65's as protection against serious forms of pneumococcal infection. Uptake for Rotherham is 72.6% for over 65's, this is higher than previous years however it is acknowledged further work with GP Practices is required to increase uptake (21/22 coverage for England 70.6%).

Year (received at any time from 65 years)	17/18	18/19	19/20
Rotherham uptake	72.2%	71.6%	72.3%
Yorkshire and Humber uptake	Not measured	71.2%	71.1%
England uptake	69.5%	69.2%	69%

The routine Shingles programme offers the vaccine to those turning 70 and patients remain eligible for the vaccine until their 80th birthday. Shingles is a key priority on the NHSE Yorkshire and Humber Immunisation Strategy and for the Public Health Programme's Team

Rotherham uptake for 80 year olds is 52.0% (annual coverage 2021/22 hpr1122-shingles-vc-financial-year-2021-to-2022_v3.ods (live.com))

Year (Coverage aged 75 years)	20/21	21/22
Rotherham uptake	43.5%	52.0.%
England uptake	69.%	70.8%

Flu immunisations

The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu with associated morbidity and mortality. Groups eligible for flu vaccination are agreed on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older people, pregnant women, and those with certain underlying medical conditions. Since 2013, flu vaccination has been offered to children not in at-risk groups via a phased rollout to provide both individual protection to the children themselves and reduce transmission across all age groups to protect vulnerable members of the population.

The programme for 2022/23 included:

- Those aged 65 years and over.
- all children aged 2 to 10 on 31 August 2022
- those aged 6 months to under 65 years in clinical risk groups.
- pregnant women.
- those in long-stay residential care homes.
- Carers
- Close contacts of immunosuppressed individuals

Additionally (part way through the season)

- 50- to 64-year-olds not in clinical risk groups.
- Secondary school aged children focusing on years 7,8 and 9 initially, with years 10 and 11 offered vaccine subject to availability (following a later national policy decision, the extension to Y10 and Y11 was not progressed)

Rotherham has this year continued with a Rotherham Place (CCG) led Flu/Covid vaccination (ICB) place group who have strong system leadership to drive delivery of the flu programme through the joining together of all local partners. The SY Mass Vaccination Board ensures oversight of this programme through monthly meetings which enable place-based work and risks to be highlighted and key actions identified. Local intelligence and data monitoring have assured delivery of flu vaccines with a continued increase across most cohorts. In general, cohorts continue to improve on a weekly basis despite extra challenges of the Covid-19 vaccination booster programme, although flu vaccination along with other routine immunisations was identified nationally as a continued priority. Uptake has not been as high this season particularly for pregnant women and 2- and 3-year-olds. Although uptake this year is generally lower than last year there is a general trend to be higher than pre covid uptake. Covid possibly resulted in increased uptake due to higher public awareness and concerns regarding respiratory viruses.
National recall letters have also been used this season to catch up anyone who has yet to take up the offer of vaccination.

Table 4 Flu vaccination Uptake comparison. Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 - GOV.UK (www.gov.uk)

COHORT	Rotherham 2018/19 Pre covid	Rotherham 21/22	Rotherham 2022/23	South Yorkshire
Over 65 years	**74.3%**	85.4 %	**83.3%**	**82.4%**
Under 65 at risk	**50.9%**	55.0%	**51.4%**	**50.5%**
Pregnant	**46.2.9%**	38.5%	**38.8%**	**36%**

All 2-year-olds	**41.2%**	46.7%	**40.5%**	**40%**	
All 3-year-olds	**41.6%**	50.0%	**43.5%**	**43.3%**	

Locally there has been excellent collaborative work between the Rotherham Place (CCG), Local Authority and pharmacies with partners sharing good practice across the Primary Care Networks. A review of the Flu season will take place in early spring, but despite all the challenges of the Covid-19 response, partners have still managed to have a positive impact on uptake.

TRFT staff vaccination programme has achieved 57.7% uptake of Flu vaccinations so far this season which is like where they were at the same time last season (52.6%). This season's data is in line with other trusts nationally.

6 Health Care Associated Infections

6.1 The following table summarises the key performance position and developments for health care associated infections over 2022/23.

Infection type:	
MRSA	The number of cases can vary year to year, there were cases within TRFT and the community last year however there have been 0 cases in TRFT and the community during 2022/2023 therefore achieving the zero tolerance approach to MRSA Blood Stream Infections. Rotherham has been, and continues to be under the current threshold rate whereby PIR is required to be inputted on to the UKHSA Data Capture System (as was the expectation for all cases in the past).
MSSA	Although there is no nationally set threshold the numbers within the acute trust have reduced, however the community cases have increased.

Gram negative BSI cases	E coli - Numbers for the acute trust are well below the set threshold, and although Rotherham place have exceeded the threshold the figures are lower than 21/22. Klebsiella – Trust numbers appear very similar to 21/22 however are over target for 22/23, Rotherham place figures are above threshold but are lower than 21/22 in comparison. Pseudomonas - Trust numbers are above target for 22/23, and higher than 21/22. Rotherham place figures are at threshold and are lower than 21/22 in comparison. Gram negative infections appear to be predominantly urine related, and urinary catheter related in care homes, however there are also issues with sampling. There is currently collaborative working to look at these themes and trends and how to implement improvement processes around these. The hydration project in Rotherham has commenced and some of these themes will be picked up through this project with further work streams emerging and taken forward.
Antimicrobial resistance	The AMR plan includes themes around acne and otitis media prescribing, broad spectrum antibiotic prescribing and high volume antibiotic prescribing in GP practices. These link into HCAI IPC workstreams along with the UTI's/ Hydration and care homes theme which has one of the focuses on UTI prevention that links with gram negative blood stream infections.
Hydration Project	UTI's hydration & Care Homes - An education programme is being delivered across Rotherham Care Homes to increase awareness of and improve hydration. The incidence of UTI's and antibiotic prescriptions will be monitored pre and post the intervention not just this is a wider project.

6.2 Key challenges for 2023/24 include strengthening the health care associated infection programme, implementing *C. difficile* reduction strategies.

Working at Place is essential with wider support to care homes.

7 Emergency planning and response

7.1 Emergency planning was dominated during 2020, 2021 and into 2022 by the response to the pandemic. This involved a very substantial amount of work and substantially challenged our systems to deliver. In summary the response involved:

- Activation of incident management structures on a multi-agency South Yorkshire Local Resilience Forum (SYLRF) footprint and for the council as a single agency:

- A strategic co-ordinating group was established to manage the local response in support of the UK's response to COVID-19. This SCG structure ensured the effective co-ordination of the Local Resilience Forum and other specialist resources.

- To maximise co-ordination, the SYLRF enacted a Tactical Co-ordinating Group.

- With the need for local multi-agency working groups to respond to COVID-19 below the level of the LRF-wide Tactical Co-ordinating Group (TCG), local Operational Cells were also established.

- Organisations across South Yorkshire stood up their incident management structures.

- The council established a strategic management group (Gold Group), a tactical management group with cross-council representation to coordinate activities and resources, supported by specific workstreams (cells) that reported into the tactical response.

7.2 In addition to the latter stages of the pandemic response in 2022, from multiple concurrent incidents, there were the following notable events:

- A succession of 3 storms with varying impacts - wind rain and flooding, alongside potential for Ice.
- Response to the first national Level 4 Heat Health alert which required a health and public health response which subsequently led to a number of fire's across the Borough (homes and land)
- Large fire at a waste site in Rotherham which required a health and public health response that ran for a period of approximately 6 months (from initiation to recovery completion)

7.3 Despite the pandemic, local and regional exercises were held over the period.

7.4 It is safe to say that the 3 years saw unprecedented challenges across health and social care systems. The primary focus was on responding and adapting to the issues and risks that arose, from which substantial learning, improvement and good practice has been, and continues to be, identified.

8 Environmental Health and Trading Standards

8.1 The period 2020 to 2021 was dominated by the response to Covid and in particular, monitoring, investigation of complaints and formal enforcement actions. Activity included:

- 14,077 proactive visits and investigations undertaken
- Issuance of 25 Fixed Penalty Fines
- Prohibition of 39 commercial premises
- Provision of enforcement during out of hours seven days each week

8.2 Business as usual continued throughout the pandemic, albeit with certain activities limited by legislation including visits to properties and inspections

8.3 The service delivers a broad range of enforcement and regulatory functions which are mainly statutory. Usually, in the region of 10,000 investigations together with 2,000 regulatory inspections are carried out each year.

8.4 Priority enforcement and regulatory areas for prevention of infectious disease and non-infective public health risks include:

- Air Quality
- Private Sector Housing enforcement
- Contaminated Land inspection
- Animal Health and Welfare
- Food Hygiene and Standards inspection
- Health and Safety at Work
- Infectious Disease investigation
- Tobacco Control
- Industrial Pollution

9. Work Programme Priorities 2022/23- Progress

9.1 Progress against 2022/23 priorities is set out below

	Priority	Progress on delivery
1	Continue to support the COVID-19 pandemic through national, regional and local response, preventing disease transmission and responding to situations and outbreaks.	The whole system worked together to deliver a comprehensive COVID-19 prevention and response programme. This includes the close of the COVID response and the ending of temporary contracts that supported Health Protection work during the pandemic and the reduction of resources back to pre-pandemic levels. The Covid response is now subsumed into business as usual and our response has now been amended in line with Living with Covid guidance, following the success of the vaccination programme in reducing impacts of Covid.
2	Support the implementation of emerging interventions aimed at reducing COVID-19 transmission.	This work has focused on the vaccine roll out programme, ensuring high levels of uptake across the population and specifically in target groups where uptake is traditionally lower. Work has also continued to promote and support delivery of the community testing programme, ensuring PCR and LFD testing is

		available and signposted for symptomatic and asymptomatic individuals in line with Living with Covid guidance. UKHSA and Local Authority public health teams have also supported surveillance initiatives such as waste water testing, and variant response including surge testing.
3	Work with our partners across the system to identify, mitigate and monitor for the effects of COVID-19 on the health protection system and the services it delivers.	Under the Rotherhams COVID-19 Health Protection arrangements all partners worked collaboratively to put in place systems for prevention, early identification, advice and guidance, response and engagement. Monitoring of COVID-19 impact has taken place at a number of levels, through daily system business information reporting, identification of trends, and information to monitor impact and inform the pandemic recovery.
4	Work with our partners across the health protection system to support the restoration of key health protection public health services and activities disrupted by COVID-19.	The pandemic continued in acute phase throughout 2020/21/22, with recovery activities largely postponed into 2022. However the joint work on the COVID response laid foundations for greater post pandemic resilience and effective partnership working to address all areas of health protection. Work to recover screening and immunisation services progressed during the year and all services have returned to normal operation or are on track to do so.
5	Work with our partners across the health protection system to support the restoration of the screening programmes disrupted by COVID-19.	Progress is being actively monitored and plans are in place.
6	Work with our partners across the health protection system to support the recovery of the immunisation programmes disrupted by COVID-19.	
7	Continue efforts to ensure high uptake of flu vaccinations locally, particularly amongst at risk groups and frontline health and social care Workers.	The system ran a successful flu vaccination programme. This sat alongside the COVID-19 vaccination programme which also achieved high uptake.

10. Work Programme Priorities 2023/24

1. To provide Health Protection assurance and leadership to the wider system.

2. To ensure that Rotherham has a competent surveillance system for managing communicable diseases – working alongside UKHSA. This work will also continue to focus on new and emerging concerns, as well as Living with COVID.

3. To maintain effective prevention, incident and outbreak response including treatment programmes for all communicable diseases of local concern. Work will continue to explore options to address Rotherham's deficit in terms of community IPC.

4. To ensure that health protection work programmes are embedded in local systems to support reducing health inequalities.

5. Tackling Tuberculosis through improving awareness to increase screening and treatment targeting underserved populations.

6. To optimise the role of Rotherham Council in increasing uptake of vaccination and screening in areas of deprivation and underrepresented groups. Working with partners to ensure a system response.

7. To ensure a collaborative approach for action to address impact of air pollution on health.

8. Reducing the impact of adverse weather on health including the Climate Change agenda.

9. Improve links with the Sexual Health Strategy Group to increase assurance with regard to Sexually Transmitted Diseases.

10. To ensure a consistent approach for action to address Anti-Microbial Resistance, working with partners to provide assurance.

11. Glossary

AMR	Antimicrobial resistance
CCG	Clinical Commissioning Group
E. coli	Escherichia Coli
HPV	Human papillomavirus testing (for risk of developing cervical cancer)
IPC	Infection Prevention and Control
MMR	Measles, Mumps and Rubella (immunisation)
MRSA	Methicillin resistant Staphylococcus aureus
MSSA	Methicillin sensitive Staphylococcus aureus
NHSEI	NHS England and NHS Improvement
NIPE	New-born Infant Physical Examination
PHE	Public Health England
PPE	Personal Protective Equipment
SCID	Severe Combined Immunodeficiency
UKHSA	UK Health Security Agency

12. Appendices

Appendix 1 Health Protection Committee terms of reference & affiliated groups

Appendix 2 Roles in relation to delivery, surveillance and assurance

Appendix 1

HEALTH PROTECTION COMMITTEE
TERMS OF REFERENCE 2022/23

Date	Version	Author	Comments
May 2013	1.0	Jo Abbott	To be reviewed March 2014 to reflect changing health and social care architecture
March 2014	2.1	Richard Hart	Re-drafted April 2014 in line with above above
July 2014	2.2	Richard Hart	Amended following comments from Health Protection Committee
October 2014	2.3	Richard Hart	Amended following further comments from Health Protection Committee
May 2015	2.4	Richard Hart	Reviewed and amended as part of annual review
April 2022	2.5	Catherine Heffernan & Richard Hart	Reviewed and amended following pause of HPC due to COVID-19

Aims

- To provide collective strategic leadership and oversight for multi-agency response to protecting Rotherham's population against communicable diseases, chemical and biological incidents, environmental hazards and other health threats.
- To work in partnership to prevent, plan, prepare, detect and respond to outbreaks, incidents and other health threats for Rotherham.
- To enable the partners to plan their future work programmes effectively
- To ensure a rapid, coordinated response by the partners to unexpected developments
- To gain assurance that the elements of the system are working together well, that any temporary failings or tensions are quickly dealt with for the good of the system as a whole

Scope

The Health Protection Committee will look at health protection issues relating to the population of Rotherham (whether resident, working or visiting), namely:

- 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
- Response to public health alerts from the European Union (EU - via the European Centre for Disease Prevention and Control) and the World Health Organisation (WHO - through the International Health Regulations)
- 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

Functions

- Develop, monitor and review roles and responsibilities to provide a robust health protection function in Rotherham
- Maintain good working relationships between all agencies
- Plan and prepare multi-agency rapid response
- Review at least two areas of the health protection system annually to identify and implement actions to improve preparedness and response
- Ensure that there is effective surveillance of communicable diseases and health threats so that appropriate action can be taken where necessary
- Manage emerging health protection risks in delivering effective commissioning and provision of health and social care
- Share understanding of risk and escalate where appropriate
- Receive regular updates that appropriate policies and plans associated with health protection activities are in place
- Review incidents and share 'lessons learned' and other learning including resultant actions
- Enable commissioning decisions to be effectively informed by coordinating and agreeing plans, strategies and commissioning of programmes including developments required to address local or national directives / priorities
- Maintain good communications and engage with all relevant stakeholders.

Membership

- Core members consist of senior representatives from:
    - RMBC – Director of Public Health/Consultant in Public Health & Health Protection Principal
    - UKHSA – Consultant in Health Protection/Consultant in Communicable Disease Control
    - ICS – IPC Nurse, medicines management representative
    - TRNFT – Director of Infection Prevention and Control/Medical Director/Nursing Director/Director of Operations
    - RDaSH – Medical Director/Nursing Director/Senior IPC Nurse
    - RMBC – Senior Representative from Environmental Health
    - RMBC – Senior Representative from Social Care/DAT
    - RMBC – EPRR
    - NHSE/I – Representative from Public Health & Primary Care Commissioning (screening and immunisations)/ EPRR/ representative from medical/nursing directorates
- Members will be responsible for attending each meeting, either in person or remotely and contributing to the agenda. Members can nominate deputies to attend on their behalf where attendance is not possible.
- Minutes of meetings will be shared with members after each meeting.
- Key individuals will be co-opted as and when required by the Committee.

Frequency of Meetings

- Quarterly with quorate membership the Chair (or their deputy) and a minimum of three other Committee members (or their representative with delegated authority to make decisions on their behalf) who will be from the medical, nursing, public health, environmental health professions representing the scope of health protection.
- Quarterly meetings will comprise of standing items and a 'deep dive' into a pre-agreed/pre-selected area of interest or hot topic. The latter part of the meeting will comprise of members and other invited participants.
- Meetings may be held between the main quarterly meetings if a need is warranted.

- The group will be chaired by the Director of Public Health who leads for health protection in the Local Authority and in their absence a deputy.
- All meeting papers will be circulated at least seven days in advance of the meeting.
- The agenda (standing items listed below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

Governance & Reporting Arrangements

- The Health Protection Committee is accountable to the Health & Well-Being Board.
- The Health Protection Committee will provide regular reports to the Health & Well-Being Board, providing assurance of the work being done to plan, prepare, prevent and respond to incidents and outbreaks. Review of risks and mitigation of those risks will also be reported.
- Areas for escalation will be forwarded to members of the Health and Wellbeing Board and/or Local Health Resilience Partnership.

Equality and Diversity

- The Health Protection Committee has responsibility to equalities and diversity and will value, respect, and promote the rights, responsibilities, and dignity of individuals within all our professional activities and relationships.

Review

These terms of reference will be reviewed in May 2023.

Appendix 2

Definition of roles and arrangements in relation to delivery, surveillance and assurance

Prevention and control of infectious disease

Normal working arrangements are described in the paragraphs below. During the pandemic there has been an enhanced response to infectious disease, with additional responsibilities taken on by Local Authority Public Health teams in relation to COVID-19 tracing, isolation and containment, funded in part through the national Contain and Outbreak Management Fund.

Public Health England (now UKHSA) health protection teams lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional and national expertise.

NHS England / Improvement is responsible for managing and overseeing the NHS response to any incident that threatens the public's health. They are also responsible for ensuring that their contracted providers deliver an appropriate clinical response.

Clinical Commissioning Groups (now ICB) ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks.

Local Authorities, through the Director of Public Health or their designate, has overall responsibility for strategic oversight of an incident or outbreak which has an impact on their population's health. They should ensure that an appropriate response is put in place by NHSE/I and UKHSA, supported by the local Clinical Commissioning Group. In addition they must be assured that the local health protection system response is robust and that risks have been identified, are mitigated against, and adequately controlled.

Public Health England / UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.

Surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus, are published during the Winter months. Public Health England also provides a list of all community outbreaks all year round.

Screening and Immunisation

Population Screening and Immunisation programmes are commissioned by NHS England and Improvement under what is known as the Section 7A agreement.

NHS England is the lead commissioner for all immunisation and screening programmes except the six antenatal and new-born programmes that are part of the CCG Maternity Payment Pathway arrangements, although NHS England remains the accountable commissioner.

Public Health England has been responsible for setting national screening and immunisation policy and standards through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff in Screening and Immunisation Teams, employed by NHSE/I, work alongside NHS England Public Health Commissioning colleagues to provide accountability for the commissioning of the programmes and system leadership.

Local Authorities, through the Director of Public Health, are responsible for seeking assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local populations. Public Health Teams are responsible for protecting and improving the health of their local population under the leadership of the Director of Public Health, including supporting NHSE/I in efforts to improve programme coverage and uptake.

The Screening and Immunisation Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes.

Serious incidents that occur in the delivery of programmes are reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.

Separate planning groups are in place for seasonal influenza.

Emergency planning and response

Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency, and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. The geographical area the forums cover is based on police areas

The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector. The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, UKHSA and local authority (LA) representatives on the LRF in their role to represent health sector Emergency Planning, Resilience and Response (EPRR) matters.

All Councils continue to engage with the Local Resilience Forum and the Local Health Resilience Partnership in undertaking their local engagement, joint working, annual exercise programme, responding to incidents and undertaking learning as required.