

**Health Protection Assurance Report for Rotherham  
Metropolitan Borough Council**

**May 2024**

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## 1. Introduction

1.1 This report provides a summary of the assurance functions of the Rotherham Metropolitan Borough Council Health Protection Committee and reviews performance for the Health and Wellbeing Board.

1.2 Health protection Committee is attended by colleagues across Rotherham Place.

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 2024/25.

## 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, and areas of focus for 2024/25.

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 Health Protection is not just a local authority responsibility, health protection is multi-agency.

3.2 The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area and includes:

- National programmes for vaccination and immunisation.
- National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening.
- Management of environmental hazards including those relating to air pollution and food.
- Health emergency preparedness and response, including management of incidents relating to communicable disease and chemical, biological, radiological and nuclear hazards.
- Infection prevention and control in health and social care community settings.
- Other measures for the prevention, treatment, and control of the management of communicable disease as appropriate and in response to specific incidents

3.3 During 2023/24 the Public Health Health Protection function provided a specialist response to infectious disease and hazard related situations across Rotherham. Situations responded to have included:

- An outbreak of Legionella in a Social Housing Complex
- Increase in cases of Syphilis and Gonorrhoea in the Rotherham Area.
- Increase in complex cases of TB cases, including a South Yorkshire Cluster.
- Increase in cases of Whooping Cough (Pertussis)
- Gastro-intestinal outbreaks in early years, schools and residential care settings
- Environmental exposures

#### **Surveillance Arrangements**

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

3.5 Surveillance arrangements cover all relevant pathogens and hazards.

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

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

## 4 Screening programmes

- 4.1 The update will provide an overview of programme eligibility, delivery, performance, and service developments in the following screening programmes: Abdominal Aortic Aneurysm, Antenatal and newborn, Diabetic eye, Cervical screening, Bowel screening and Breast screening programme. These NHS has the responsibility for these programmes and provides assurance to Health Protection Committee.
- 4.2 Priorities within the Breast, Bowel and Cervical Cancer screening programmes, include increasing uptake, and collaborative work with programme providers and partners to improve uptake of screening for patients with a learning disability, through digital flagging work and extending this work to include patients with a known severe mental illness (SMI).
- 4.3 A priority within the diabetic eye screening programme (DESP) is to clear the routine screening (RDS) and Slit Lamp Bio microscopy (SLB) backlog, implementation of extended intervals, introduction of Optical Coherence Tomography (OCT) and the initiative of the performance standard that measures consecutive non-attenders.
- 4.4 Within Bowel screening, a priority is to ensure roll out of age extension in line with national policy and the introduction of the inclusion of individuals diagnosed with Lynch syndrome into the bowel screening programme.
- 4.5 The following table gives a summary of performance, challenges and developments during 23/24 and future developments.

Screening			
Abdominal Aortic Aneurysm South Yorkshire & Bassetlaw Programme			
<p><b>Service Overview and Uptake</b></p> <p>The aim of the Abdominal Aortic Aneurysm (AAA) screening programme is:</p> <ul style="list-style-type: none"> <li>To reduce AAA-related mortality in service users who are eligible by detecting aneurysms at an early stage,</li> <li>Ensure appropriate surveillance and referral to vascular services if required and improve outcomes/health for men with abdominal aortic aneurysms.</li> </ul> <p>The target population is:</p> <ul style="list-style-type: none"> <li>Males during their 65th year and,</li> <li>Males, on request, for individuals over 65 (self-referral).</li> </ul> <p>NB: this includes individuals born male who have transitioned to females (as the clinical risk remains unchanged).</p> <p>The Abdominal Aortic Aneurysm (AAA) Screening Programme is delivered by Doncaster and Bassetlaw NHS Trust across South Yorkshire &amp; Bassetlaw and uptake (which is cumulative between April and March) is monitored across the region, although monthly activity is reported directly by the provider to the NHSE Public Health Programme Team. The provider successfully retained the contract for the programme following a procurement during 2022/23.</p> <p>Uptake data is shown below:</p>			
Cohort	Period	Target (annual cohort)	Rotherham
AAA male	2022/23	Acceptable >75% Achievable >85 %	84.7%

## **Referral for surgery**

Men with referable aneurysms ( $\geq 5.5\text{cm}$ ) are referred to either Sheffield Vascular Services or Doncaster Vascular Services. The AAA screening provider works closely with both services to ensure timely assessment and intervention.

## **Improvement work:**

The NHS England Public Health Programmes Team are working collaboratively with the programme to address inequalities, directed by the completion of a Health Equity Assessment Tool, which consists of a series of questions and prompts, designed to help systematically assess health inequalities related to a programme and identify what can be done to help reduce inequalities, whilst also considering the requirements of the Equality Act 2010.

Actions and Outcomes include:

- Significant reduction in 1<sup>st</sup> DNA rate which is consistent across Lower Super Output Areas
- Invitation letters insert, signposting to alternative language documentation.
- Improved provision for people with a Learning Disability, through lists being provided by GPs – allowing for reasonable adjustments to be put in place.
- Transwomen invited for screening.
- Housebound scanning re-instated
- Expansion of health promotion sessions in community group venues

## **Ante-natal and Newborn**

### **Service Overview**

Antenatal and newborn (ANNB) screening covers tests conducted in pregnancy for infectious diseases, inherited/genetic conditions - Down's syndrome, Edward's syndrome and Patau's syndrome, and other physical abnormalities, and in newborn babies including newborn hearing, blood spot screening and physical examination.

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

### **Avoidable Repeats Newborn Blood Spot (ARR NB2):**

The threshold of 2% for "avoidable repeats" of blood spot samples is regularly maintained, following work undertaken by the provider, this is forecasted to be sustained in the coming quarters.

### **Improvement work:**

The maternity provider in Rotherham continues to work in collaboration with the NHS England Public Health Programmes Team in South Yorkshire, using the Health Equity Audit Tool, to understand the reasons why women do not attend (DNA) for antenatal screening. On gaining this understanding, there will be action plans developed and implemented to address where possible any reasons identified, ensuring that any inequalities are reduced.

## **Diabetic Eye Screening**

### **Service Overview:**

The Diabetic Eye Screening Programme (DESP) covers all individuals aged 12 years and over with a diagnosis of diabetes and pregnant women diagnosed with diabetes during pregnancy.

The aim being to identify, refer and where appropriate treat sight-threatening disease, occurring because of their diabetes. Individuals (other than pregnant women, who are referred directly by the maternity provider) are identified from the GP register and automatically referred to the screening programme, provided by Barnsley NHS Foundation Trust, and delivered at both Barnsley and Rotherham Hospital, and local community outreach venues, Rawmarsh community Hall being the main outreach site for Rotherham. Following initial routine digital screening, individuals are either returned to routine screening, put under enhanced surveillance, or referred to hospital eye services (HES) for assessment.

### **Service Development:**

In October 2023, in line with nationally policy, the programme successfully implemented extended screening intervals for patients with no detectable /referrable disease in their last two screens. This change, which has been supported by communications from the central NHS England team and Diabetes UK, means that these patients will be invited for routine screening every 24 months, as opposed to the previous 12 months. The roll out of extended intervals will continue through to October 2024. Individuals with any level of disease will remain on the current 12-month recall pathway.

There are two further national programme changes in development – the introduction of Optical Coherence Tomography (OCT) for some patients and the revision of referral criteria to the HES. The NHS England Public Health team will continue to work with the provider to implement these changes in line with national policy.

### **Programme Delivery and Oversight**

Oversight is via monthly meetings between NHS England Public Health Team and the provider. Whilst capacity has reduced slightly, due to workforce issues (vacancies and staff absence), the Barnsley and Rotherham programme have been successful in clearing a backlog for routine digital screening – meeting the 12 months+6-week screening interval target, with predicted end of year uptake and coverage in line with the previous year. The provider is in the process of recruiting to existing vacancies and working towards an improvement with regards to timeframes for patients requiring SLB examination.

### **Inequalities**

To improve access for the working age population, the DESP provider has offered some evenings and weekend clinics, which has been well received. The programme has been contacting people with a learning disability prior to their appointment to discuss any issues/concerns and ensure any reasonable adjustments are made. The provider will continue to assess and plan to address any inequalities within the programme and develop an action plan following completion of a Health Equity Audit.

## **Cervical Screening**

### **Service Overview:**

Cervical screening aims at checking the health of the cervix and is offered to women and people with a cervix aged between 25 to 64 years every three or five years depending on age.

There are three main components of the cervical programme. These include the cervical sample (often referred as the 'smear'), testing/analysis in the laboratory and, if required, colposcopy, delivered by Rotherham NHS Foundation Trust. Whilst cervical screening is mostly undertaken in primary care (GP practice), it may also be accessed via Integrated Sexual Health Services, on an opportunistic basis. In the event of an individual requiring further tests/assessment, they are referred directly by the lab to the colposcopy unit for follow up.

All practices in Rotherham continue to offer routine cervical screening, and additionally via enhanced/extended hours, providing screening during evenings and on weekends to increase uptake.

Cohorts	Period	Target	Rotherham
25-49 Years	2022/23	>80%	73.3%
50-64 Years		>80%	76.2%

Practice level data can be accessed via [Cervical Screening: Quarterly Coverage Data 2024](#)

Historically the 25–49-year-old cohorts have not had good uptake of cervical screening, although uptake in the 50–64-year-olds is generally higher. To understand the reasons for the uptake in these cohorts being below the target of 80%, a cervical screening survey has been disseminated to GP surgeries, requesting they send it to women who have not attended for screening to capture narratives on barriers/reasons for not taking up cervical screening. The project was led by the NHS England public health team and was supported by the Cancer Alliance. The results will inform improvements to programme delivery.

### **Inequalities**

The Public Health Programmes Team are working with GP Practices and the South Yorkshire and Derbyshire Cancer Alliance to address inequalities and increase uptake across South Yorkshire and Bassetlaw. The cervical screening survey was sent out to patients of two GP practices in each South Yorkshire ICB sub place, to gain feedback regarding the current cervical screening offer. The feedback will be used to shape the future of delivery plans. The two GP practices in Rotherham, were selected due to having the highest number of patients that were unscreened. Overall findings from the survey included the preferred booking method to be by telephone or online, the preferred venue for screening was the GP practice and the barriers to access screening included difficulty with making an appointment due to queues on the telephone line and timings of the appointments available. Initiatives to increase the uptake of cervical screening in Rotherham following review of the survey results will be to explore the opportunity to introduce direct booking links for cervical screening appointments and review the offer of extended access/hours to ensure that patients have the option to attend appointments that, include evenings and weekends.

Work continues to increase cervical screening uptake amongst people with a learning disability, which involves a flag being assigned to the records of the individual, so they can be contacted prior to their cervical screen and reasonable adjustments can be made to accommodate their needs, thereby encouraging their attendance at screening. On gaining consent, this flag and any reasonable adjustments required is then shared with the Colposcopy department at The Rotherham NHS Foundation Trust Hospital should further investigations/treatment be required.

## **Bowel Screening SYB Hub**

### **Service Overview:**

Bowel cancer screening is targeted at everyone aged 60 to 74 years.

Bowel cancer screening for the population of Rotherham is coordinated by the Regional Bowel Screening Hub (in Gateshead) and South Yorkshire Bowel Screening Centre (led by Sheffield Teaching Hospital NHS Foundation Trust).

Individuals receive a bowel screening kit via the post. The sample is then returned to the Hub/lab for testing. If there is a need for further assessment, the Bowel screening centre nurse specialist contacts the patient and coordinates the assessment and referral of the individual to



the respective endoscopy unit. Whilst most patients will attend The Rotherham NHS Foundation Trust Hospital, they are able to choose any of the hospitals within South Yorkshire.

The Age Extension is a phased approach over a four-year period to lower the starting age of bowel cancer screening to 50 years of age. The first phase, for the 56-year-old cohort, commenced successfully on 4<sup>th</sup> January 2022. Phase 2, for the 58-year-old cohort commenced on 2<sup>nd</sup> January 2023, and phase 3 for the 54-year-old cohort commenced on the 2<sup>nd</sup> of January 2024.

The invitation for Bowel Screening has also been extended to individuals with a diagnosis of Lynch Syndrome, an inherited condition which predisposes individuals to developing bowel cancer. Individuals will be invited for a colonoscopy under the Bowel Screening pathway to assess for signs of cancer, once every 2 years.

For the Rotherham population, the timeliness of invitations being sent out meets the 6-week standard.

Rolling Period	Target	Rotherham
2022/23	60%	73.7%

### Inequalities

The screening centre has employed a health improvement practitioner whose focus will be on working to increase the awareness and ultimately uptake of bowel screening.

The programme has implemented an initiative where GPs place a flag on the record of people with a learning disability, thereby alerting the bowel hub to provide more accessible information when sending out the invitation and in some cases a telephone call offering advice and support with completing bowel screening. This has made a significant improvement in the number of people with a learning disability partaking in bowel screening where they have previously declined (not prevalent screens) evidencing that this work is beneficial for behaviour change.

The programme has completed a Health Equity Assessment, identified areas of inequality, and developed an action plan to address these. For instance, the South Yorkshire bowel screening centre have been undertaking promotional sessions/roadshows in areas of high deprivation to raise awareness of the programme. This work will continue into 2024/25, including the completion of a local Health Equity Assessment by the endoscopy department at Rotherham NHS Foundation Trust Hospital for any patients requiring a colonoscopy appointment following a positive screening result or for those diagnosed with Lynch Syndrome.

## **Breast Screening**

### Service Overview

Breast screening is provided to all females aged between 50 and 71 years, every 3 years and is provided by Rotherham NHS Foundation Trust Hospital.

Data source: [Public Health Profiles - PHE](#)

Period	Cohorts	Target	Rotherham
2022/23	50-70 Years	Acceptable >70% Achievable > 80 %	67.1%

**Progress:**

Women are receiving timely invitations in line with their next test due date. The programme has recently moved back from an open booking system/open appointment (introduced during the pandemic) to a fixed appointments model, as this model has been shown to improve the uptake of breast screening and aid management of breast screening unit capacity.

Whilst uptake for breast screening is still low it is improving, and this is not unique to Rotherham, however ongoing work and collaboration with the Cancer Alliance and organisations within the community such as charities and voluntary sector to raise awareness of breast screening will contribute to improving uptake.

**Improvement work**

The provider has completed a Health Equity Audit and action plan, with ongoing work to improve uptake including health promotion via Trust Comms and wider initiatives such as supermarket stands, delivering awareness sessions to GP practices, developing promotional videos, use of text messages (based on behavioural science insights) to reduce the number of women who do not attend (DNA).

Discussions continue between with the Public Health Programmes Team, Primary Care and Rotherham NHS Foundation Trust Hospital to increase uptake in people with a learning disability using the same approach to bowel screening. Similar flagging work has commenced using the Rotherham NHS Foundation Trust Learning disability nursing team and the plan is to extend this to include individuals with severe and enduring mental illness.

## 5 Immunisation/Vaccination programmes

- 5.1 The update provides an overview of the seasonal flu vaccination programme, adult vaccines – shingles and maternal pertussis, adolescent vaccines, and routine childhood vaccines. The responsibility of these programmes lies with the NHS, who provide assurance to the Health Protection Committee.
- 5.2 Seasonal Flu – the objective is to, as a minimum, maintain the 2023/24 uptake within all eligible groups. Work with partners across Rotherham to enable focused place-based work to improve uptake across all cohorts, but with a key focus on 2- and 3-year- olds, pregnant women, patients with chronic respiratory disease and immunocompromised patients.
- 5.3 The adult vaccination programme has seen a significant change within the shingles programme (those turning 65 from 1<sup>st</sup> September 2023 becoming eligible), change of vaccine and schedule (from one dose to two doses) and extension to all patients over 50 years of age who are immunosuppressed. The priority for Rotherham has been to ensure all providers are aware of the change and the programme is fully and safely implemented.
- 5.4 For maternal pertussis, the priority has been to implement the offer and delivery of the vaccine by the maternity provider (along with Flu and COVID vaccines).
- 5.5 For adolescent (school-aged) immunisations, the priorities have been the procurement and mobilisation of a new contract (commenced 1<sup>st</sup> September 2023), work to restore uptake to pre-pandemic levels, implement the new HPV schedule (reduced to one dose) and reduce the gap between schools with the highest and lowest uptake.
- 5.6 Childhood Immunisations. A key focus has been and continues to be on MMR dose 1 by 2 years of age, achieving and maintaining coverage of above 90% (minimum threshold) with the aim of achieving 95% (optimal threshold) to ensure herd immunity, supported by the implementation of national catch-up campaigns and local work to review and improve access and reduce waiting lists.

<b>Immunisation</b>
<b>Seasonal Flu</b>
<p><b><u>Service Overview:</u></b></p> <p>Seasonal flu vaccination is delivered via a variety of providers, including primary medical care (GP), community pharmacists, school-aged immunisation providers and maternity services. Those eligible in 2023/24 remained largely unchanged from the previous season, however delivery for school aged children was extended through to school year 11 aged children.</p> <p>The NHSE Public Health Programmes Team lead work to support delivery of the programme across Rotherham, feeding into the South Yorkshire winter vaccination operational delivery group and Community Mass Vaccination Board which enables place-based work and risks to be highlighted.</p> <p><b><u>Ambitions for Flu season 2023/2024:</u></b></p> <p>The requirement was a 100% offer for all eligible individuals via call and recall, and with opportunistic offers or vaccination upon request.</p>

Rotherham has seen a slight decrease amongst all the eligible cohorts. The reasons for this decline are not yet clear, but the downward trend is reflected regionally and nationally. Work will be undertaken to try and understand the reasons behind the decline and inform planning for 2024/25.

Official UKHSA Statistics/Reports can be found:

**Seasonal flu vaccine uptake: figures**

[Seasonal influenza vaccine uptake in GP patients: monthly data, 2023 to 2024](#)

[Seasonal influenza vaccine uptake in children of school age: monthly data, 2023 to 2024](#)

Across Rotherham, Intrahealth have been delivering Flu vaccinations to all primary and secondary school-aged children. Whilst first offers were completed prior to the Christmas holiday, some catch up sessions have been delivered in January for children who missed vaccination at school and/or where schools cancelled planned sessions. Uptake for primary school aged children cohort is in line with the England average, however the secondary school aged cohort is below the England average. Inactivated injectable flu vaccine has been offered and administered where the nasal flu vaccine (LAIV) is contraindicated or declined for religious/cultural reasons.

Local authority	All primary school age: percentage vaccine uptake	All secondary school age in Y7 to Y11: percentage vaccine uptake
Rotherham	54%	38.0%
<b>England</b>	<b>53.8%</b>	<b>44%</b>

**Service Development:**

South Yorkshire introduced an initiative supported by Child Health Information Services to send text messages out at the beginning of September to parents/carers of 2 and 3 year olds, highlighting eligibility for flu vaccine. This will be revisited for the 2024/25 programme.

**Routine Immunisations**

**Adult Immunisations:**

**Shingles:** The routine programme changed on 1<sup>st</sup> September 2023, vaccination is now being offered to patients as they turn 65 years of age and patients remaining eligible for the vaccine until their 80th birthday. Those who were 65 before the 1<sup>st</sup> of September 2023 and those who are between 66 and 70 will not be eligible until they reach 70 years of age. Immunosuppressed patients over the age of 50 years of age are now eligible and remain eligible for vaccination. Whilst uptake for the original routine cohort shows good recovery following the pandemic, uptake is still considerably lower than pre-pandemic levels, which were already showing a year-on-year decline (this was in line with the national picture). Data collection for the new cohort/programme (consisting of two doses) has not yet been published. Uptake in Rotherham is in line with other SY ICB places.

Shingles remains a priority on the South Yorkshire and Rotherham place delivery/improvement plans. Improvement work will be picked up as part of South Yorkshire wide initiative.

**Maternal Pertussis:**

Prenatal pertussis vaccine can be offered from 16 weeks of pregnancy; however, it is offered at the time of, or after the 20-week scan as women have good attendance at this appointment. This vaccination is offered opportunistically by Maternity Providers and / or GP, there is no active call/recall for this programme.

Rotherham has maintained uptake over the last twelve months, with monthly uptake in December 2023 being above the national efficiency standard of 60%. Whilst most vaccinations are carried out by the woman's GP, Rotherham Maternity Unit now offer Pertussis vaccine to all women during their antenatal appointment, which has proved extremely popular with women. As this is not a call/recall programme in primary care, work will continue to ensure a robust offer from both GP and Maternity Services. This remains a priority on the South Yorkshire and Rotherham place delivery/improvement plans and work is to commence to focus on practices not achieving the quarterly efficiency standard (60%).

**Adolescent immunisations:**

A key change to the adolescent vaccination programme was the move to a one dose schedule for HPV (previously two doses) from 1<sup>st</sup> September 2023. Individuals who have received one dose are now considered fully vaccinated.

Following a procurement, Intrahealth as a provider was successful in being awarded the school aged immunisation service contract for Rotherham, which came into effect on 1<sup>st</sup> September 2023. Although showing recovery, all adolescent vaccination programmes remain below the pre-pandemic levels, a trend which is reflected nationally.

The provider continues to offer catch up of all adolescent vaccinations to individuals through to Year 11. Unvaccinated individuals remain eligible via their GP (opportunistically and on request) for MMR, with no upper age limit, and HPV and Men ACWY up to and including 24 years of age.

**Childhood Immunisations:**

The Public Health Programmes Team review practice-level data regularly, along with vaccination waiting lists for all practices, with action plans developed where required to facilitate timely access and delivery. The efficiency standard for these programmes is 90%, the optimal standard (required to ensure herd immunity) is 95%. See summary below from National COVER data:

2022.23 Annual Cover data	12m DTaP/IPV /Hib/Hep B%	24m DTaP/IPV /Hib/Hep B%	24m MMR	5y DTaP/IPV /Hib%	5y DTaPIPv %	5y MMR1%	5y MMR2%
Rotherham ICB	93.9	94.7	92.6	95.7	90.6	96	91.8

Whilst MMR 1 between 2 and 5 years of age remains consistent with 2021.22 data, uptake remains below the optimal threshold, which leaves individuals susceptible to infection and increases the risk of local outbreaks. MMR 2 and Pre-school booster uptake remains just above the efficiency standard and remains on the Rotherham place delivery/improvement plan.

**Improvement work:**

Following discussions with a GP practice in Rotherham, a collaborative approach with the school aged immunisation provider is being considered to improve uptake of all immunisations. Targeting whole families rather than individual children will promote adherence with the immunisation schedule, thereby ensuring better health outcomes. This includes providing information in a variety of languages including easy read resources, utilising alternative venues for clinics and promotion, engaging with community groups including church venues and mosques and offering out of hours clinic appointments such as evenings and weekends.

The NHSE Public Health Programme Team, are continuing to work with practices, Rotherham ICB primary care teams, Local Authority Public Health Team, and Child Health Information Services to identify barriers to vaccination and address high waiting/unvaccinated lists, including

reviewing reasons why parents don't attend/bring their child, capacity, access, clinic management/appointing, communication to parents, number of children contacted.

MMR remains a national, regional and place priority. A two-phase national catch-up campaign was launched in November 2023, phase 1 targeting 1- to 5-year-olds with incomplete vaccination record and phase 2 which commenced in January/February, targeting 6- to 11-year-olds, with a national call/recall letter.

Whilst this is predominantly a primary care campaign, NHS England Public Health Team, the Local Authority Public Health Team, and school aged immunisation provider are working collaboratively to explore additional support to increase access and uptake.

## 6 Health Care Associated Infections

6.1 The following table summarise the key performance position and developments for health care associated infections over 2023/24.

HCAI:	TRFT	NHSR
MRSA	1	6
MSSA	12	72
Clostridium Difficile	44	103
E Coli	48	213
Klebsiella spp	17	62
Pseudomonas aeruginosa	10	26

HCAI	23/24		23/24 Objective		22/23		Comparison to 22/23	
	TRFT	NHSR	TRFT	NHSR	TRFT	NHSR	TRFT	NHSR
MRSA	1	6	Zero tolerance		0	0		
MSSA	12	72	No objective		16	70		
Clostridioides Difficile	44	103	19	44	34	65		
E Coli	48	213	46	185	43	201		
Klebsiella Spp	17	62	10	55	20	71		
Pseudomonas Aeruginosa	10	26	7	21	11	23		

Important to note that the acute trust cases, including any out of area trust cases also count in the number of cases attributed to NHSR.

<b>Infection type:</b>	
<b>MRSA</b>	<p>There is a zero tolerance approach to MRSA Blood Stream Infections.</p> <p>The number of cases though can vary year to year, there were cases within TRFT and the community 21/22, yet there were 0 cases during 2022/2023. In 23/24 there has been 6 cases, 4 of which had blood cultures taken in The Rotherham Foundation Trust (TRFT), and 2 were taken in Sheffield Teaching Hospitals (STH). 1 is hospital onset TRFT, with 1 of the community cases being a continuation from this. The 2 cases relating to STH are linked as a continuation. Both these patients have complex medical needs and decolonisation compliance was a factor. The 2 other cases have also been reviewed with minimal lessons learnt.</p> <p>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).</p>
<b>MSSA</b>	<p>There is no national threshold for this although numbers are monitored regularly. The number within the acute trust have slightly decreased and the community cases have slightly increased. The increase of community cases is not a significant one and will continue to be monitored.</p>
<b>Clostridiodes difficile</b>	<p>There has been a significant increase in cases as a whole in Rotherham, this includes those from TRFT, those from out of area acute trusts (but registered with Rotherham GP) and also community cases. There has been changes in the way that reviews occur using the Patient Safety Incident Response Framework (PSIRF) approach which sets out the NHS's method of developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.</p> <p>Reviews are indicating quality themes that would not reduce the figures, along with antibiotic prescribing. Quality actions are in place. Antibiotic prescribing is mainly as per guidance/ appropriate, but the number of courses of broad-spectrum antibiotics prescribed both in primary care and during previous admissions to TRFT appears to be a theme. Work is commencing with medicine management to try to address this further.</p> <p>Nationally there has been an increase in CDI's. The thresholds set in the NHS Standard Contract are unrealistic (particularly in Rotherham) &amp; are a poor measure in terms of quality improvement. This has been recognised nationally &amp; discussions are being held to determine measurement using other metrics.</p>

<p><b>Gram negative BSI cases</b></p>	<p><u>E coli</u> – TRFT and Rotherham place have both exceeded the threshold, the figures are slightly higher than 22/23.</p> <p><u>Klebsiella</u> – TRFT and Rotherham place have both exceeded the threshold, however the figures are lower than 22/23, which were also lower than 21/22.</p> <p>The Klebsiella cases 22/23 appeared to be linked to care homes and catheters. The hydration project in care homes may have some link to the reduction in cases.</p> <p><u>Pseudomonas</u> - TRFT and Rotherham place have both exceeded the threshold, however TRFT figures are lower than 22/23. Rotherham place are slightly higher than 22/23.</p> <p>Gram negative infections remain predominantly urine related.</p>
<p><b>Antimicrobial resistance</b></p>	<p>The AMR plan includes themes around broad spectrum antibiotic prescribing and high volume antibiotic prescribing in GP practices. This links in with all HCAI IPC workstreams and reduction and improvement strategies.</p> <p>AMR structure and governance as a Rotherham place to be reviewed with collaborative working planned.</p>
<p><b>Hydration Project</b></p>	<p>The hydration project in care homes is ongoing in Rotherham Place working with a multi-disciplinary team of health care professionals to monitor the effect of improved hydration in care homes using the following measures.</p> <ul style="list-style-type: none"> <li>• Number of Urinary Tract Infections (UTI's)</li> <li>• Courses of antibiotics prescribed.</li> <li>• Use of regular laxatives</li> <li>• Number of falls</li> <li>• Ambulance call outs to care homes</li> <li>• Hospital admissions</li> </ul> <p>This work continues to evolve with new smaller projects within being formed as themes emerge.</p>

## 7 Emergency planning and response

- 7.1 The previous twelve months has seen continued emergency planning activity in tandem with the exit strategy from the Covid Pandemic.
- 7.2 Notable weather impacts over this period have included flooding from Storm Babet which hit South Yorkshire on 20th October 2023 bringing a month's worth of rain fall in 18 to 36 hours. Several river levels exceeded the previous records set during the 2007 and 2019 floods, one being the River Rother.

Storm Babet resulted in flooding of properties across South Yorkshire, the most extensive and rapid property flooding being in Catcliffe, Rotherham. In summary the response included:



- Activation of incident management structures on a multi-agency South Yorkshire Local Resilience Forum (SYLRF) footprint and for the council as a single agency.
- Declaration of a major incident on Friday 20th October 2023.
- 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 thematic workstreams that reported into the tactical response.
- Humanitarian and recovery assistance was established to assist communities, with support to the Catcliffe community ongoing.
- Multi-level debrief program being undertaken across the council. South Yorkshire wide multi-agency debrief and learning

7.3 Whilst Storm Babet was the worst, it was not the only storm South Yorkshire faced. Between November 2023 and January 2024, we also experienced the varying effects of Storm Ciaran, Storm Debi, Storm Elin, Storm Fergus, Storm Gerrit, Storm Henk, Storm Isha, and Storm Jocelyn, and Storm Pia.

7.4 This was followed in quick succession by the re-emergence of a deep-seated waste fire at a site in Rotherham in January 2024. Due to the planning, partner working and mitigations that had been established following the first occurrence, the waste fire was tackled quickly by South Yorkshire Fire & Rescue, supported by the Environment agency and Rotherham Council resulting in lower community impacts.

7.5 In addition, this learning and improvement continues to inform into the Council's refreshed incident management arrangements, currently under council-wide consultation, developed in line with the nationally recognised integrated emergency management concept.

Council contingency Plans continue to be developed and maintained. Of notable update during 2023 has been the publication of the UKHSA annual planning arrangements for Adverse Weather and Health, in collaboration with the Meteorological Office.

The UKHSA plan has a strong focus on the health of the population, with prevention of mortality related goals. Whereas previously separate plans were issued for Heat and Cold, saw these incorporated into the one Adverse Weather and Health plan as of 2023, alongside considerations of the impacts of flooding on the health of the population.

The Council uses this plan as the foundation for the corporate adverse weather planning arrangements, incorporating wider service planning and actions in accordance with the wider responsibilities of the Council to assure service delivery through business continuity arrangements.

In order to mirror UKHSA arrangements the Council has adapted its corporate resilience planning as follows:

- One generic plan – final stages of consultation in preparation for publication across the council to coincide with the national alerts system launch for 2024.
- Activation under the wider Council incident management processes
- Generic adverse weather action tables
- Reference to flooding arrangements
- Triggers related to impacts in line with Met Office NSWWS alerts.

During this period, local and regional exercises have continued. Substantial learning, improvement and good practice has been, and continues to be, identified and embedded within planning and plans.

## 8. Environmental Health and Trading Standards

- 8.1 The period 2023 to 2024 continued to be dominated by the response to cannabis cultivation, illicit tobacco and vapes, and significant staffing pressures. Activity included:
- 14,173 proactive visits and investigations undertaken
  - Issuance of 25 Fixed Penalty Fines
  - Prohibition of 85 residential premises following cannabis cultivation
  - Seizure of illicit vapes to a value of £307,117
  - Seizure of illicit tobacco to a value of £538,641
  - 59 Responsible Retailer visits advising on the prevention of underage sales
  - Funding secured for a full-time Tobacco Control Officer
  - Funding secured for a Financial exploitation Officer and Support Analyst to combat the exploitation of vulnerable residents.
  - Provision of enforcement during out of hours seven days each week
- 8.2 The service delivers a broad range of enforcement and regulatory functions which are mainly statutory obligations to protect health or consumers. Usually, in the region of 10,000 investigations together with 2,000 regulatory inspections are carried out each year.
- 8.3 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 (includes Labelling and allergens) inspections-

747 Food Hygiene Inspections and 615 Food Standards inspections.

- Health and Safety at Work
- Infectious Disease investigation – No of cases reported by UKHSA

Salmonella	34
Crypto	41
Salmonella typhi	3
Giardia	5
Leptospirosis	1
E.coli	11 (confirmed and presumptive)
Vibrio	3
Shigella	4
Legionella	2 ( inc 1 Presumptive)

- Tobacco Control
- Industrial Pollution
- Statutory Nuisance

## 9. Work Programme Priorities 2024/25

1. To provide continued Health Protection assurance and leadership to the wider system.
2. Ensure Preparation for future Health Protection events is key, refreshing the Mass Treatment Plan and reviewing the Outbreak Plan in 2024
3. Ensuring Health Protection roles and responsibilities across Rotherham Place are understood, to ensure a Rapid Response to an incident is possible.
4. 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.
5. 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. An IPC Champions group will be reestablished, with the first meeting planned in June.
6. To ensure further work is carried out to ensure health protection work programmes are embedded in local systems to support reducing health inequalities.
7. Tackling Tuberculosis through improving awareness to increase screening and treatment targeting underserved populations. Undertaking work to understand the latent TB population in Rotherham.
8. To continue 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.
9. Reducing the impact of adverse weather on health, ensuring Rotherham is prepared for adverse weather events.
10. Continue to Improve links with the Sexual Health Strategy Group to increase assurance with regard to Sexually Transmitted Diseases.
11. To ensure a consistent approach for action to address Anti-Microbial Resistance, working with partners to provide assurance.

## 12. Glossary

AMR	Antimicrobial resistance
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
PPE	Personal Protective Equipment
SCID	Severe Combined Immunodeficiency
UKHSA	UK Health Security Agency

## 13. Appendices

**Appendix 1 Health Protection Committee terms of reference & affiliated groups**

**Appendix 2 Roles in relation to delivery, surveillance and assurance**

## HEALTH PROTECTION COMMITTEE TERMS OF REFERENCE 2023/24

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
April 2023	2.6	Denise Littlewood	Reviewed and amended as part of annual review

### 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 2024.

#### Attendees in 2023/2024

Name	Title	Organisation
Sue Cassin	Chief Nurse	NHS ICB
Emma Batten	Lead Infection Prevention and Control Nurse	NHS ICB
Sarah Tomlinson		NHSE
Laura Brown	Screening and Immunisation Place Lead	NHSE
Kate Mccandlish	Director Of Nursing RDaSH (acting)	RDaSH
Donna Wilkinson	Operations Manager – Provider Services	RMBC
Ben Anderson	Director of Public Health	RMBC
Julie Moore	Head of Service – Provider Services	RMBC
Lewis Coates	Service Manager, Regulation and Enforcement	RMBC
Donna williams	Manager – Business Regulation	RMBC
Janice Manning	Principal Environmental Health Officer	RMBC
Sam Longley	Public Health Specialist	RMBC
Sue Turner	Public Health Specialist	RMBC
Alex Hawley	Consultant in Public Health	RMBC
Lorna Quinn	Public Health Intelligence Principal	RMBC
Vikki Brannan	Resilience Officer	RMBC
Denise Littlewood	Health Protection Principal	RMBC
Helen Dobson	Chief Nurse	The Rotherham NHS Foundation Trust
Jodie Roberts	Director of Operations/ Deputy Chief Operating Officer	The Rotherham NHS Foundation Trust

Name	Title	Organisation
Tracey Turton	TB Specialist nurse/service Lead	The Rotherham NHS Foundation Trust
June Chambers		UKHSA
Mutsa Nyikadzino	Senior Health Protection Practitioner, Yorkshire & Humber Health Protection Team	UKHSA
Andy Irvine	Consultant in Health Protection, Yorkshire & Humber Health Protection Team	UKHSA



# 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.

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.

The 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.

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. UKHSA 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 ICB 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.