Health Protection Assurance Report
Rotherham Metropolitan Borough Council

July 2025

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With contributions from members of the Health Protection Committee.

Contents

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 is multi-agency. It is not just a local authority responsibility. Therefore, the Health Protection Committee is attended by colleagues across Rotherham Place.

1.3 The scale of work undertaken to prevent and manage threats to health is driven by national, regional and local guidance, intelligence and health risks. There are activities undertaken proactively and reactively to protect health and prevent ill health. This report will cover the following areas:

- Infectious disease management
- National programmes for screening
- National programmes for vaccination and immunization
- Healthcare associated infections, including a spotlight on TB
- Infection prevention and control
- Health emergency preparedness and response.
- Environmental health and trading standards

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. The Director of Public Health has a role in working with the UKHSA and the NHS to ensure arrangements are in place for health protection.

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

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

3 Infectious Disease Management

Surveillance Arrangements

3.1 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.

3.2 Surveillance arrangements cover all relevant pathogens and hazards, including notifiable diseases.

3.3 Fortnightly bulletins are produced by UKHSA throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal diseases, including norovirus.

3.4 A Health Protection Dashboard is in use locally, which supports surveillance and assists the Health Protection Committee in reviewing available data.

Infectious diseases

3.5 In 2024/25 there were 285 notifications of infectious diseases (NOIDs) reports received for Rotherham.

3.6 During 2024/25 the Rotherham Council 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
- Cases of cryptosporidium
- Cases of Syphilis and Gonorrhea in the Rotherham Area.
- Gastro-intestinal outbreaks in early years, schools and residential care settings
- Case of Tuberculosis

4 Screening programmes

4.1 There are a range of screening programmes available to the residents of Rotherham through their life course, including Antenatal and newborn screening, Cervical Screening, Breast screening, Abdominal Aortic Aneurysm, Bowel screening and Diabetic eye screening. The NHS has the responsibility for these programmes and provides assurance to Health Protection Committee.

4.2 An update to the report presented in 2024 is given below for each of the aforementioned screening programmes. The Rotherham plans and work throughout 2024/25 reflect both the national and Yorkshire and Humber priorities and programme changes.

4.3 Key areas of work/priorities include but are not limited to:

- Increasing uptake within Breast, Bowel and Cervical Cancer screening programmes. Continue local collaborative work with programme providers and partners to improve uptake of screening for individuals with a learning difficulty/disability, through Digital flagging work and extending this work to include patients with a known severe mental illness (SMI).
- Within the diabetic eye screening programme (DESP) the focus has been to clear the Slit Lamp Biomicroscopy (SLB) backlog and maintain invite intervals within standards, full implementation of extended screening intervals for patients with no evidence of diabetic retinopathy, introduction of Optical Coherence Tomography (OCT) and reduce the number of persistent non-attenders.
- Within Bowel screening, a priority was to embed age extension in line with national policy and ensure implementation of the inclusion of individuals diagnosed with Lynch syndrome into the bowel screening programme.
- The NHS Cervical Screening Programme – in addition to improving uptake, a focus has been on supporting the provider in their readiness for 'ping and book', scheduled to commence from Spring 2025, in line with the national strategy to fully digitise screening. This initiative will send alerts via the NHS App, and mobile phones to remind women they are due or overdue an appointment.

Abdominal Aortic Aneurism - South Yorkshire & Bassetlaw Programme

4.4 An Abdominal Aortic Aneurysm (AAA) is a swelling in the aorta, the main artery in the abdomen, which can cause serious health consequences and death.

4.5 The AAA screening programme, delivered by Doncaster and Bassetlaw NHS Teaching Hospital, is routinely offered to males during their 65th year. Anyone assigned male at birth who is over the age 65 or over can have AAA screening. Those previously eligible who did not take up the routine offer can continue to self-refer. Screening is also available via a request by their GP for trans and non-binary individuals assigned male at birth who have changed their gender marker on the health care records system (as the clinical risk remains unchanged).

4.6 The aim of the AAA screening programme is:

- To reduce AAA-related mortality by detecting aneurysms at an early stage,
- Ensure appropriate surveillance and referral to vascular services if required and improve outcomes/health for those with a detected AAA

4.7 Men with referrable aneurysms (≥5.5cm diameter) 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

4.8 The programme have performed well during 2024/25:

- 99.8% of eligible men invited
- 83.3% coverage (those screened out the total eligible population)
- 84% uptake (those screened from those invited)

These figures are above the minimum/acceptable standard of 75% and just below the achievable standard of 85%.

4.9 The screening provider has completed a Health Equity Assessment, which has been used to direct improvement work and reduce inequalities. This includes:

- work to reduce non-attendance at 1st appointment, particularly across Lower Super Output Areas, resulting in improved uptake.
- Invitation letters insert, signposting to interpreted information where English is not the first/spoken language.
- Improved provision for individuals with a Learning Disability, through lists being provided by GPs – allowing for reasonable adjustments to be put in place.
- Transwomen invited for screening following referral by GP.
- Screening for individuals who are housebound.
- Expansion of health promotion sessions in community group venues
- Health optimisation work – to improve fitness for men referred to surgery (ultimately reducing time from referral to surgery)

Ante-natal and Newborn

4.10 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. Screening is supported by The Rotherham NHS Foundation Trust, and the SY pathology network (via Sheffield Teaching Hospital and Sheffield Children's Hospital)

4.11 All key performance indicators (KPIs) are being met with no areas of concern to highlight. The maternity provider has made good progress in improving performance in relation to 'Avoidable Repeats Newborn Blood Spot (ARR NB2)', which regularly meets the standard of ≤ 2% for avoidable repeats samples.

4.12 Inequalities: 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. This work has continued but has been impacted by workforce capacity within the maternity service and a change of ANNB screening lead. The assessment and resulting action plan will be continued into 2025/26.

Diabetic Eye Screening

4.13 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 as a result of their diabetes, as early as

possible. The screening programme is delivered by Barnsley NHS Foundation Trust, and delivered at both Barnsley and Rotherham Hospital, and some local community outreach venues

4.14 Programme Delivery and Oversight is via monthly meetings between NHS England Public Health Programmes Team and the provider. Whilst capacity has significantly reduced at various points during 2024/25, due to workforce issues (vacancies and staff absence), the Barnsley and Rotherham programme continue to work to reduce the SLB backlog and improve the timeliness of SLB appointments, as well as working to reduce the number of repeat non-attenders. Service redesign and recruitment to support resilience going forward is being reviewed internally by Barnsley District General Foundation Trust.

4.15 Service Development: In line with nationally policy, in October 2024 the provider successfully implemented extended screening intervals for patients with no detectable /referrable disease in their last two screens, meaning that these patients will be invited for routine screening every 24 months, as opposed to the previous 12 months. Individuals with any level of disease will remain on the current 12-month recall pathway. This pathway change will help to support other changes/developments within the programme.

4.16 A key national programme change was the introduction of Optical Coherence Tomography (OCT) for patients in digital surveillance. This was planned from October 2024, with full roll out by October 2025. This has been delayed due to IT infrastructure (server requirements to support image storage), however, the NHS England Public Health Programmes Team have been and are continuing to work with the provider to implement OCT, from late summer 2025.

4.17 Inequalities: to improve access for the working population, the DESP provider has offered some evenings and weekend clinics, which have been well received. As part of their engagement work, 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.

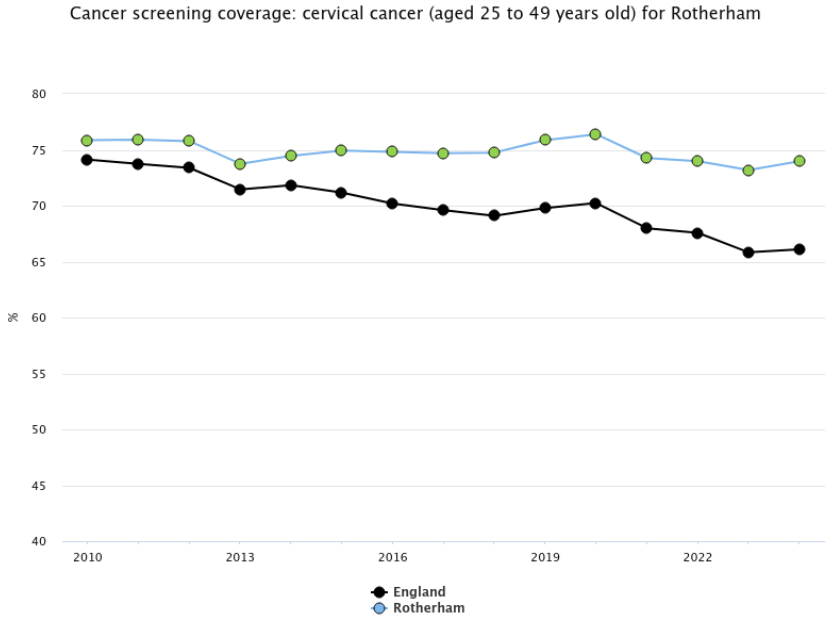
Cervical Screening

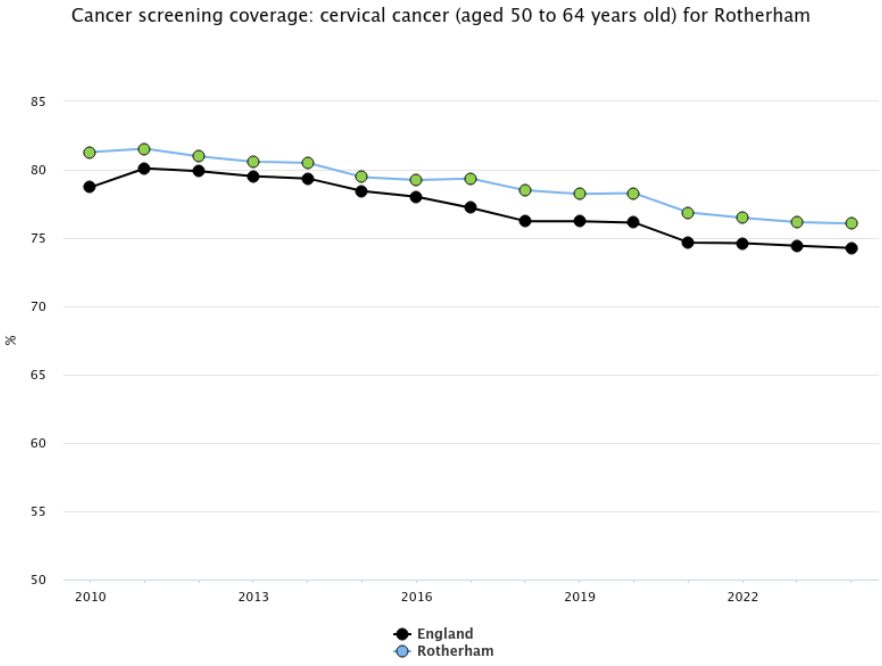
4.18 Cervical screening is a test to check the health of the cervix and is offered to people with a cervix aged between 25 to 64 years every three or five years depending on age.

4.19 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, and via extended access/hours clinics, providing screening during evenings and on weekends to increase uptake. From 1st April 2025 trans men and non-binary people with a cervix will be able to opt-in to receive routine automatic invitation

4.20 Uptake continues to be lower in the 25-49 year old cohort, compared with the 50–64 year-old cohort (also reflected nationally), though coverage in both age groups for Q1 2024/25 remains below the 80% acceptable standard. Work continues with practices and partners to try and improve uptake.

Cohorts	Period	Target	Rotherham
25-49 Years	2024	>80%	74%
50-64 Years		>80%	76.1%





Source for table and graphs Fingertips | Department of Health and Social Care

4.21 Inequalities: For individuals with a diagnosis of learning disabilities, a code is

assigned to their GP record so that when they are due for cervical screening, support from the community learning disabilities team can be provided where required and reasonable adjustments made to accommodate their needs, thereby encouraging their attendance at screening. It is encouraged that Primary care then share the reasonable adjustments information (following consent) with TRFT Colposcopy unit should further tests/appointments be required.

Bowel Screening South Yorkshire and Bassetlaw Hub

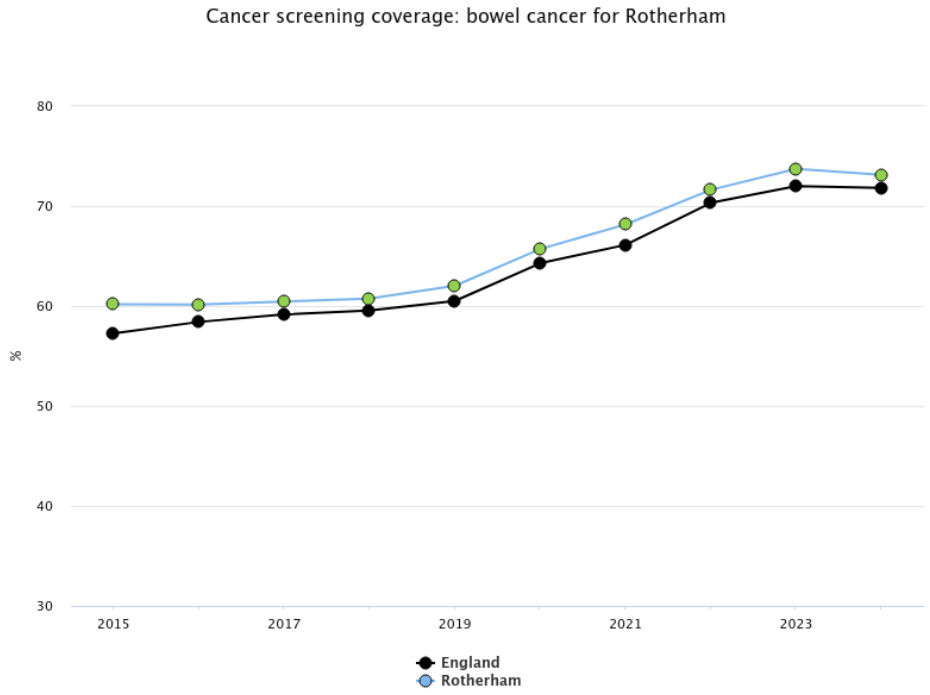
4.22 Bowel cancer screening is a test carried out at home to detect signs of bowel cancer. It is offered to everyone aged 50 to 74 years. The age of first screening offer is lower than it was previously. The Age Extension of the Bowel Screening Programme to individuals from 50 years of age has been a phased approach over the last four years and is now fully rolled out across Rotherham.

4.23 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).

4.24 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.

4.25 The programme continues to perform well, with uptake above the upper (achievable) standard.

4.26 The bowel screening programme continues to offer screening to people diagnosed with Lynch syndrome in the form of a 2 yearly colonoscopy. Lynch Syndrome is an inherited condition which predisposes individuals to developing bowel cancer. The programme is meeting all standards, with no concerns to report.



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4.27 Inequalities: The screening centre has employed a health improvement practitioner whose focus, guided by the Health Equity Assessment, is to increase the awareness and ultimately uptake of bowel screening in areas of lower uptake, via dedicated sessions, roadshows etc. The initiative where GPs place a flag on the record of individuals with a diagnosis of learning disability (LD), thereby alerting the bowel hub to provide more accessible information when sending out the invitation, is now embedded in Rotherham with positive impact.

Breast Screening

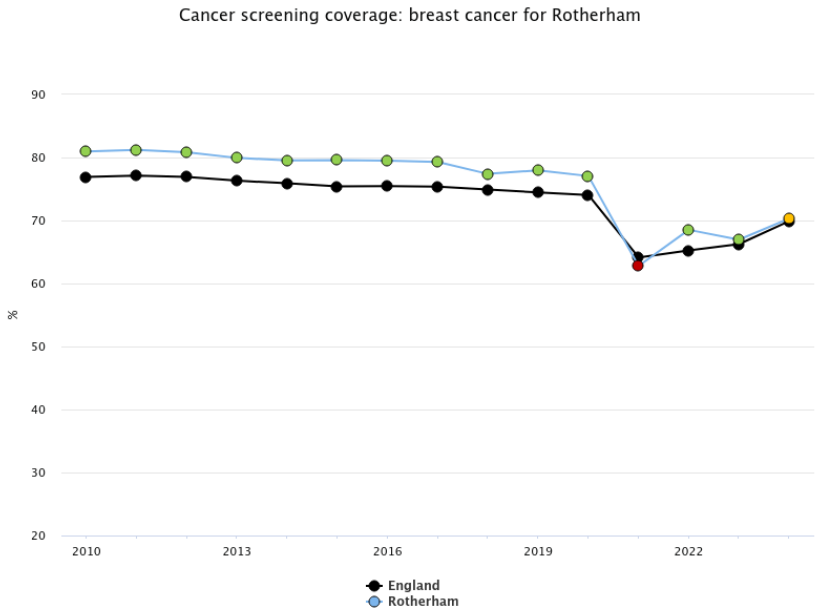
4.28 Breast screening is offered to all people registered as female at their GP practice aged between 50 and 71 years. The first invitation arrives between age 50 and 53 years, screening is offered every 3 years and is provided by Rotherham NHS Foundation Trust Hospital.

4.29 Women are receiving timely invitations in line with their next test due date. The programme has continued to use a “fixed appointment” model, as this has been shown to improve the uptake of breast screening and aid management of breast screening unit capacity.

4.30 Uptake for breast screening is improving, 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 support continued improvement in uptake.

Period	Cohorts	Target	Rotherham

2024	50-70 Years	Acceptable >70% Achievable > 80 %	70.3%



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4.31 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).

4.32 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 responsibility for vaccination and immunisation programmes lies with the NHS, who provide assurance to the Health Protection Committee. Programme delivery has continued as business as usual across all Section 7a Programmes throughout 2024/25, with a continued emphasis on restoring uptake and coverage to pre-pandemic levels and reducing inequalities within screening and immunisation.

5.2 The vaccination schedule includes:

- Childhood vaccination programme
- Maternal pertussis
- Shingles
- Pneuovax

- Seasonal influenza
- RSV
- COVID-19

Please note this report excludes Covid 19 vaccinations as this vaccination programme was not part of the Section 7a NHS England Commissioned Services during this time period.

5.3 To support delivery against the public health outcomes framework, the Rotherham Immunisation Improvement Plan aims to deliver improvement in delivery and uptake for:

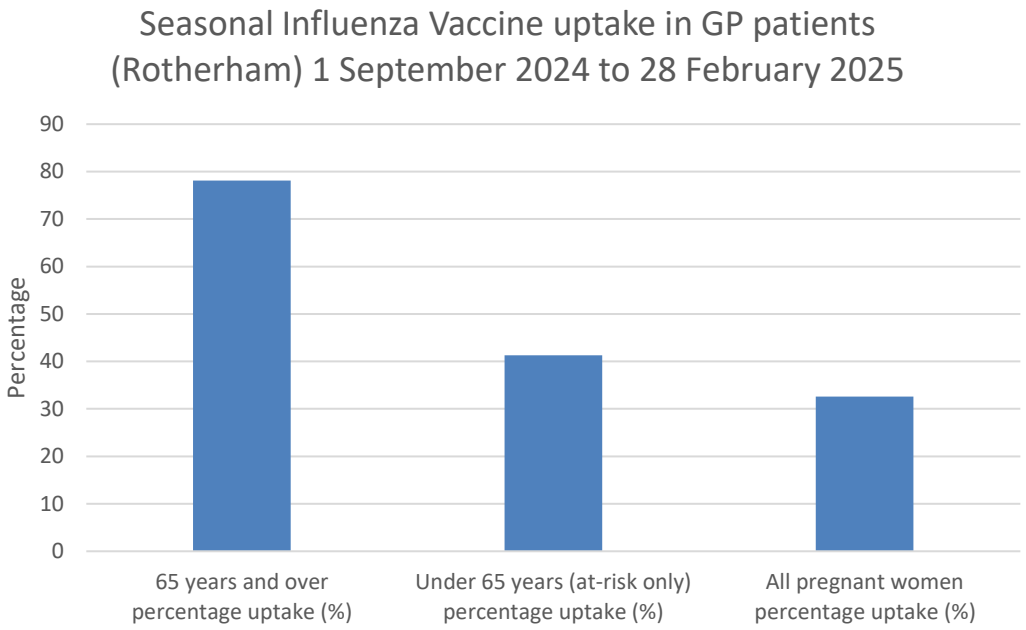
- MMR dose 1 by 2 years of age. As a minimum maintaining coverage of above 90% (minimum threshold), but aiming to build on previous improvement and move towards achieving the 95% optimal threshold required to ensure wider community protection
- Improving uptake of all routine adolescent programmes, as these are all significantly lower than pre-pandemic levels. This work includes reducing the variation between schools with the highest and lowest uptake and has a particular focus on HPV, which also supports the national cervical cancer elimination strategy.
- The new RSV (Respiratory Syncytial Virus) vaccination programme for pregnant women and older adults which commenced 1st September 2024.
- Maternal Pertussis vaccination, prioritised due to the increase in number of cases of pertussis and infant deaths nationally during 2024 and the downward trend seen across Rotherham over recent years, however uptake has remained above the 60% optimal threshold.
- Seasonal Flu – working 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, immunocompromised patients and individuals with a learning disability or severe mental illness.

Seasonal Flu

5.4 Seasonal flu vaccination is delivered annually via a variety of providers, including primary medical care (GP practices), community pharmacists, school-aged immunisation providers, maternity services and Trusts. Those eligible in 2024/25 remained unchanged from the previous season.

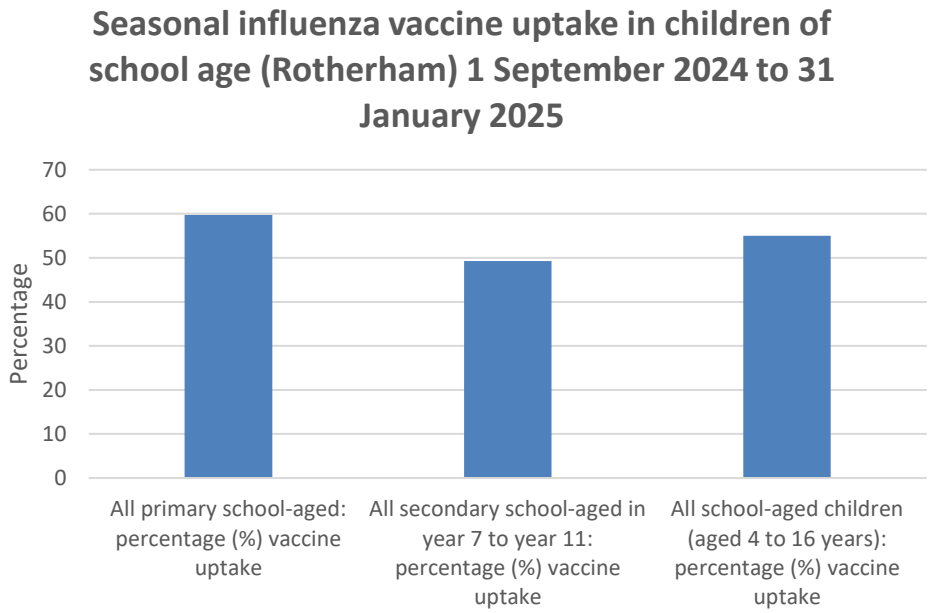
5.5 Ambitions for Flu season 2024/2025: The requirement was a 100% offer for all eligible individuals via call and recall, and with opportunistic offers or vaccination upon request between September and March each year.

5.6 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 2025/26.



Source: [Seasonal influenza vaccine uptake in GP patients: monthly data, 2024 to 2025 - GOV.UK]

5.7 Across Rotherham, Intrahealth have continued to deliver flu vaccinations to all school-aged children, including those not in education/home schooled. Inactivated injectable flu vaccine has been offered and administrated where the porcine-containing nasal flu vaccine (LAIV) is contraindicated or declined for religious/cultural reasons. 2024/25 uptake is in line with the England average.



Source: [Seasonal influenza vaccine uptake in children of school age: monthly data, 2024 to 2025 - GOV.UK]

Maternal Pertussis:

5.8 Prenatal pertussis vaccine is offered from 16 weeks of pregnancy. Whilst this vaccination is offered opportunistically by Maternity Providers during their antenatal appointment at The Rotherham NHS Foundation Trust, work has progressed with the provider to establish a more routine offer as part of the wider vaccination in

pregnancy programme, this positive approach has provided a safe space for individuals to discuss any of the vaccinations offered during pregnancy.

5.9 Maternal pertussis vaccination also continues to be offered opportunistically and on request through Primary Care (GP).

5.10 There has been a slight decline in uptake of this vaccination since April 2022 with a wide variation between practices noted, however improvement work continues, with a focus on practices with less than 60% uptake and this has been supported by the national campaign which was launched in October 2024 and targeted work implemented by the South Yorkshire Local Maternity and Neonatal Service (LMNS) group.

Respiratory Syncytial Virus (RSV)

5.11 From 1st September 2024 RSV vaccination was added to the routine vaccination schedule for pregnant people and older adults.

5.12 Maternal Programme: Pregnant women are recommended to have the RSV vaccine in each pregnancy (on or after 28 weeks of pregnancy), to protect their babies against respiratory syncytial virus (RSV). Whilst maternity services provide the initial offer, pregnant people can also access vaccination via their GP (opportunistically or on request).

5.13 The programme appears to have been well received by pregnant individuals, and The Rotherham NHS Foundation Trust maternity provider has been well engaged with the planning and delivery of the programme. Between 1st September and 31st March 2025, the Trust had administered 605 vaccines, with a further 108 delivered by primary care.

5.14 Older cohort: This cohort comprises those who turn 75 on or after the 1st September 2024, with a catch-up campaign for those aged 75 to 79 (including those who turn 80 before 31st August 2025), with the vaccination being delivered by GP Primary Care services. As of 31st December 2024, over 8,344 vaccines had been delivered to this cohort.

Adolescent immunisations

5.15 The School Aged Immunisation Service in Rotherham is provided by Intrahealth. Although showing recovery and mostly meeting the minimum standard (80%) across all programmes, all adolescent vaccination programmes remain below pre-pandemic levels, a trend which is reflected nationally.

5.16 The provider continues to offer catch-up vaccinations to individuals through to Y11 via community clinics. 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. Work has been undertaken in conjunction with Cancer Alliance to facilitate and encourage GPs to undertake proactive catch up of girls 18-25 (boys were not eligible at that time, as the male

programme only commenced in September 2019)

Childhood Immunisations

5.17 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 2024/25.

	12m Denominator	12m DTaP/IPV/Hib/HepB%	24m Denominator	24m DTaP/IPV/Hib/HepB%	24m MMR	5y Denominator	5y DTaP/IPV/Hib%	5y DTaPIPV%	5y MMR1%	5y MMR 2 %
Rotherham ICB	2758	95.1	2769	95.9	94.4	2957	95.9	88.9	95.5	90.3

Improvement work

5.18 The NHSE Public Health Programmes Team are continuing to work with practices, the Local Authority Public Health Team and Child Health 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.

5.19 Childhood immunisations is a national, regional and place priority. Local work has continued throughout the year, following which improvement has been noted via the national COVER data, with all childhood immunisations having increased slightly from the previous two years.

6 Health Care Associated Infections

6.1 Healthcare-associated infections (HCAIs) are those linked to healthcare, either as a direct result of healthcare interventions (e.g. medical or surgical treatment), or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections, such as MRSA, MSSA, C.Difficile, E.coli, Pseudomonas Auruginosa and Klebsiella.

6.2 HCAI's pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected. As a result infection prevention and control is a key priority for the NHS.

6.3 Strategic objectives relating to Infection Prevention and Control (IPC) and quality requirements are included in the NHS standard contract. These are to:

- Improve quality including safety, clinical outcomes and patient experience.
- Meet national and locally determined performance standards, threshold objectives/ targets (including guidance/ advisory)
- Focus on reducing infection levels.
- Focus on actions to reduce the risk of infections and to support early diagnosis and appropriate treatment which will have beneficial effects for both patient outcomes and service demand.
- Support the delivery of the AMR National Action Plan (2024-29)

6.4 The following table summarises the key performance position and developments for health care associated infections over 2024/25.

HCAI:	TRFT	NHSR
MRSA	1	1
MSSA	22	74
Clostridium Difficile	71	119
E Coli	71	233
Klebsiella spp	24	62
Pseudomonas aeruginosa	19	31

6.5 The following table summarises the key performance position and developments for health care associated infections over 2024/25 along with the thresholds and comparison to 2022/2023.

HCAI	24/25	24/25	24/25 Objective		23/24	23/24	Comparison to 22/23	
	TRFT	NHSR	TRFT	NHSR	TRFT	NHSR	TRFT	NHSR
MRSA	1	1	Zero tolerance		1	6		
MSSA	22	74	No objective		12	72		

C. Difficile	71	119	44	89	44	103		
E Coli	71	233	46	236	48	213		
Klebsiella Spp	24	62	17	69	17	62		
Pseudomonas Aeruginosa	19	31	9	22	10	26		

MRSA

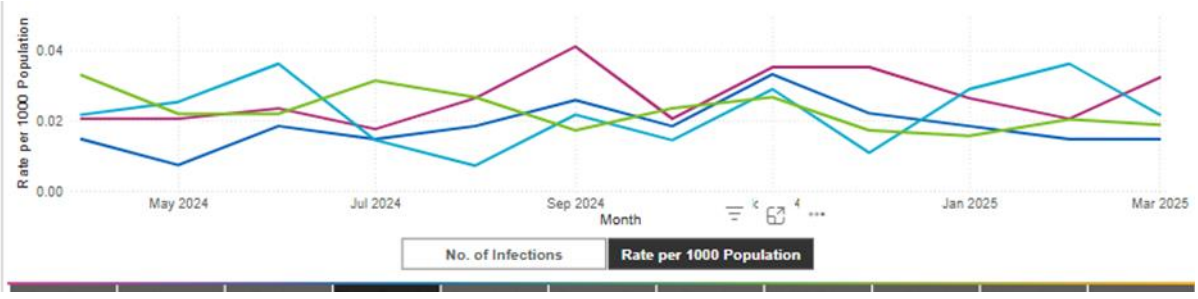
6.6 There is a zero tolerance approach to MRSA Blood Stream Infections. In 2024/5 there have been 2 cases; 1 hospital case that was identified as a likely contaminant and 1 community case. This is a reduction from last year when there were 6 cases in Rotherham.

6.7 Rotherham 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

6.8 There is no national threshold for this although numbers are monitored regularly. The number within the acute trust have increased and the community cases have decreased, although show an overall slight increase as a whole health community. The increase of hospital cases is addressed through the Patient Safety Incident Response Framework (PSIRF), with a focus on learning and improvement, and will continue to be monitored.

6.9 The graph below shows rate comparison over 2024-2025 with other South Yorkshire areas, where pale blue is Rotherham.



Clostridium Difficile

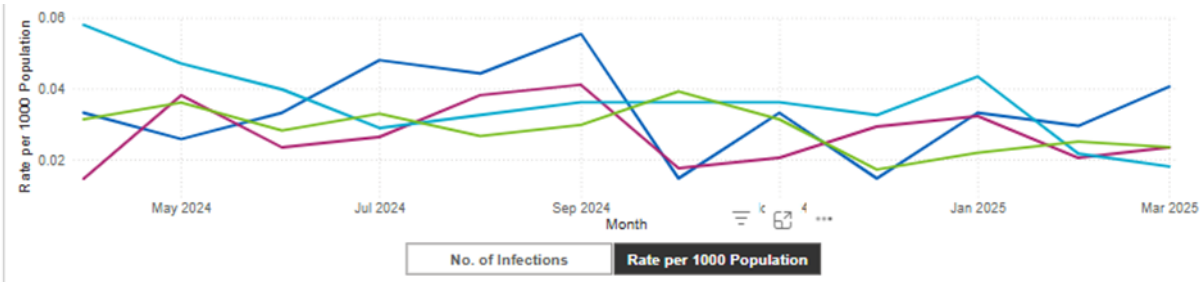
6.10 There has been am increase in cases in Rotherham. The increase of hospital cases is addressed through the Patient Safety Incident Response Framework (PSIRF), with a focus on learning and improvement.

6.11 Reviews have indicated some quality themes along with antibiotic prescribing. There have been targeted improvement strategies put into place that have shown reductions in Clostridioides Difficile (CD) cases as a result. There had been vacant microbiologist posts the situation has now improved with 2 Consultant Microbiology posts, one of which is a shared post with 2 Consultants who work between TRFT and Infectious Diseases, the other post is a Consultant who will start in July 2025. For Support there are 2 Specialist Registrars who will provide cover whilst in training. Antimicrobial stewardship has been identified as a quality priority for 2025/26.

6.12 The Antimicrobial Stewardship Group (ASG) re-established in September 2024, following an antimicrobial pharmacist appointment, the group oversees the antimicrobial stewardship activities of the Trust and includes representation from the ICB and GPs. This allows work streams to take place across the Rotherham health community.

6.13 Nationally there has been an increase in CD Infections. The thresholds set in the NHS Standard Contract remain unrealistic (particularly in Rotherham) due to the calculation process & are a poor measure in terms of quality improvement. This has been recognised nationally with discussions around how to measure rates opposed to case numbers.

6.14 The graph below shows rate comparison over 2024-2025 with other South Yorkshire areas, where pale blue is Rotherham. Green is Sheffield, Dark Blue is Barnsley, and Purple is Doncaster.



Gram Negative BSI cases

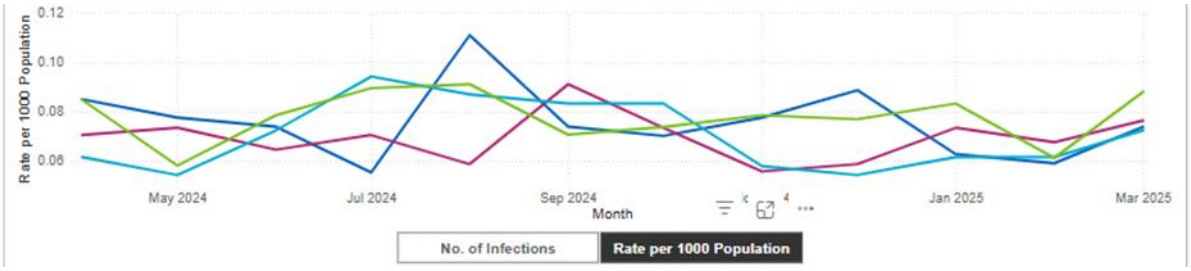
6.15 Gram negative infections remain predominantly urine related. E Coli, Pseudomonas and Klebsiella are all gram negative blood stream infections. There are variances in thresholds and case numbers with reasons for this being complex. There are ongoing surveillance and improvement projects.

- E coli –Rotherham place are below the threshold, TRFT have exceeded the threshold.
- Klebsiella – Rotherham place are below the threshold, TRFT have exceeded the threshold.
- Pseudomonas - Rotherham place and TRFT have exceeded the threshold.

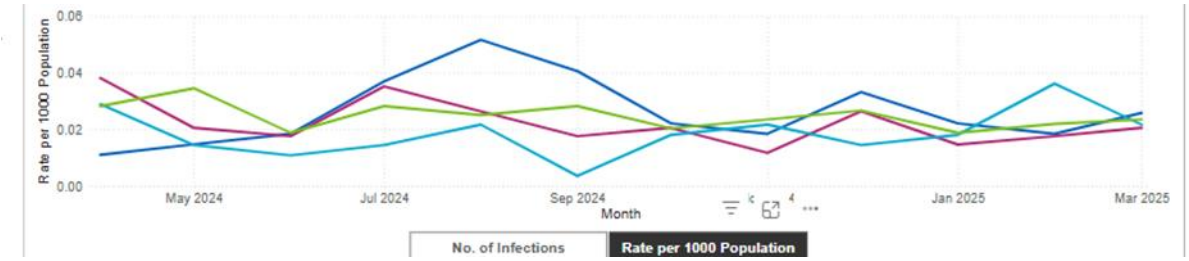
6.16 NHSE identified inadequate hydration as a possible causative factor. Rotherham place hydration project, with a multi-disciplinary team of health care professionals, have been working to improve hydration in care homes using specific measures and this has possibly had some positive effects on being below some thresholds.

6.17 The graph below shows rate comparison over 2024-2025 with other South Yorkshire areas, where pale blue is Rotherham.

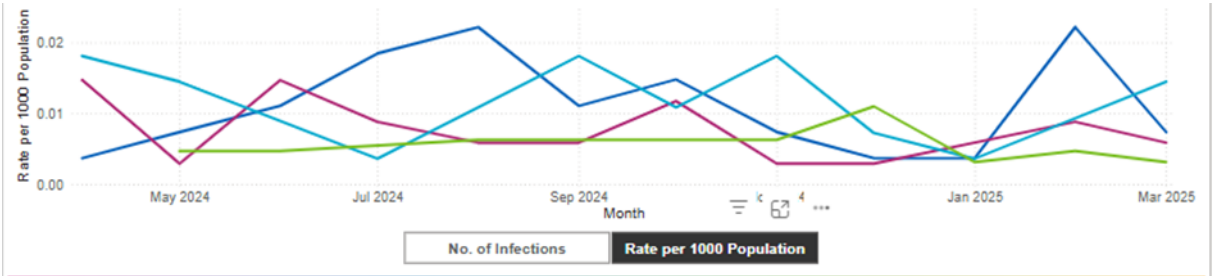
E Coli



Klebsiella



Pseudomonas



Hydration Project

6.18 This project, mentioned above, focuses on hydration in care homes. Part of the project focuses on urinary tract infection (UTI) assessment, sampling and prescribing. This is planned to be expanded through Rotherham GPs.

6.19 The Rotherham hydration project team won an award (HSJ award for Place Based Partnership and Integrated Care Award). They were also shortlisted for the Gov.net "Smarter Working Live Awards" which is a Government run Innovation as a Service Award. One of the team achieved a personal award - a CAHPO Award 2024 (Chief Allied Health Professional Officer Award) for AHP Innovation and Improvement in

Integrated Care Systems.

6.20 The project has shown a decrease in:

- The number of UTI's read coded on the GP system.
- The number of antibiotic courses prescribed and repeat antibiotics prescribed.
- The number of ambulance call outs to care homes
- The number of laxatives prescribed
- The number of barrier products prescribed.

Antimicrobial resistance

6.21 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.

6.22 The Antimicrobial Stewardship Group (ASG) oversees the antimicrobial stewardship activities of the Trust and includes representation from the ICB and GPs. This allows work streams to take place across the Rotherham health community.

6.23 Antimicrobial stewardship has been identified as a quality priority for 2025/26 at TRFT.

7 Spotlight: Tuberculosis

Main Messages

7.1 Tuberculosis (TB) notification rates in England in 2023 increased by 11.0% compared with 2022, the largest year-on-year increase in the current reporting period (2000 to 2023)

7.2 England remained below the World Health Organization (WHO) threshold of 10 per 100,000 population for a low incidence country, at 8.5 per 100,000 population in 2023 but the rate diverged further from the trajectory needed to meet the WHO End TB target by 2035.

7.3 Almost 80% of active TB notified in England was in people born outside the UK in whom rates increased by 7.2% to 40.1 per 100,000 compared with 2022.

7.4 The TB notification rate in people born in the UK in 2023 increased by 5.0% compared with 2022, this was the first rate-increase in UK-born individuals with TB UK since 2012 following a decade of continual decline.

7.5 The number of individuals born outside the UK notified with TB disease within 5 years of entry to the UK increased by almost 2-fold, compared with 2019; the largest increase was within people notified within 1 to 2 years of entry

7.6 The number of individuals with 2 or more social risk factors increased by 39% compared with 2018; these individuals often experience complex social needs and require enhanced support from services to access healthcare

TB Action plan for England

7.7 The TB action plan for England has 5 key priorities:

- Recovery from COVID-19
- Prevent TB
- Detect TB
- Control TB disease
- Workforce

7.8 These priorities are underpinned by:

- actions for specific population groups, that is, those with social risk factors, new entrants, people with drug resistant TB and children with TB
- measurable outcomes and indicators
- systems wide actions, that is, communications, surveillance, research and ensuring TB is included on prevention and health inequalities agendas

GIRFT (Get It Right First Time)

7.9 NHS England's prevention team commissioned the review to support the implementation of the National TB Action Plan for England 2021-2026 and to identify further improvements to sustain care and highlight good practice. A new data-driven national report produced by GIRFT into tuberculosis (TB) services across England outlines measures which can improve services for TB patients and the NHS staff who care for them.

7.10 The GIRFT TB review was to instigate a step change in care, reducing the burden of TB on patients, their careers, providers of TB services and the local and national health systems. The report includes recommendations for improvement which will need to be delivered by the NHS, NHS England and other key stakeholders, recognising that there are multiple organisations who need to be involved to deliver some of the improvements.

TB in Rotherham

7.11 Rotherham has a low incidence of TB but a significant proportion of cases have risk factors for poor treatment completion and onward transmission to others such as homelessness, drug or alcohol use, a history of imprisonment or mental health issues.

7.12 Case management is the comprehensive follow-up of a suspected or confirmed TB case. Case management requires a collaborative multidisciplinary team (MDT) approach. Case management is commenced as soon as possible after a suspected case has been identified. Enhanced Case Management (ECM) applies to any case

where more than the usual amount of TB Nurse time (as outlined by the RCN) is required for their management. Level 0 (zero) refers to Standard case management, and ECM levels ranged from 1-3 depending on their complexity. Rotherham cases are often in need of ECM level 3. Although the number of active TB cases is considered low, the cases are high in complexities, and support mechanisms such as Video Observed therapy have been utilised to support concordance with treatment.

7.13 Rotherham has a robust process to support the TB screening of high risk individuals that are new entrants to the country. The TB nursing service works closely with the Gate surgery to ensure the care of individuals, identified as having latent TB infection are seen and treated in timely fashion. Patients cared for who are diagnosed latent TB infection are also cared for using the Case management tool. Further work is planned to look at other TB screening opportunities to further support the reduction in active TB disease cases in the future

7.14 Cohort review has now been adopted, and a clinical network meeting format is in place and is held jointly with South Yorkshire TB services. This process supports clinical discussions of complex cases. The overall aim is to ensure that best practice has been followed in treatment and contact tracing and reflect on regional practices.

8 Infection, Prevention and control (IPC)

8.1 There are statutory responsibilities regarding IPC affecting a range of health and social care organisations. Direct responsibility for the health and safety of people within in a setting, such as a care home, lies with the provider. The Director for Public Health has a role to work with UKHSA and the NHS through the Integrated Care Partnership to ensure arrangements are in place for health protection. Such arrangements should include infection and prevention control within health and care settings.

8.2 Rotherham, as a geographical area, has a range of IPC staff roles. There are staff with specific IPC roles working within the Rotherham NHS Foundation Trust and the Rotherham Doncaster and South Humber NHS Foundation Trust, as well as a Lead Infection Prevention and Control Nurse for Rotherham based within the NHS ICB.

8.3 RMBC has a service specification for Care Homes for Older people which includes necessity for providers to have suitable IPC policies and procedures. RMBC commissioned care homes must adhere to the requirements, including training for staff, ensuring IPC policies and practice are in place and engaging with agencies such as UKHSA.

8.4 In 2024-2025 a Senior Public Health Practitioner with the local authority Public Health Team began to work on IPC, and this was formalised to 0.8 whole time equivalent (wte) dedicated to IPC work as of January 2025.

8.5 This staffing capacity is being used to carry out targeted work with Care Homes to support IPC audit and provide support to improve IPC capabilities and practice where this is required. Currently this post carries out the following work.

- Contacting all care homes with outbreaks and providing support and advice, recontacting them after 5 days to ensure the outbreak is controlled and no further interventions are required.

- Audits with care homes who agree to participate, with follow up when required.
- Engagement with contract compliance team at RMBC, and wider care home workforce as part of Risk Management Meetings.
- Arranging quarterly IPC Champions meetings, with representatives from every care home.
- Drafting a monthly IPC Newsletter, with updates and advice

8.6 Between Jan 2025 and March 2025:

- 10 audits have been undertaken
- 5 initial care home visits have taken place (to introduce care homes to the IPC offer)
- Support has been provided for 14 outbreak situations

9 Emergency planning and response

9.1 Through 2024/25, significant progress has been made to uplift and review emergency response plans, predominantly held by the Emergency Planning Service and that underpin the Council integrated response and recovery plan. Plan review was slowed because of the Covid 19 international pandemic and recovery from this has taken time.

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9.3 In line with the risk profile, the following plans are held and maintained by the Emergency Planning Service:

- Generic Incident response and recovery plan (formerly Major Incident Plan, Recovery framework and Council wide business continuity)
- Adverse Weather (all scenarios)
- Flood Response Plan
- Disruption to Fuel Supplies (in line with the national Emergency Plan for Fuel)
- Humanitarian Assistance (Rest Centre)
- Mass Fatalities response framework (LRF plan, developed and owned by the Emergency Planning Shared Service)
- Reservoir Inundation Plan

9.4 Of note, the Council's Integrated Response and Recovery Plan was the most complex review as it includes not only command and control arrangements, but generic response arrangements developed in line with the nationally recognised integrated emergency management concept. This has involved a wide range of consultation and external peer review which is complete.

9.5 To support and underpin the Integrated response and recovery plan, new thematic operational plans will need to be developed by services, in conjunction with the EPS, over 2025 / 26.

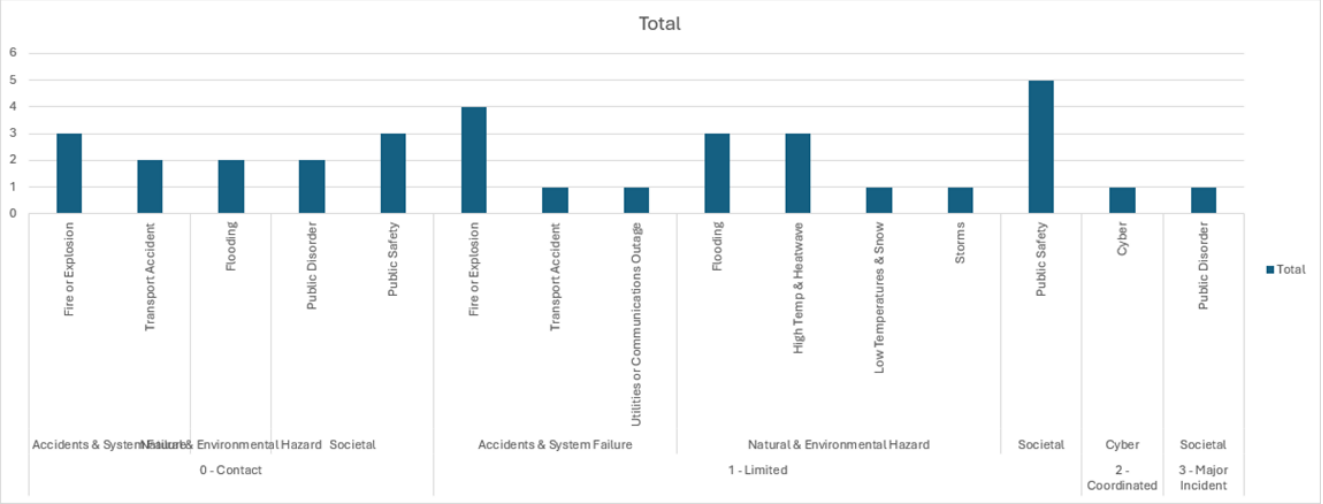
9.6 In tandem, the four Local Authorities (Rotherham, Sheffield, Barnsley and Doncaster) have developed a South Yorkshire rest centre plan with the aim of a county wide approach to deployment of provision, including common processes and training. Go live is expected over Summer 2025, to allow for four local authority training and readiness activities to take place.

Incidents (including planned operations)

9.7 Through 2024/25, incident response mechanisms were either notified or mobilised to respond to 33 incidents in total across the Rotherham Borough. These are illustrated below, summarised by type and incident category in line with the council Integrated response and recovery plan (definition below):

(***Contact** – an arbitrary field added to capture misdirected / managed calls, Limited – limited activity,

Coordinated – several services involved with coordinated levels of support, Major Incident – as per the JESIP definition, major disruption with a range of serious consequences, requiring special arrangements to be put in place)



Training & Exercise

9.8 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.

9.9 Of note, Exercise Solaris a precursor to Exercise Pegasus, the Tier 1 Pandemic Exercise taking place in Autumn 2025, was delivered on 23 April 2025. During the full day play, each participating agency, including Rotherham, co-located to review pre-set questions, and then fed into a plenary session, resulting in a county wide debrief workbook to inform national play. Subsequently, the Rotherham representative group agreed to build on the local conversation and knowledge sharing in the creation of task and finish work streams to inform local plans and arrangements.

9.10 Exercise Pegasus in Autumn 2025 will start with Ministerial COBR decisions on three “Anchor Days”, which will be immediately followed by a “Commission Day” where the national exercise team will provide commissions to Government Departments and LRFs

based on the Ministerial COBR decisions. LRF activity will then take place as arrangements are currently being considered broadly; Emergence Phase (Health protection arrangements), Containment Phase, Mitigation Phase.

9.11 The Emergency Planning Service continue to work closely with the Director of Public Health Office on all training and exercises, including Exercise Pegasus.

10 Environmental Health and Trading Standards

10.1 The service delivers a broad range of enforcement and regulatory functions which are mainly statutory obligations to protect health or consumers. 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
- Health and Safety at Work
- Infectious Disease investigation
- Tobacco Control
- Industrial Pollution
- Statutory Nuisance

10.2 The period 2024 to 2025 continued to be dominated by the response to cannabis cultivation, consultation on a new Selective Licensing scheme, dealing with our most disadvantaged localities and significant staffing challenges in Trading Standards function. Activity included:

- Almost 15,000 proactive visits and investigations undertaken
- Issuance of over 60 Fixed Penalty Fines for waste offences
- Food Safety inspections - 798 Food Hygiene Inspections and 582 Food Standards inspections were fully delivered. A significant increase in Enforcement activity for Food Safety was also recorded, with 14 Improvement Notices served, 1 Emergency Prohibition and one prosecution prepared for Court (to be heard in 2025/26).
- 950 formal Housing Act notices served in relation to hazardous housing conditions
- Seizure of illicit vapes to a value of £16,369
- Seizure of illicit tobacco to a value of £10,968
- 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
- Worked with UKHSA and Public Health to deliver improved handling of Infectious Disease investigation. This includes:

Notification type	2024/2025
Shigella (Dysentery)	6
Hep A Viral Hepatitis	2
Salmonella enteritidis	7
Salmonella typhimurium	4
Salmonella	42
E.coli O157	8
Giardia spp.	4
Cryptosporidium spp	24
Legionella	1

11 Programme Priorities for 2025 / 2026

11.1 Ensure Health Protection assurance and leadership is provided in Rotherham.

11.2 Participate in national pandemic preparedness events (Exercise Pegasus and Exercise Solaris).

11.3 Build upon community IPC provision.

11.4 Ensure Health Protection roles and responsibilities across Rotherham Place are understood, to ensure a Rapid Response to an incident is possible.

11.5 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.

11.6 To ensure further work is carried out to ensure health protection, work programmes are embedded in local systems to support reducing health inequalities.

11.7 Tackling Tuberculosis through improving awareness to increase screening and treatment targeting underserved populations. Undertaking work to understand the latent TB population in Rotherham.

11.8 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 with specific focus on understanding the reasons for reduced flu vaccine uptake to inform planning and activity

11.9 Reducing the impact of adverse weather on health, ensuring Rotherham is prepared for adverse weather events, including a refresh of the adverse weather policy in 2025-2026.

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

11.11 To ensure a consistent approach for action to address Anti-Microbial Resistance, working with partners to provide assurance via a newly formed working group.

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

Appendices

Appendix 1 Health Protection Committee terms of reference & affiliated groups

Appendix 2 Roles in relation to delivery, surveillance and assurance

References

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Appendix 1

HEALTH PROTECTION COMMITTEE
TERMS OF REFERENCE

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
July 2025	3.0	Denise Littlewood / Jaimee Wylam	Reviewed and amended as part of annual health protection report 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.

Appendix 2

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

11.12 Prevention and control of infectious disease

Normal working arrangements are described in the paragraphs below. During an incident, such as a pandemic, there would be expected to be an enhanced response to infectious disease, with additional responsibilities taken on by partners. For example, Local Authority Public Health teams took on additional responsiblity 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 the NHS and UKHSA. 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 update 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, is published during the Winter months.

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.

National screening and immunisation policy and standards is set nationally, through expert groups (e.g. 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.