

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	11/11/2026
	LEAD OFFICER	Denise Littlewood
	TITLE:	Health Protection Principal
Background		
1.1	The 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	<p>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. The report will cover the following areas:</p> <ul style="list-style-type: none">• Infectious disease management• National programmes for screening• National programmes for vaccination and immunisation• Healthcare associated infections, including a spotlight on TB• Infection prevention and control• Health emergency preparedness and response.• Environmental health and trading standards	
Key Issues		
2.1	<p>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. The report will cover the following areas:</p> <ul style="list-style-type: none">• Infectious disease management	

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Key Actions and Relevant Timelines	
3.1	Strategic Health Protection Actions <ol style="list-style-type: none"> 1. Provide Health Protection assurance and leadership across Rotherham. 2. Participate in national pandemic preparedness exercises (Exercise Pegasus and Exercise Solaris). 3. Strengthen community Infection Prevention and Control (IPC) provision, including audits and care home support. 4. Ensure clarity of roles and responsibilities across Rotherham Place for rapid incident response. 5. Maintain and enhance surveillance systems for communicable diseases in partnership with UKHSA, focusing on emerging threats. 6. Embed health protection work into local systems to reduce health inequalities.
3.2	Targeted Health Improvement Actions <ol style="list-style-type: none"> 7. Increase uptake of vaccination and screening in deprived areas and underrepresented groups: <ul style="list-style-type: none"> ◦ Focus on childhood immunisations (MMR, HPV). ◦ Improve flu vaccination uptake, especially among 2–3-year-olds, pregnant women, and vulnerable groups. ◦ Support cervical, breast, and bowel screening uptake. 8. Tackle Tuberculosis (TB): <ul style="list-style-type: none"> ◦ Improve awareness and screening. ◦ Target underserved populations. ◦ Understand latent TB prevalence in Rotherham. 9. Address antimicrobial resistance (AMR): <ul style="list-style-type: none"> ◦ Implement a consistent approach via a new working group. ◦ Strengthen antimicrobial stewardship across health settings.
3.3	Preparedness and Environmental Health <ol style="list-style-type: none"> 10. Refresh adverse weather policy and ensure readiness for extreme weather events. 11. Improve links with Sexual Health Strategy Group for better assurance on STIs. 12. Continue emergency planning improvements, including thematic operational plans and integrated response frameworks.

Implications for Health Inequalities	
4.1	Health protection measures (infectious disease control, environmental hazard management) can either mitigate or exacerbate health inequalities, depending on design and implementation.
4.2	Effective strategies require integrating health equity principles into emergency response, surveillance, and preventive programs.
4.3	Tackling upstream social determinants—housing, education, employment—is essential for sustainable health protection.
Recommendations	
5.1	Strengthen System Leadership and Collaboration <ul style="list-style-type: none"> • Ensure all partners across Rotherham Place understand their health protection roles and responsibilities to enable rapid and coordinated responses to incidents. • Maintain strong multi-agency collaboration between RMBC, UKHSA, NHS, and community organisations.
5.2	Embed Health Protection in Inequality Reduction Strategies <ul style="list-style-type: none"> • Integrate health protection actions into local plans aimed at reducing health inequalities. • Target interventions in areas of deprivation and among underserved groups, focusing on vaccination, screening, and TB prevention.
5.3	Improve Uptake of Preventive Programmes <ul style="list-style-type: none"> • Work with primary care, schools, and community partners to increase uptake of: <ul style="list-style-type: none"> ◦ Childhood immunisations (MMR, HPV). ◦ Seasonal flu vaccination, especially for vulnerable cohorts. ◦ Screening programmes (breast, bowel, cervical), with tailored support for people with learning disabilities and severe mental illness.
5.4	Enhance Infection Prevention and Control <ul style="list-style-type: none"> • Expand IPC audits and training in care homes and community settings. • Continue hydration and antimicrobial stewardship initiatives to reduce healthcare-associated infections and antimicrobial resistance. •
5.5	Prepare for Emerging Health Threats <ul style="list-style-type: none"> • Engage fully in national pandemic preparedness exercises (Pegasus and Solaris). • Refresh adverse weather plans and ensure resilience for environmental hazards.
5.6	Focus on Tuberculosis Control <ul style="list-style-type: none"> • Increase awareness and screening for TB among high-risk and socially vulnerable populations. • Strengthen case management and explore additional screening opportunities.