Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils

2019- 2020

March 2021

Contents

1. Introduction

1.1 This report provides a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviews performance for the period from 1 April 2019 to 31 March 2020, for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly.

1.2 The report considers the following domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance

1.3 The report sets out:

- Structures and arrangements in place to assure performance
- Performance and activity during 2019-20
- Actions taken to date against health protection priorities identified by the Committee for 2019-20
- Priorities for 2020-21

1.4 The timeframe for this report covers the period 1 April 2019 to 31 March 2020, and it was during the last months of this period that the magnitude of impacts of the novel coronavirus SARS Co-V became apparent.

1.5 Much of the general business as usual work of the health protection system at large was abruptly halted, scaled back, re-deployed and mobilised towards the single objective of mitigating the impact of COVID-19 within Devon, Cornwall and Isles of Scilly and the wider United Kingdom. The work signalled in this report and the priorities identified will inevitably need to be reconsidered, reset and re-shaped within the context of both the impacts of COVID-19 during 2020 and the legacy effects thereafter.

2. Assurance Arrangements

2.1 On 1 April 2013, most former NHS Public Health responsibilities transferred to upper tier and unitary local authorities, including the statutory responsibilities of the Director of Public Health. Local authorities, through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:

- Prevention and control of infectious diseases
- National immunisation and screening programmes
- Health care associated infections
- Emergency planning and response (including severe weather and environmental hazards).

2.2 The Health Protection Committee is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly.

2.3 The aim of the Health Protection Committee is to provide assurance to the local Health and Wellbeing Boards that adequate arrangements are in place for prevention, surveillance, planning, and response to communicable disease and environmental hazards, to protect the public's health.

2.4 Terms of Reference were agreed by Local Authority Directors of Public Health, their Health Protection Lead Officers, and representatives from Public Health England (PHE), NHS England (NHSE) and NHS Improvement (NHSI) and the Clinical Commissioning Groups (CCG). Meetings of the Health Protection Committee are held quarterly.

2.5 The following groups sit alongside the Health Protection Committee and support mitigation of risks and achievement of local priorities:

- Devon Infection Prevention and Control Forum
- Cornwall Directors of Infection Control Group
- Devon, Cornwall and Somerset Health Care Associated Infection Network
- Devon Antimicrobial Stewardship Group
- Cornwall Antimicrobial Resistance Group
- Health Protection Advisory Group for wider Devon
- Locality Immunisation Groups for Devon, Plymouth, Torbay, Cornwall and the Isles of Scilly
- South West (South) Seasonal Influenza Strategic Group (and related flu network meetings)
- Devon Flu Planning and Oversight Group
- Cornwall System Flu Group
- Screening Programme Board meetings
- Plymouth Health Protection Locality Group
- Local Health Resilience Partnership and Group
- Devon, Cornwall and Isles of Scilly Local Resilience Forum
- Public Health England led Migrant and Refugee Health Network
- Public Health England led South West South TB Network
- South West Peninsula Hep C Operational Delivery Network

2.6 All the oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and Public Health England and into individual partner organisations.

2.7 NHSE, PHE and CCG provide quarterly performance, surveillance, and assurance reports to the Health Protection Committee.

2.8 The Local Authority Lead Officers review surveillance and performance monitoring information to identify health protection risks and/or under performance prior to committee meetings. Officers are responsible for liaising with relevant partners to ensure that actions have been agreed to mitigate against any identified risks, or to improve performance. The outcomes of these discussions are formally reported to the Health Protection Committee for consideration and agreement.

2.9 A description of current organisational roles and responsibilities can be found in the subsequent sections.

3. Prevention and Control of Infectious Diseases

3.1 Organisational Roles and Responsibilities

3.1.1 NHS England and NHS Improvement is responsible for managing and overseeing the NHS response to an incident, ensuring that relevant NHS resources are mobilised and commanding or directing NHS resources as necessary. Additionally, NHS England and NHS Improvement is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health. They also commission the national immunisation and screening programmes.

3.1.2 Public Health England, through its consultants in communicable disease control, will lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents, and has responsibility for declaring a health protection incident, major or otherwise. It also advises on screening and immunisation policy and programmes through NHS England and NHS Improvement.

3.1.3 The Clinical Commissioning Groups' role is to ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening/diagnostic and treatment services).

3.1.4 The Local Authority, through the Director of Public Health or their designate, has overall responsibility for the 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 NHS England and Public Health England, supported by the local Clinical Commissioning Group. In addition, they must be assured that the local health protection system is robust enough to respond appropriately to protect the local population's health, and that risks have been identified, are mitigated against, and are adequately controlled.

3.2 Surveillance Arrangements

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

3.2.2 Fortnightly bulletins are produced throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus. These bulletins report information for the Public Health England Centre geography (Devon, Cornwall and the Isles of Scilly, and Somerset). Furthermore, Public Health England provides a list of all community outbreaks all year round.

3.2.3 The Devon Health Protection Advisory Group, led by Public Health England and convened quarterly, provides a forum for stakeholders, including hospital microbiologists, environmental health officers, consultants in public health, water companies and infection control nurses, to share intelligence and any risks identified in local arrangements to manage communicable disease incidence.

3.3 Activity in 2019/20

3.3.1 Public Health England Local Health Protection Teams provide the specialist response to infectious disease and hazard related situations across Devon and Cornwall, supported by local, regional and national expertise.

3.3.2 Common settings for infectious disease outbreaks are educational settings and care homes. These settings experience outbreaks of seasonal illnesses, particularly respiratory and gastrointestinal infections such as influenza and norovirus. Other episodes will relate to illnesses such as scarlet fever and chicken pox and scabies.

3.3.3 Other outbreaks have been managed throughout the community and in particular settings, such as the hospitality industry, workplaces, healthcare settings or in particular population groups such as those who misuse substance. Situations responded to have included:

- Invasive group A streptococcal infections in particular subgroups including strains associated with intravenous substance misuse
- Mumps outbreaks associated with the young adult population in settings such as universities
- Workplace TB outbreaks
- Individual PHE and local system responses for less common diseases, such as Legionella, Lassa fever, Monkeypox and Typhoid.

3.3.4 PHE, both locally and with national experts, has worked to respond to specific incidents or public concern relating to environmental hazards. The Health Protection Committee and PHE have collaborated to co-ordinate the response to scrutiny of 5G that presented during this year.

3.3.5 As well as supporting the response to the specific situations, PHE and local partners have worked together to develop further preventative and co-ordinated system response across several specific diseases and particular at risk groups. Examples of work undertaken in this year include:

- A Strep A / iGAS South West Group was formed and produced recommendations and training resources for staff with particular focus on the Drug & Alcohol Network
- A South West wide complex needs population and health protection meeting was held and agreed the intention to form a network to focus on the specific needs of this group.
- Consistent with the national picture, there was an increased number of notifications of mumps among students and a mumps university toolkit has been produced for the Autumn intake 2019
- A Devon TB Pathway and Memorandum of Understanding (MOU) is now in development to support a more co-ordinated response to TB cases where there is complexity in need.

3.3.6 During this year, as part of the Devon STP prevention workstream, funding was finalised for a Devon-wide community infection management service. Recruitment to this service was completed in Quarter 4. The service will provide additional on the ground support to community health and care settings for infection management.

3.3.7 Co-ordinated by PHE, a South West Health Protection Local Authority network was initiated. A proposal to develop an approach for the development of Collaborative Strategy for Integrated Prevention & Control of Infection in the South West of England was initiated and an MOU is in progress.

3.3.8 Work was also completed on a Standard Operating Procedure (SOP) for single cases of infectious disease between Public Health England South West and Environmental Health teams across the South West. This SOP supports the following objectives:

- To deliver a safe, efficient and effective acute-response service for health protection and infectious disease control across the South West
- To maximise the available capacity within the existing health protection and environmental health workforce across the South West, and
- To maintain and develop core public health competencies in health protection and infectious disease control within the health protection and environmental health workforce across the South West

3.4 **Challenges**

3.4.1 The most salient challenge over the year was the escalation of the COVID-19 situation in the final quarter of the year that has been associated with a surge in demand for public health advice, guidance and intervention. This has required PHE, local health protection teams, local authority public health teams and the newly constituted CCG Community Infection Management Service to scale up COVID-19 facing response.

3.4.2 To provide responses to other infective and communicable disease incidents within the context of COVID-19 demands. The work described above on a Standard Operating Procedure (SOP) for single cases of infectious disease between Public Health England South West and Environmental Health teams across the South West has been supportive in meeting these demands.

4. Screening and Immunisation

4.1 Organisational Roles and Responsibilities

4.1.1 Population Screening and Immunisation programmes are commissioned by NHS England and Improvement under what is known as the Section 7A agreement. There are 20 population immunisation programmes and 11 population screening programmes. These programmes cover the whole life course from antenatal to elderly persons and, in any one year, approximately 70% of the population will become eligible for at least one immunisation or screening test. These programmes are therefore a core element of prevention and early diagnosis and offer opportunities for accessing populations to improve wider health and wellbeing.

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

4.1.3 Public Health England is 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 Public Health England, work alongside NHS England Public Health Commissioning colleagues to provide accountability for the commissioning of the programmes and system leadership.

4.1.4 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 Public Health England in efforts to improve programme coverage and uptake.

4.2 Assurance Arrangements

4.2.1 The South West Screening and Immunisation Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes. These reports provide up-to-date commentary on current issues and risks and unpublished data if this is necessary for assurance purposes. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with Public Health England specialists to agree mitigating activities.

4.2.2 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.

4.2.3 During 2019/20, there was an extension of Locality Immunisation Groups (LIGs) so that they are in place across all four local authorities. Here the Screening and Immunisation Team will work closely with local partners to review the implications of immunisation related strategies and to develop action plans. Locality Immunisation Groups are already in place in Cornwall and Plymouth. The relaunched Torbay LIG met in January 2020 and agreed that the focus for the year would be MMR. A new arrangement for the Devon LIG has been agreed and preparation is underway. Normally meeting quarterly, the COVID-19 response has disrupted the schedule of these Locality Immunisation Groups.

4.2.4 In addition to the LIGs, there are specific groups in place for flu immunisation including a separate South West (South) Seasonal Influenza Strategic Group. For the 2019/20 flu immunisation season, a Plymouth flu planning and oversight group was expanded to cover the STP footprint and a system-wide action plan was developed. This is mirrored by the already established Cornwall group. The Screening and Immunisation Team has supported the Devon and Cornwall system-wide flu groups and the action plans and will continue to link regional work with local priorities. These groups meet monthly throughout the flu season.

4.2.5 There are oversight groups (Programme Boards) for all screening programmes and these form part of the local assurance mechanisms to identify risks and oversee continuous quality improvement. In addition, specific project groups are convened, as necessary, to oversee significant developments in the programmes and the introduction of new programmes.

4.2.6 All the oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and Improvement and Public Health England and into individual partners.

4.3 Screening Programmes: Activity in 2019/20

4.3.1 This section summarises some of the key developments for the individual screening programmes during 2019/20. All programmes have continued to meet national standards, with a few exceptions, and for these areas, action plans and improvement plans are in place.

4.3.2 Table 1: The following table sets out some of the key activities and developments that were undertaken during 2019/20 in individual screening programmes.

Screening programme:	
Bowel	The new, more sensitive screening test FIT120 was introduced replacing the Faecal Occult Blood (FOB) test. There was further expansion of the bowel scope programme across the region.
Breast	Workforce issues continued to exert pressure across the South West programmes and are also a national concern. The South West Screening and Immunisation Team and Public Health Commissioning Team have been working closely with Health Education England and with providers to develop action plans and solutions to address these challenges. Planning for capital replacement of mobile vans and options appraisal for new fixed sites have been undertaken. A breast screening health equity audit for Devon and Cornwall was commenced. The work to complete this was held up due to COVID-19 redeployment. A final report will be delayed until 2020/21. Development of a video designed and produced with women with learning disabilities to explain screening and encourage uptake.
Cervical	The Be Clear on Cancer campaign that ended in April 2019 was successful and led to an increase in demand for screening. The move to switch to HPV primary testing was completed across the region in March 2020.

Screening programme:	
Antenatal/ Neonatal	The coverage of the antenatal screening programme is almost 100% so, in order to better understand any continuing barriers to screening for the few women that decline screening, an audit of women who decline antenatal screening and what local initiatives to engage with women to improve informed consent were being undertaken. Continued improvement in the avoidable repeat rate for the new-born bloodspot programme. A South West new-born bloodspot screening best practice pathway document has been developed and is being used to identify areas for improvements and local action plans. The University of Plymouth delivered courses to increase workforce capacity and assure training to undertake the New-born and Infant Physical Examination.
New-born Hearing	The Peninsula is one of only a few areas of the country where the initial screening test is delivered by health visitors at the new birth visit, supported by the specialist screening team. Interest has been expressed by providers about alternative models and meetings were facilitated by the Screening and Immunisation Team during 2019/20 to explore this further. No change was planned for Cornwall. For Devon, a stakeholder engagement workshop was undertaken in October 2019 and January 2020 to consider options for future models of delivery.
Diabetic Eye	Following a South West procurement process, since April 2019 there has been a new provider for a whole of Devon service (previously three separate providers); the Cornwall provider remained the same. There was a smooth mobilisation to the new Devon service and increasing uptake achieved during the year in both areas.
Abdominal Aortic Aneurysm	The two providers covering the Devon area have continued to deliver a high-quality service throughout the year. There have been no significant changes to the service in that time.

4.4 Screening Programmes: Challenges

4.4.1 Workforce issues continue to be a challenge for the breast and bowel cancer screening programmes. In the cervical screening programme, a range of initiatives have been put in place by NHS England Integrated Public Health Commissioning Team supported by Health Education England, and the use of local CQUINS to support providers to address workforce pressures.

4.4.2 Uptake of screening, particularly in relation to cancer screening, continues to be an area of ongoing activity. A Joint Cancer Alliance Stakeholder event was held in the Autumn of 2019 "Improving Uptake of Cancer screening in the South West". A breast screening healthy equity audit is being progressed. As part of the joint work with the South West Cancer Alliance, funding has been made available for a cervical screening 'Innovation Fund'. This has funded 56 projects aimed at increasing cancer screening uptake across the region; 30 are in Devon and Cornwall.

4.4.3 At the start of the pandemic, from April 2020, all screening programmes except the antenatal and new-born programmes have been impacted by the COVID-19 pandemic resulting in some programmes initially having to pause as a result of infection, prevention and control and other factors. All programmes resumed activity by mid-2020/21 and have been working to return the programme back to a business as usual footing. For some programmes, this will require significant investment to increase capacity to be able to deliver screening in a COVID-19 secure manner (for example, longer appointments to follow PPE and IPC procedures) and to offer screening to all those individuals that were affected by the pause in

the programmes in a timely way (as set out by national guidance). The Screening and Immunisation Team has been providing assurance about the recovery of the programmes through the quarterly report to the Health Protection Committee.

4.5 Screening Programmes: Priorities 2020/21

4.5.1 The priority for all the screening programmes is to achieve full restoration and recovery back to a business as usual footing within national recovery timelines, and in a manner that ensures that screening is safe for both patients and staff with all necessary infection, prevention and control requirements are implemented. A national risk stratification approach is being taken to identify those at higher risk, who should be seen as a priority. There is a requirement to ensure that the full care pathways are in place for those screened pre-COVID-19 and that need to progress along the diagnostic pathway.

4.5.2 Continue to develop actions to support workforce challenges.

4.5.3 Continue to develop the inequalities agenda through completion of the breast screening health equity audit and working with the Cancer Alliances and local partners.

4.5.4 Continue the review of service delivery options for the Devon New-born Hearing Screening Programme.

4.6 Immunisation programmes: Activity in 2019/20

4.6.1 This section summarises some of the key performance data and developments for the immunisation programmes over 2019/20. Immunisation data for 2019/20 is available for the childhood primary immunisations, flu programme and PPV[1].

4.6.2 Table 2: The following table sets out the key activities and developments that have been undertaken during 2019/20 in individual immunisation programmes (more detail can be found in **Appendix 1**).

Immunisation:	
Primary childhood immunisations	The national target for coverage of childhood immunisation is 95%. The Peninsula performs well for the coverage of the primary childhood immunisations and all the 4 LA areas achieve levels that are above the England average in all the childhood primary immunisations (see Appendix 1). All areas achieve over 95% (herd immunity) for MMR coverage (one dose at 5 years). Further improvement on last year has been seen for MMR 2 at 5 years, as all 4 LA areas have uptake over 90%, compared to England at 86.8%. Work undertaken in year to improve uptake included the MMR innovation fund workstream (85 practices participated delivering interventions and over 1,450 children vaccinated), survey of high performing GP practices, and development of a resource pack to share good practice, targeted visits to GP practices with low uptake to review current practice and encourage quality improvements initiatives. In April 2019, the government announced a change to the childhood pneumococcal programme, which is to move from the 2+1 to a 1+1 schedule. The change will be for all children born on or after 1st Jan 2020 so will start at the end of March 2020 when they are 12 weeks old.

[1] Pneumococcal polysaccharide vaccine (PPV) is given to people aged 65 and over and people at high risk because they have long-term health conditions

	Following increases in measles outbreaks, there has been a renewed national focus on improving childhood immunisation uptake rates with the publication of a Vaccination Strategy and Value of Vaccines campaign, and a Measles and Rubella Elimination Strategy (MRES) that was launched during 2019/20. The Screening and Immunisation Team has responded by developing a comprehensive South West multi-agency, system-wide MRES project and held a stakeholder engagement in February 2020. Fourteen projects have so far been identified each with several workstreams. There will be a multi-agency Programme Oversight Board to include key stakeholder membership. During the COVID-19 period, all childhood immunisations were required to be maintained. Local surveys and assurance work across the South West region confirmed that primary care was continuing to provide a comprehensive level of service for all childhood immunisations. Further monitoring of the data sources is underway to assure that coverage remains good.
School-aged immunisations	The extension of the HPV vaccination programme to include Year 8 boys began in September 2019 (to be called the universal HPV programme). PHE published gender neutral literature for providers, young people and parents/carers. Introduction of electronic referrals by some providers. Due to the COVID-19 situation, school immunisations were ceased part way through the September 2019 to July 2020 academic year when schools closed. All providers are working to recover their programmes for the 2019/20 and 2020/21 cohorts by 31 Aug 2021. Uptake rates for 2019/20 academic year are therefore not yet available. The school-aged programme also includes flu vaccination (see Flu immunisation below).
Vaccinations in pregnancy	All South West maternity providers are now commissioned to provide pertussis and flu vaccination in the maternity setting. There have been no significant changes to the services in Devon and Cornwall during 2019/20. During COVID-19, delivery of both pertussis and flu vaccination has been maintained in both maternity services and primary care. Maternity services have adjusted their care pathways to reduce face-to-face contacts, where possible, and vaccines are being delivered at the 20-week scan.
Older people immunisations	For pneumococcal, performance is broadly in line with England and within the amber range. During 2019/20, development of a Shingles work programme with the plan to start a tiered approach to targeted work with low and medium uptake practices. A resource pack will be provided to all low and medium uptake surgeries, with access to this for all higher uptake practices. This work will initially focus on Cornwall (also Dorset) given the higher proportion of older population. This work had to be paused due to the impact of COVID-19. During COVID-19, due to public health guidance on shielding and social distancing (particularly for the clinically vulnerable), there is likely to have been a reduced opportunity for delivery of the Shingles and pneumococcal vaccinations. The opportunistic delivery of these vaccines is being promoted through communications with primary care.

Older people immunisations	The eligibility for the Shingles vaccination has been extended to capture those that were turning 80 years old during the COVID-19 period to ensure that they did not miss the opportunity to be vaccinated.
Flu immunisations	There were some vaccine supply challenges early in the season, particularly for the at-risk and school children's groups. For the over 65s flu immunisations, all the LAs across the Peninsula performed in line with national figures and maintained a similar performance to that of the previous year. For the under 65s at risk groups, performance was reduced compared to the previous year. Performance for the 2-3 year old flu immunisations were well above the England average. Performance for the other groups, though broadly in line with England, are all below target figures.

4.7 Immunisation Programmes: Challenges

4.7.1 The key challenge going forward is to recover the impact of COVID-19 on some immunisation programmes. This is on a backdrop of coverage that does not meet national targets in some areas and in the context, in primary care in particular, of services that are very stretched due to the roll-out of the COVID-19 vaccination programme and pressures to recover wider services.

4.8 Immunisation Programmes: Priorities 2020-21

4.8.1 Monitoring of immunisation rates associated with the impacts of COVID-19 restrictions and, where necessary, development of recovery plans.

4.8.2 School-aged immunisation: Plans are in place with providers to deliver catch up for missed immunisations and deliver the scheduled programme for the academic year 2020/21. Challenges for the delivery of the school-aged programmes will continue through 2020/21 due to the constraints under which schools and clinics can operate and the disruption in schools of children isolating due to potential contact with COVID-19 positive cases in the school settings.

4.8.3 Further developing the Locality Immunisation Groups and their action plans, with a focus on recovery from COVID-19 impacts.

4.8.4 Relaunch of the Mumps Rubella Elimination Strategy system action plan.

4.8.5 Increasing the uptake of flu immunisations and developing action plans to address any additional cohorts, including the expansion to Year 7 school children. The priorities for next season remain the under 65's at risk and the children's programme, and ideas to improve uptake and working collaboratively will be discussed at the March regional flu review conference. This will be particularly challenging given the impacts of COVID-19, extension to the programme, range of vaccines and supply/demand challenges.

5. Health Care Associated Infections

5.1 Organisational Roles and Responsibilities

5.1.1 NHS England and NHS Improvement sets out and monitors the NHS Outcomes Framework which includes Domain Five (safety): treating and caring for people in a safe environment and protecting them from avoidable harm. The Area Locality Teams of NHS England and NHS Improvement hold local Clinical Commissioning Groups to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia and incidence of Clostridioides difficile infection (CDI).

5.1.2 Public Health England, through its consultants in communicable disease control, leads the epidemiological investigation and the specialist health protection response to wider community non-hospital outbreaks, and is responsible for declaring a health protection incident.

5.1.3 The Clinical Commissioning Group's role is to ensure, through contractual arrangements with provider organisations, that health care associated infection standard operating procedures are in all provider contracts and are monitored regularly. NHS Devon Clinical Commissioning Group deploys this role through the Nursing and Quality portfolio. In addition, Clinical Commissioning Groups must be assured that the Infection Prevention and Control Teams covering the hospital and NHS community healthcare provided services sector are robust enough to respond appropriately to protect the local population's health, and that risks of health care associated infection have been identified, are mitigated against, and are adequately controlled.

5.1.4 The Local Authority, through the Director of Public Health or their designate, has overall responsibility for the strategic oversight of a health care associated infection incident affecting their population's health. They should ensure that an appropriate response is put in place by NHS England and NHS Improvement and Public Health England, supported by the Clinical Commissioning Group.

5.1.5 The Devon Infection Prevention & Control (IPC) Forum is a forum for all stakeholders working towards the elimination of avoidable health care associated infections (HCAI) for the population of Devon, including the Unitary Authorities of Plymouth and Torbay. The group covers health and social care interventions in clinical, home and residential care environments, identifying risks, sharing best practice and collaborating in system-wide approaches. The group is co-ordinated by NHS Devon Clinical Commissioning Group and is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Local Authority Public Health, Public Health England, Medicines Optimisation and NHS England and NHS Improvement. The Group meets quarterly with more frequent sub-groups as required.

5.1.6 In Cornwall there is a Directors of Infection Control Group with multi-agency attendance working on a similar agenda, also reporting into the Health Protection Committee. There is cross-attendance between the Devon and Cornwall groups.

5.2 Health Care Associated Infections: Activity in 2019-20

5.2.1 Table 3: The following table summarises the key performance position and developments for health care associated infection over 2019/20.

Infection type:	
MRSA	In 2019/20, fourteen cases were identified within both NEW Devon CCG and SDT CCG. These cases were all investigated appropriately and any learning identified.

MSSA	Rates of reported MSSA remain steady in both NEW Devon CCG and NHS Kernow CCG.
C. difficile Infection	C. difficile recording has changed over the last year and now includes a new category of community-onset healthcare-associated (COHA) cases. This change has contributed to a significant increase in reported cases as COHA cases comprise about 40% of the total cases. As expected, this has resulted in both NHS Devon CCG and NHS Kernow reporting target breaches. All cases have been investigated and the CCGs are assured that the number of avoidable cases remains low. Further bedding down of the new reporting system will be required to enable appropriate targets, as this year would have been a reset year.
E. coli Bacteraemia	E. coli bacteraemia rates across Devon have shown a minor reduction rate over the year but this may be due to seasonal variation and trends will be monitored. In Cornwall, cases are above the reduction target but following the same trend as last year. Action plans are focussed on hydration, UTI prevention, catheter avoidance, care and removal and optimising the hepato-biliary patient pathway. In Cornwall, catheter passport for use in the acute and community settings was launched and which will be evaluated. As part of the pan-Devon E. coli reduction workplan, a key achievement this year has been establishing the new Community Infection Management Service. As the initial priority for the team has had to be the COVID-19 response, the planned E. coli reduction strategies have been delayed and will be re-prioritised once COVID-19 related work reduces.
Antimicrobial resistance	Both Devon and Cornwall have antimicrobial resistance steering groups in place. Following a review, Cornwall established an AMR Planning and Delivery group in October 2019 with a particular focus on human health. COVID-19 has disrupted the meeting of these groups and planning is underway to reconvene over the Autumn 2020. A planned Devon and Cornwall AMR conference scheduled for March 2020 was cancelled due to COVID-19.

5.3 Healthcare Acquired Infections: Challenges

5.3.1 COVID-19 prevention and response to situations arising in health and social care have been a key challenge during 2020 and remain so.

5.4 Healthcare Acquired Infections: Priorities 2020-21

5.4.1 COVID-19 continues to be a major priority in terms of ensuring preventing transmission and responding to situations across health and social care settings.

5.4.2 Stepping back up the non COVID19 work programmes, including AMR steering groups, following the COVID-19 disruption.

5.4.3 Embedding and strengthening of community infection management service in Devon.

5.4.4 Examination of C. difficile in the community setting with a view to reduction.

6. Emergency Planning and Exercises

6.1 Organisational Roles and Responsibilities

6.1.1 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 (Devon, Cornwall and the Isles of Scilly).

6.1.2 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.

6.1.3 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, Public Health England (PHE) and local authority (LA) representatives on the LRF in their role to represent health sector Emergency Planning, Resilience and Response (EPRR) matters.

6.1.4 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.

6.2 Emergency Planning and Exercises 2019/20

6.2.1 Regulation 10 of REPPIR requires the off-site plan to be tested within three years of the date of the last test. In September 2019, the required exercise was undertaken across Devon and Cornwall for the Devonport site in Plymouth. The exercise bought together the operators, local emergency services, county and district councils and NHS representatives as well as many national and government bodies.

6.2.2 Further work was progressed on pandemic flu including:

- NHSE and PHE begun the process for developing a regional pandemic flu plan. PHE has produced a MoU for further consideration
- Pandemic flu exercise undertaken in South West in October 2019
- Devon Emergency Planning Service (DEPS) to work to agree mechanism for developing LA specific action cards
- LRF desk-top exercise undertaken in March 2020.

6.2.3 Avian flu plans have been developed in Dorset CCG and webinars were planned to support other areas throughout the South West develop their plans.

6.3 Emergency Planning and Exercises: Challenges

6.3.1 The key challenge that began for the emergency system during the last quarter of 2019/20 was the impact of COVID-19. At this point, all structures that align to the emergency planning and response were activated towards the single goal of supporting Public Health England (as lead) and co-ordinating partner agencies to assist in the response to and mitigation of the impacts of COVID-19 within Devon, Cornwall and the Isles of Scilly and the wider United Kingdom, for example, through planning for mass levels of illness amongst the population, mobilising and aligning healthcare resources to respond to this demand, managing the potential for significant mortality and managing the impacts of a national lockdown.

6.3.2 It is not the intention to describe in this report the full COVID-19 response as this remains an ongoing situation, but to describe key activities that the system activated as part of the initial response in 2019/20.

- Emergency structures were activated.
- A strategic co-ordinating group was established to manage the local response in support of the UK's response to COVID-19. This SCG structure ensured the effective co-ordination of the Local Resilience Forum and other specialist resources.
- To maximise co-ordination across the Peninsula; one Tactical Co-ordinating Group for DCIOS, rather than four across the area, was established.
- The LRF held a desk-top exercise in March.
- Organisations across DCIOS stood up their incident management structures and held desk-top exercises.
- With need for local multi-agency working groups to respond to COVID-19 below the level of the LRF-wide Tactical Co-ordinating Group (TCG), local Operational Incident Cells (OpIC) were established.
- Logistical supply chains were being set up for obtaining and co-ordinating PPE supplies.

6.4 Emergency Planning and Exercises: Priorities 2020/21

6.4.1 Monitoring and response to the COVID-19 situation as development in the situation and the measures required to respond are enacted.

6.4.2 Ensuring that the system remains resilient and able to identify and respond to non-COVID-19 risk and emergencies simultaneously.

7. COVID-19

7.1 This report would not be complete without the inclusion of a section on COVID-19, which has dominated 2020. This is not a comprehensive report as the COVID-19 situation that began in the last quarter of the year covered by this report has gone on to dominate the health protection system throughout 2020 and will continue to do so into 2021. Instead it describes the first days, weeks and months in the final quarter of 2019/20. Reference has been made throughout this document to the specific impacts of COVID-19 in the sections of this report.

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

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

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

7.5 During this time the local response was being mobilised.

Emergency responses

- Emergency structures were activated.
- A strategic co-ordinating group was established to manage the local response in support of the UK's response to COVID-19. This SCG structure ensured the effective co-ordination of the Local Resilience Forum and other specialist resources.
- To maximise co-ordination across the Peninsula, one TCG for DCIOS, rather than four across the area, was established.
- The LRF held a desk-top exercise in March.

- Organisations across DCIOS stood up their incident management structures and held desk-top exercises.
- With need for local multi-agency working groups to respond to COVID-19 below the level of the LRF wide Tactical Co-ordinating Group (TCG), local Operational Incident Cells (OpIC) were established.
- Logistical supply chains were being set up for obtaining and co-ordinating PPE supplies.

Infectious disease prevention and control

- PHE, working with local authorities' public health teams, were contact tracing, testing and isolating as part of the "Contain" phase of the response.
- Public health and infection, prevention and control advice was being issued across the health and social care system to prevent transmission
- Public health advice was being issued to the public on symptoms to be identified and isolation to take place
- Testing was targeted to those with most clinical need and to investigate possible clusters and outbreaks in settings
- Public health advice to individuals and settings where positive cases were identified
- LA environmental health teams were utilising the MOU to work with PHE on managing other infectious disease notifications

NHS and social care

- Healthcare capacity particularly for intensive and high dependency care was expanded
- Mass staff deployment and training was being implemented to scale up staff able to care for rapidly increasing admissions
- Elective and non-emergency care was scaled back or ceased and, where possible, face-to-face consultations were moved to remote access
- Screening programmes were ceased
- The newly commissioned Community Infection Management service provided infection, prevention advice to primary care and care homes, as well as providing support to local authority public health teams and other stakeholders
- LAs were planning for mobilising support to population vulnerable and shielded groups and to those in care homes

7.6 Responding to the COVID-19 pandemic has extended into 2020/21 and remains the primary focus for the health protection system at this point.

8. Work Programme Priorities 2019/20 - Progress

8.1 The following priorities for the period 2019/20 were agreed by Health Protection Committee members:

8.2 *1) Integrating and strengthening the Health Protection system – all members will continue to work collaboratively to build a resilient workforce and maximise opportunities to strengthen health protection within emerging integrated health and social care systems. This includes aligning local priorities to regional and national objectives, including those outlined in Public Health England's Infectious Diseases Strategy 2020-2025. Included in this priority is the roll-out of the Single Case Plan to agree roles and responsibilities between local authorities and PHE in dealing with cases of infectious disease.*

8.3 Roll out has been completed on a Standard Operating Procedure for single cases of infectious disease between Public Health England South West and Environmental Health teams across the South West. This SOP was introduced for the following reasons:

- To deliver a safe, efficient and effective acute-response service for health protection and infectious disease control across the South West
- To maximise the available capacity within the existing health protection and environmental health workforce across the South West, and

- To maintain and develop core public health competencies in health protection and infectious disease control within the health protection and environmental health workforce across the South West.

8.4 The benefits of having this SOP in place has been particularly realised in enabling system-wide responses to these cases whilst PHE has been managing the demands of the COVID-19 response.

8.5 Further strategic integration of the Health Protection system has also been supported the development of a Devon Screening and Immunisation Long-term Plan. This plan was developed in partnership between regional NHS England & Improvement, local authority public health teams, and local public health commissioning teams, and was the first plan developed across the South West and served as a template for other areas. The plan sets out the ambitions for how the Devon Integrated Care System will work with regional NHSE and SCRIMMS to ensure that there is a system-wide partnership approach to commissioning and service redesign, including the development of single pathways of care between screening and symptomatic services.

8.6 The What Good Looks Like (WGLL) programme, sponsored by the Association of Directors of Public Health, aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding principles and features of what good quality health protection looks like in any defined place. The What Good Looks Like document for Health Protection has been developed jointly by Public Health England (PHE) and the Association of Directors of Public Health (ADPH) and describes 'what good looks like' for local health protection, including:

- Principles for excellence in the delivery of services in place-based systems
- Principles for effective collaboration between partner organisations
- Suggestions for the measurement of quality.

8.7 In Quarter 4, the Local Authority Lead Officers members of the D&CIOS Health Protection Committee undertook a self-audit against the standard set-out in this document.

This combined with the local Screening and Immunisation Long-term Plan will form the basis of action planning going forward.

8.8 2) *Surveillance and intelligence – the Health Protection Committee will continue to drive improvements to the local health protection system through improved and more timely intelligence and surveillance along with more effective performance monitoring mechanisms.*

8.9 The Health Protection Committee has worked with SCRIMMS and PHE colleagues to refine the reporting documents received at committee meetings. This has enabled the Committee to be able to understand the performance more closely across the Devon, Cornwall & IOS Local Authorities, and the particular issues and challenges that face individual areas as well as those that are more system-wide. This has enabled localised discussion and follow up where needed.

8.10 *3) Cancer and non-cancer screening programmes - all members have agreed to work more closely with partners to drive improvements in screening uptake, to improve the quality of our screening programmes and to reduce inequalities.*

8.11 In Quarter 3, a Public Health Specialty Registrar developed a health equity tool to examine breast cancer screening within Torbay. Through collaboration with the Health Protection Committee and the Local Authority Lead Officers, this was extended to cover the South West peninsula. Following a hiatus associated with the demands of the response to the COVID-19 emergency, this will be presented to the Health Protection Committee in Autumn 2020. The Local Authority Lead Officer for Cornwall also now attends the Peninsula Cancer

Prevention Alliance "Prevention and Early Intervention Group" on behalf of the Health Protection Committee.

8.12 *4) Locality immunisation groups – all members will support the implementation or refresh of locality immunisation groups for Devon, Torbay, Plymouth, Cornwall and the Isles of Scilly. Groups will be led by the regional Screening and Immunisation team, supported by local authorities, and will work to improve immunisation uptake locally with focus on reducing variation between general practices and local communities.*

8.13 All locality immunisation groups are in place and will meet quarterly. The response to COVID-19 has impacted on the convening of these groups since Quarter 4. Performance of primary childhood immunisations remains strong across Devon, Cornwall and the Isles of Scilly, as indicated in **Appendix 1**.

8.14 *5) MMR vaccination programme – all members will continue to support work to increase uptake of the measles, mumps and rubella (MMR) vaccination with the ambitious aim of achieving and then sustaining >95% coverage of the second dose of MMR by 5 years of age. The Committee will support delivery of the local response to the UK's Measles and Rubella Elimination Strategy 2019, led by the Public Health England Screening and Immunisation team, by working with locality immunisation groups to explore personalised approaches to invitations and extended access, catch-up campaigns in primary care, and strengthening surveillance and response where cases of measles occur.*

8.15 The Screening and Immunisation Team has convened a stakeholder event in February 2020, building on work previously undertaken and referred to in last year's annual report. A stakeholder engagement day was hosted on the 6th February 2020 and the Project Initiation Document for the South West Measles and Rubella Elimination Strategy has been developed to be shared with Directors of Public Health and LA leads, CCGs and other key stakeholders. Several projects have so far been identified each with a number of workstreams. There will be a multi-agency Programme Oversight Board to include key stakeholder membership. Although further work on this has not been possible, due to the demands of responding to the COVID-19 situation, performance for 2019-20 was good and all areas achieve over 95% (herd immunity) for MMR1 coverage (one dose at 5 years). Further improvement on last year has been seen for MMR 2 at 5 years, as Cornwall uptake is now over 90%, meaning that the whole of Devon, Cornwall and the Isles of Scilly have coverage >90% and significantly above the England figure of 86.8%.

8.16 *6) Pandemic flu – the threat and potential impact of pandemic influenza is such that it remains the top risk on the UK Cabinet Office National Risk Register and continues to direct significant amounts of activity on a global basis. An ongoing priority for 2019/20 is to continue to support local planning arrangements for pandemic flu and to strengthen our response to major incidents and emergencies.*

8.17 Workshops were undertaken in Devon during March 2020 to brief service managers and run through pandemic scenarios and update business continuity plans, and similarly in Cornwall.

8.18 7) *Seasonal flu vaccination programme – all members will continue efforts to ensure high uptake of flu vaccinations locally, particularly amongst at risk groups and frontline health and social care workers, and to support effective roll-out to the Year 6 primary school cohort. Efforts will be directed through regional and local flu groups and networks.*

8.19 A South West flu group is convened by NHSE SCRIMMS team and meets monthly throughout the flu season. In addition, during the 2019-20 flu season, local system flu groups were operationalised. A previously established multi-agency Plymouth flu oversight and co-ordinating group was extended to cover the Devon STP and a Devon-wide flu plan was generated. A system flu group is also in place in Cornwall.

8.20 Additionally, a parallel flu group has been set up in NEW Devon CCG and this meets throughout the flu season. There is cross-cover between these groups.

8.21 *8) Community Infection Prevention and Control – all members will work to ensure that community infection prevention control is embedded and supported within emerging Integrated Care System structures to strengthen the local health protection system.*

8.22 The community infection prevention and control system was strengthened in 2019-2020 by the establishment of comprehensive Community Infection Management service for Devon. Coming into existence in Quarter 4, this service has been instrumental in supporting the COVID-19 community response. Once the COVID-19 pandemic has reduced in scale, the Community Infection Management Service will pivot back to the more proactive community engagement which was the intended focus of the service.

8.23 *9) Antimicrobial resistance - all members will support action taken by both the Devon AMR Group and the Cornwall Antimicrobial Resistance Group (CARG) to tackle antimicrobial resistance.*

8.24 Both Devon and Cornwall have antimicrobial resistance steering groups in place. Following a review, Cornwall has established an AMR Planning and delivery group in October 2019 with a particular focus on human health. COVID-19 has disrupted the meeting of these groups and planning is underway to reconvene meetings.

8.25 *10) Complex lives – all members will support work locally to address health protection challenges for people with complex lives, including local prison populations, people who inject drugs (PWID) and the homeless or vulnerably housed. This includes targeted work around bloodborne viruses, TB, Group A Streptococcus and Staph infections.*

8.26 A Care Pathway and Memorandum of Understanding for TB cases with and without Recourse to Public Funds and potential homelessness in the NEW Devon Clinical Commissioning Group area has been drafted and is now being reviewed by the District Councils and within Cornwall & IOS.

8.27 A Strep A / iGAS South West Group was formed and produced recommendations and training resources for staff with particular focus on the Drug & Alcohol Network.

8.28 A South West wide complex needs population and health protection meeting was held and agreed the intention to form a network to focus on the specific needs of this group.

8.29 *11) Climate change – all members to lead and support local action following declaration of a climate change emergency, including assurance that action is being taken to secure improvements to air quality where required.*

8.30 During 2019 all DCIOS Local Authorities declared a climate change emergency and all have associated action planning in place. In Devon, the Devon Climate Emergency Response Group is aiming to produce a collaborative Devon-wide response to the climate emergency. Cornwall similarly launched its partnership group in 2020. Both these groups are made up from a range of organisations including councils, health, emergency services, businesses, voluntary organisations and academia.

9. Health Protection Committee Priorities 2020/21

9.1 The following priorities were agreed by Health Protection Committee members:

1. Continuing to support the COVID-19 pandemic through national, regional and local response, preventing disease transmission and responding to situations and outbreaks. Locally this will be delivered through the Local Outbreak Management Plans and associated local Health Protection and Local Engagement Boards.

2. To support the implementation of emerging interventions aimed at reducing COVID-19 transmission.

3. Working with our partners from across the system to identify, mitigate and monitor for the effects of COVID-19 on the health protection system and the services it delivers.

4. Working with our partners from across the health protection system to support the restoration of key health protection public health services and activities disrupted by COVID-19.

5. Working with our partners from across the health protection system to support the restoration of the screening programmes disrupted by COVID-19.

6. Working with our partners from across the health protection system to support the recovery of the immunisation programmes disrupted by COVID-19.

7. All members will continue efforts to ensure high uptake of flu vaccinations locally, particularly amongst at risk groups and frontline health and social care workers, and to support effective roll-out to the Year 7 primary school cohort and other additional cohorts that may be recommended. Efforts will be directed through regional and local flu groups and networks.

8. All members support the ongoing local action following declaration of a climate change emergency.

10. Authors

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In association with members of the Health Protection Committee.

11. Glossary

AMR	Antimicrobial resistance
CCG	Clinical Commissioning Group
E. coli	Escherichia Coli
HPV	Human papillomavirus testing (for risk of developing cervical cancer)
MMR	Measles, Mumps and Rubella (immunisation)
MRSA	Methicillin resistant Staphylococcus aureus
MSSA	Methicillin sensitive Staphylococcus aureus
NEW Devon CCG	Northern, Eastern and Western Devon Clinical Commissioning Group
NIPE	New-born Infant Physical Examination
PHE	Public Health England
NHSEI	NHS England and NHS Improvement

12. Appendices

Appendix 1: Immunisation Performance 2019-2020

Appendix 1 - Immunisation Performance 2019-20

Childhood immunisations	Cornwall &IOS (%)	Devon (%)	Plymouth (%)	Torbay (%)	England (%)
DTaP / IPV / HIB (1 year)	93.7	95.8	96.5	95	92.6
Men B (1 year)	93.4	95.6	96.4	94.8	92.5
Rotavirus	90.3	94.1	93.0	93.1	90.1
PCV	93.6	95.9	96.5	95.4	93.2
DTaP (2 year)	95.0	96.2	97.3	96.6	93.8
Men B booster	90.7	93.7	94.8	92.6	88.7
MMR one dose (2 year)	91.6	94.6	95.9	93.5	90.6
PCV Booster (2 year)	91.7	94.4	95.4	93.5	90.4
HIB / Men C Booster	91.7	94.3	95.5	93.2	90.5
DTaP/ IPV Booster (5 year)	89.5	89.6	91.1	92.0	85.4
MMR one dose (5 year)	96.1	96.9	97.6	97.1	94.5
MMR 2 dose (5 year)	91.2	93.2	93.2	93.4	86.8
Targets: Red <90%; Amber 90-95%; Green ≥95%					
Flu Immunisations	Cornwall &IOS (%)	Devon (%)	Plymouth (%)	Torbay (%)	England (%)
2-3 years	47.4	59.6	50.9	47.8	43.8
Targets: Red <40%; Amber 40-65%; Green ≥65%					
School aged	58.6	62.3	57.5	57.6	60.4
Targets: Red <65%; Green ≥65%					
At risk	43.2	45.5	41.2	44.8	44.9
Targets: Red <55%; Green ≥55%					
Over 65s	71	73	71.4	71.5	72.4
Targets: Red <75%; Green ≥75%					
Adult immunisations	Cornwall &IOS (%)	Devon (%)	Plymouth (%)	Torbay (%)	England (%)
PPV	65.3	70.2	65.9	68.2	69
Targets: Red <65%; Amber 65-75%; Green ≥75%					