Devon, Cornwall, and Isles of Scilly Health Protection Committee

Annual Assurance Report

2023/24

Published January 2025

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

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Acronyms and definitions

AMR	Antimicrobial resistance
APHA	Animal and Plant Health Agency
ARIs	Acute Respiratory Infections
Care OBRA	Care Outbreak Risk Assessment
CHIS	Childhood Health Information Service
Core20PLUS5	Approach to inform action to reduce healthcare inequalities
The Committee	DCIoS Health Protection Committee
CIoS	Geographical area of Cornwall and Isles of Scilly
COMF	Contain outbreak management funding
DEFRA	Department for Environment, Food and Rural Affairs
DTaP-IPV	Diphtheria, tetanus, pertussis, and polio (immunisation)
E. coli	Escherichia Coli
EPRR	Emergency Planning, Resilience and Response
GAS	Group A streptococcal
HEAT	Health Equity Assessment Tool
HES	Hospital Eye Services
HPAG	Health Protection Advisory Group
HMO	House of Multiple Occupancy
HPV	Human papillomavirus
ICB	Integrated Care Board
ICS	Integrated Care System
IMT	Incident Management Team
IPC	Infection Prevention and Control
JCVI	Joint Committee on Vaccination and Immunisation
JESIP	Joint Emergency Service Interoperability Programme
JFP	Joint Forward Plan
KPIs	Key Performance Indicators
LRF	Local resilience forum
LHRP	Local Health Resilience Partnership
MIUG	Maximising Immunisation Uptake Group
MECC	Make Every Contact Count
MRES	Measles and Rubella Elimination Strategy

MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
NHS	National Health Service
NHSE	National Health Service England
OCT	Optical Coherence Tomography OR Outbreak Control Team
PHE	Public Health England
RDUH	Royal Devon University Hospital
TOR	Terms of Reference
UKHSA	United Kingdom Health Security Agency
VaST	NHSE Vaccination and Screening Team
VSCE	Voluntary Community and Social Enterprise

1. ABOUT THIS REPORT

This report provides a summary of the assurance functions of the Devon, Cornwall, and Isles of Scilly Health Protection Committee (the Committee) 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, and reviews performance for the period from 1 April 2023 to 31 March 2024.

The report considers the following key domains of health protection:

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

The report sets out:

- Assurance arrangements/structures
- Performance and activity during 2023/24
- Actions taken against health protection priorities identified for 2023/24
- Priorities for 2024/25

2. ASSURANCE ARRANGEMENTS

2.1 ASSURANCE ROLE

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 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 to provide assurance that adequate arrangements are in place for the prevention, surveillance, planning, and response required to protect the public's health.

2.2 MEETINGS

The Committee met quarterly and action notes, an action log, screening and immunisation and infection prevention control (IPC) reports were circulated. Terms of Reference (TOR) were updated during this year and a summary of these with affiliated groups listed is included in Appendix 1. A summary of organisational roles in relation to delivery, surveillance and assurance is included in Appendix 2.

2.3 REPORTING

The Committee's Annual Assurance Report for 2022-23 was published 06 February 2024 and circulated to committee members for local authority health protection leads to submit to their respective Health & Wellbeing boards.

2.4 LOCAL HEALTH PROTECTION STRUCTURES

Local health protection structures include:

- Devon System Health Protection Huddle monthly meeting serving as a regular touch point for the three Devon local authority health protection leads, Devon Integrated Care Board (ICB) IPC lead, the NHSE Vaccination and Screening Team (VaST), and United Kingdom Health Security Agency (UKHSA) locality leads.

- Cornwall and Isles of Scilly link with relevant stakeholders strategically via a quarterly Cornwall Health Protection Board (which was initiated during the pandemic but moved to a whole health protection board in 2022).

In addition, other locally determined structures and groups support delivery and monitoring of health protection activity at local authority level.

2.5 SYSTEM DEVELOPMENTS FOLLOWING THE HEALTH AND CARE ACT

In April, the Health and Care Act 2022 formally established the Integrated Care System structure of Integrated Care Boards and Integrated Care Partnerships and a requirement to publish integrated care strategies.

2.5.1 Devon System

The Devon Integrated Care System (ICS) published a single strategy in December 2022 which comprises the five-year integrated care strategy. The accompanying Joint Forward Plan (JFP) was issued in June 2023 describing how the strategy for health and care will be put into practice and how strategic goals will be achieved. One of the nine key delivery programmes set out in the Devon JFP is health protection.

2.5.2 Cornwall and Isles of Scilly System

The 10-year Cornwall and Isles of Scilly ICS Strategy was bought together in the second half of 2022 and the first version was published in March 2023 with the Cornwall and Isles of Scilly 5-year JFP in first draft.

Links to the online strategies and plans for both Devon and Cornwall & Isles of Scilly are available in Appendix 3.

2.6 HEALTH PROTECTION COMMITTEE PRIORITIES 2023/24

The health protection committee consider the system assurance priorities as part of the annual assurance process and provides these within the annual report. The 2023/24 annual priorities are shown below, and the remainder of the report contains the evidence of the progress against these.

1. **Climate Emergency**

   Work closely with partners to address the climate emergency and develop plans in relation to flooding, heatwave, cold weather, and other climate related mitigations or emergencies, with an emphasis on the impact on vulnerable groups.

2. **Infection Prevention and Management**

   Take action to strengthen infection prevention arrangements and tackle anti-microbial resistance;

   - promote health protective behaviours
   - strengthen infection prevention systems within health and care and wider settings
   - reduce healthcare associated infections
   - tackle antimicrobial resistance
   - implement the regional Infection Prevention and Management Strategy at local level

3. **Vaccinations**

   Work via the Maximising Immunisation Uptake Groups on shared objectives, to protect our population against outbreaks, by implementing targeted local actions.

4. **Pandemic Preparedness**

   Develop and strengthen all hazards planning and pandemic preparedness, promote resilience, and build on learning from the Covid Inquiry as findings are shared.

5. Continuous Improvement in Health Protection

Work towards continuous improvement in health protection. Implement the Sector Led Improvement, and Gap Analysis Action Plans and audit performance against the What Does Good Look Like in health protection tool, sharing best practice and embedding learning from experience.

6. Inclusion & Inequalities

Protect the health of people experiencing greater inequalities in health or access. Implement the Inclusion Health Agenda through health protection systems.

7. Work to support local strategic plans

See links to plans in Appendix 3

3. PREVENTION AND CONTROL OF INFECTIOUS DISEASE

3.1 SURVEILLANCE ARRANGEMENTS

UKHSA provide a quarterly verbal update to the Committee covering epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level. These updates are delivered and recorded in meeting notes.

Stakeholder notifications of all incidents and outbreaks are sent to the relevant local authority public health teams, including relevant information and any requests for local action.

UKHSA produce monthly locality surveillance data packs which is shared with each of the four Local Authorities. Local shared arrangements in Devon enable the sharing of these to yield intelligence across the ICB area.

UKHSAs Field Epidemiological Service produce a fortnightly bulletin providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus for the UKHSA Southwest region.

During this reporting period, the Heath Protection Cornwall and Isles of Scilly (HPCIoS) group met on three occasions and the Devon Health Protection Advisory Group (HPAG) met in August 2023 to review the purpose of the meeting in light of other groups functions. These meetings are led by UKHSA to provide a forum for stakeholders, including hospital microbiologists, environmental health officers, consultants in public health, water companies and infection prevention control teams, to share intelligence and any risks identified in local arrangements to manage communicable disease incidence. Additionally, UKHSA have established a quarterly Regional Environmental Health Network for UKHSA and environmental health teams to engage and share learning. The SW Zoonoses Liaison Group continues to meet every 6 months and held a regional face-to-face event in March 2024.

3.2 RESPONSE

UKHSA Southwest Health Protection Team provide the specialist response to infectious disease and hazard related situations across Devon and Cornwall and Isles of Scilly,

supported by local, regional, and national expertise. The winter of 2023-2024 was a busy season with influenza, COVID19 and whooping cough outbreaks. The team has responded to outbreaks in a variety of settings including but not limited to care homes, educational settings, asylum seeker settings and custodial institutions. A summary table of situations is available in Appendix 4.

3.3 SPECIFIC INFECTIONS

3.3.1 Acute Respiratory Infections- Covid-19 and Influenza

For 2023-24 the COVID19 response has focused on embedding COVID19 response alongside the other viral acute respiratory infections (ARIs). National protocols and guidance were updated to reflect this.

The COVID-19 vaccination programmes were undertaken in both the spring campaign and then alongside influenza vaccination for the autumn 2023/24 campaign, with an increased focus towards alignment of cohorts and co-administration.

Local authorities' health protection and UKHSA Southwest health protection teams' operational capacity and numbers of personnel reduced at the end of March 2023 with the end of the contain outbreak management funding (COMF) and inclusion of COVID-19 within 'business as usual' operations. The handover of adult social care response work from local authority back to UKHSA (as it was pre-pandemic) was largely completed by the end of March 2023 but local authorities still fielded enquiries and offered some support to help providers through the transition.

As part of the business-as-usual approach, UKHSA developed a care outbreak risk assessment (care OBRA) tool for adult social care settings, to streamline the reporting of outbreak information by care providers to the UKHSA Health Protection Team. The care OBRA tool launched in August 2023.

Influenza activity in **England** during the 2023 to 2024 season was more prolonged than the 2022 to 2023 season, but peak activity was lower.[1] Across most indicators cumulative

[1] Surveillance of influenza and other seasonal respiratory viruses in the UK, winter 2023 to 2024 - GOV.UK (www.gov.uk)

burden estimates were lower in the 2023 to 2024 season than in the 2022 to 2023 season. Influenza A predominated, with co-circulation of the A(H3N2) and A(H1N1)pdm09 subtypes. Influenza B type Victoria lineage circulated at low levels and became more prominent in 2024 as influenza A declined. All characterised viruses belonged to the same genetic clades as the vaccine strains.

Details on work to maximise COVID19 and influenza vaccine uptake can be found in section 5.

3.3.2 Avian Influenza

UKHSA works with the Animal and Plant Health Agency (APHA), the Department for Environment, Food and Rural Affairs (Defra) and the public health agencies of the 4 nations to monitor the risk to human health of avian influenza (influenza A H5N1) in England. However, viruses evolve all the time and UKHSA continues to closely monitor the situation for any evidence of changing risk to the public, including through the surveillance of people who have come into contact with infected poultry. Testing for diagnostic and surveillance purposes requires health professionals to swab symptomatic individuals for those who have been exposed to a probable or confirmed bird case of avian influenza. [2,3]

A swabbing pathway in Cornwall and Isles of Scilly is in place, however Devon's lack of a swabbing pathway was recorded as a risk on the Devon ICB Risk Register during 2023-24. Work has been ongoing to address this, and progress is being made towards addressing the remaining gaps.

Antiviral prescribing pathways are in place in Cornwall and Isles of Scilly and Devon.

3.3.3 Lyme Disease

The Fingertips tool was updated to include Lyme Disease in March 2022. The South West historically has seen a high incidence when compared to England and this remains the case. The rates of acute Lyme disease by local authority are likely to be an underestimate of the

[2] Investigation into the risk to human health of avian influenza (influenza A H5N1) in England: technical briefing 5 - GOV.UK (www.gov.uk)
[3] UKHSA update on avian influenza - GOV.UK (www.gov.uk)

true incidence of acute Lyme disease in England as cases of Lyme disease are not statutorily notifiable by medical practitioners and cases may be diagnosed clinically and treated without laboratory diagnostics being performed as per NICE guidelines. Additionally, cases diagnosed at local NHS or private laboratories but not sent to the Rare and Imported Pathogens Laboratory (RIPL) for confirmation are not included in this dataset.

Table 1: Rate of laboratory Lyme disease diagnosis per 100,000 population (2023)

Acute Lyme disease laboratory confirmed incidence rate / 100,000 population[4]					
England	Southwest Region	Devon LA	Plymouth LA	Torbay LA	C&IOS LAs (combined)
2.0	5.3	6.4	3.0	6.5	2.4

Colour coding: Red: Worse than England figure Amber: No different from England figure

The national UKHSA social media campaigns continue to be supported by local communications for being "tick aware".

3.3.4 Measles

Towards the end of 2023, national surveillance identified an increase in measles cases in the London area. By spring outbreaks were also being seen in the Midlands areas. A UKHSA risk assessment identified a number of population groups and areas for cases and outbreaks to occur including teenagers, young people and unvaccinated / under vaccinated communities and in London as an area with particularly low vaccine coverage.

Response focussed on preparing for outbreaks and work to maximise vaccinations uptake.

A shadow Regional Measles Incident Management Team (IMT) was established to provide a regional tier of coordination in the Southwest, linking the national incident coordination to the work in local systems. A measles cell was established within the UKHSA Acute Response Centre (ARC) to ensure plans and protocols were in place, staff briefed and trained. Devon and Cornwall NHS organisations, ICBs and LA teams participated in a

[4] Fingertips | Department of Health and Social Care (phe.org.uk)

UKHSA led regional measles preparedness exercise to examine local pathways and arrangements.

Details on work to maximise MMR vaccine uptake can be found in section 5.

3.3.5 Pertussis

Pertussis rates started to increase significantly during winter 2023/2024 nationally and locally[5]. Pertussis is a cyclical disease that peaks every 3 to 5 years, with the last cyclical increase occurring in 2016 and the last major outbreak occurring in 2012.

Infants are at the highest risk of severe disease and are too young to be fully vaccinated. Maternal vaccination is very effective against pertussis disease and hospitalisation. Primary prevention has focused on vaccine uptake as levels in pregnant women, babies and young children have fallen in recent years across England. Secondary control measures focus on exclusion of symptomatic cases, and antibiotic prophylaxis for close contacts in at risk groups.

Details on work to maximise pertussis vaccine uptake can be found in section 5.

3.3.6 Sexually Transmitted Diseases

In 2023 there were national increases in the number of gonorrhoea and infectious syphilis diagnoses compared to 2022/2023. STIs continue to disproportionately affect gay, bisexual and other men who have sex with men (GBMSM), young people (aged 15 to 24) and some minority ethnicities.

In response to rising gonorrhoea rates in particular, sexual health services worked closely with local authority public health commissioners throughout 2023 and into 2024, and in collaboration with UKHSA field services to understand and analyse any trends and patterns at local level. Prevention strategies focussed on a targeted campaign co-developed partnership with the voluntary sector.

[5] Confirmed cases of pertussis in England by month - GOV.UK (www.gov.uk)

Table 2: Sexually transmitted diseases indicators and trend direction for across the local authority areas relative to Southwest and England in 2023. To note that the trend shown by the arrow is for the last five annual data points.[6]

2023	Syphilis Diagnostic rate / 100,000	Gonorrhoea Diagnostic rate / 100,000	Chlamydia screen Proportion of females aged 15-24 year old	New STI diagnosis Diagnostic rate / 100,000 (excludes chlamydia aged under 25 years)
England	16.7 ↑	149 ↑	20.4% ↓	520
Southwest	6.8 →	81 ↑	19.6%	319 →
Cornwall	2.1 →	54 ↑	27.8%	242 →
Isles of Scilly			26.4%	307
Devon	4.2 →	79 ↑	23.5%	293 →
Plymouth	6.0 →	392 →	17.1%	514 →
Torbay	7.2 →	86 ↑	29.0%	361 →

3.4 NOTABLE LOCAL OUTBREAKS AND INCIDENTS

3.4.1 STEC Cornwall 2023

Multi-agency IMTs were convened by UKHSA, and a large-scale screening exercise undertaken in response to shiga-toxin producing Escherichia coli (STEC) O26 within an early years setting. Environmental Health Officers (EHOs) visited the setting to risk assess and make infection prevention and control recommendations. New testing processes were utilised which improved the timeliness for receipt of results necessary to inform risk management but also to enable the children and their families to return their usual daily activities as soon as possible.

3.4.2 Cryptosporidium Outbreak Cornwall 2023

Routine questionnaires completed by Environmental Health Officer (EHO) colleagues identified that individuals reporting illness had taken part in lamb feeding/handling activities in

[6] Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care

the days prior to their onset of symptoms. An incident management team (IMT) was convened by UKHSA and attended by representatives from local authority public health, EHOs, UKHSA Field Epidemiology Services, UKHSA communications, local laboratories, and the Cryptosporidium Reference Unit. EHOs visited the setting and identified a number of improvements and made recommendations. As a precaution, the HSE guidance and other resources were circulated to open farms and visitor attractions in Cornwall and Isles of Scilly to remind and raise awareness of the potential for zoonotic infections to be transmitted between animals and people.

3.4.3 Cryptosporidium Outbreak Devon 2023

In April 2023, a large outbreak of cryptosporidium occurred linked to lamb petting event, with cases across Devon, Plymouth and Cornwall. A multi-agency response was initiated after the field epidemiology service identified an exceedance of cryptosporidium cases in Devon and Cornwall. EHOs concurrently identified through trawling questionnaires that several cases had attended a lamb petting event at the same venue. An Outbreak Control Team (OCT) was convened with attendees from local authority public health, environmental health, UKHSA Field Epidemiology Services, UKHSA communications, local laboratories and the Cryptosporidium Reference Unit. The event was time-limited so there was no ongoing exposure, however EHOs visited the venue to risk assess and make recommendations for future events, warn and inform letters were sent to all attendees to raise awareness of signs and symptoms of cryptosporidium and given hygiene and exclusion advice to prevent secondary spread. The outbreak investigation identified 23 confirmed *Cryptosporidium parvum* cases with a distinct outbreak strain, and a cohort study was undertaken which identified 83 cases of cryptosporidiosis-like illness associated with the event.[7]

[7] A large cryptosporidiosis outbreak associated with an animal contact event in England; a retrospective cohort study, 2023 — UK Health Security Agency (ukhsa.gov.uk)

3.4.4 PVL Staphylococcus aureus

In Cornwall, a gypsy and traveller site has been experiencing a PVL staphylococcus aureus infection outbreak that has affected a number of residents during this time frame. An IMT met regularly to assess the situation and provide a response including advice and recommendations to the community to prevent transmission and ensuring residents have the IPC knowledge they need to keep themselves well. Due to the complexity all multi-agency partners remain engaged in supporting residents.

3.4.5 Brucella Canis (*B. Canis*)

Since summer 2020, there has been an increase in the number of reports of *B. canis* infection in dogs, the majority of which have been in dogs imported into the UK from Eastern Europe or linked to imported dogs from Eastern Europe. *B. canis* is a type of bacterial species which causes an infection known as brucellosis. It is a recognised zoonotic pathogen, but human cases are rarely reported. Dog breeders and owners of imported dogs may be at a higher risk and should take steps to reduce the risk of infection. If a dog has been diagnosed with *B. canis,* the HPT will follow-up to ask about interactions that people may have had with the dog to risk assess any potential exposure and provide further advice. UKHSA has followed-up diagnoses of *B. canis* in dogs in both Cornwall and Devon.[8,9]

3.4.5 Scabies

UKHSA and the ICB regularly provide support to care homes with scabies outbreaks, giving advice on coordinated treatment for cases and contacts, and IPC advice. A national shortage during 2023/2024 of treatment permethrin created challenges, however stocks held for outbreak response at University Hospitals Plymouth NHS Trust were generally robust and

[8] HAIRS risk assessment: Brucella canis - GOV.UK (www.gov.uk) Brucella canis: information for the public and dog owners - GOV.UK (www.gov.uk)

[9] Brucella canis: information for the public and dog owners - GOV.UK (www.gov.uk)

there was minimal impact on outbreak responses. UKHSA and the ICBs in Devon and Cornwall have worked together on shared scabies pathways to strengthen existing partnership working and outbreak response.

3.4.6 Group A Streptococcal Infection

Devon County Council team, in collaboration with UKHSA, dealt with a significant cluster of group A streptococcal (GAS) infection in inclusion health groups in Exeter, working with local services on IPC and advice/guidance. This highlights an area of need recognised on the Devon ICB risk register, as the system lacks specialist IPC support for non-health or care settings.

3.5 INFECTION MANAGEMENT AND OUTBREAK PREVENTION

Both Devon and Cornwall and IoS ICBs have community infection management services in place to support health and care settings with IPC practice, queries and response to communicable disease risk and management.

During COVID19, the four local authorities utilised Contain Outbreak Management Fund (COMF) to provide additional IPC capacity to support other community settings including nurseries, schools, supported living accommodation and vaccination centres with IPC support, training and guidance. This funding has ended, and the service is no longer provided.

A range of IPC resources and guidance are provided, hosted and shared in a variety of ways, including through training, liaison with provider networks; hosting on various electronic platforms and via communications such as newsletters.

Strategic multi-agency groups are in place within both ICB areas that ensure a joined-up system approach to IPC challenges.

Public Health teams support the provision of health protection communications, with regular public facing communication promoting good hygiene practices, infection prevention

and control advice and vaccine uptake for example via Resident Newsletters; printed medium and social media and shares updates, guidance and health protection messaging and resources shared directly with Schools, Early Years, SEND settings, Nurseries and Registered Childcare providers via the relevant local platforms, newsletters, bulletins and other communication routes.

In autumn 2023, IPC support for non-health and care settings, was recorded as a risk on the NHS Devon ICB Risk Register due to ICB system pressures. Similarly Cornwall have also raised concerns about the lack of community IPC provision and this has been escalated to LHRF and via various UKHSA network meetings, including the South West Health Protection Strategic meeting. System responses therefore rely on case by case responses and flex of ICB IPC teams rather than a systematic offer.

In Cornwall local monitoring and surveillance of gastrointestinal infection cases and other communicable diseases bolsters UKHSA regional work.

3.6 PUBLIC HEALTH ADVICE, COMMUNICATIONS AND ENGAGEMENT

UKHSA delivered multiple educational and awareness raising events on health protection including infection prevention webinars for schools and early years settings and the regional Southwest Health Protection Conference, SW Zoonoses Conference, TB awareness day and the 'Tackling Infections in Complex Lives' conference.

UKHSA facilitates the networking of partners via the Migrant Health Network, Environmental Health Officer Network, Early Years and Educational Settings Network, and Southwest Care Settings Health Protection Network and the overarching Southwest Health Protection Network. A new Southwest Public Health Climate Change Network/Community of Practice was established in January 2024 to support public health leads in sharing best practice in their work on climate change.

All LAs contributed to an infection, prevention and management strategy development day and attended vaccination practice development, seasonal debriefs and vaccination strategy workshops.

Local Authorities continued work locally to uplift of national/regional/local UKHSA communications around a wide range of campaigns or issues including for example, Lyme disease / tick awareness, heat health, measles, vaccination and winter preparedness.

Local Authority public heath teams and UKHSA supported medical student education across the Peninsula in the delivery of lectures, workshops and special study units relating to Health Protection.

Local Authorities also engaged staff in learning and training in relation to the climate emergency and carbon literacy.

The Cornwall system IPC alliance planned and delivered an IPC conference in November 2023 attended by a combination of acute, community and care sector staff. Subjects covered included decontamination, AMR, IPC impacts on climate change, public health and vaccination and healthcare associated infections. System discussion and a post-event quality improvement workshop enabled the generation of IPC improvement plans that have subsequently been implemented within primary care.

The Devon and CIoS ICBs, Local Authorities, vaccination teams and communication colleagues have coordinated significant communications and engagement to increase MMR and pertussis vaccination uptake. This work supports the vaccination priorities of the MIUG, and includes:

- Organic and paid for social posts using local images and national toolkit where appropriate
- Localising messages to specific cohorts and geographies for example, using reels filmed in Cornwall and engaging target cohorts with vaccination messaging and education
- Utilising a range of online and social media formats across different cohort groups including Google Display Network ads, Facebook and Instagram, and also TikTok and Snapchat for younger cohorts
- Using radio advertisements and local and regional print media to reach audiences not online
- Using bus stops and outdoor advertising opportunities to reach target audience in high footfall locations in areas of deprivation

- Building on established relationships through previous vaccination outreach work and local vaccine ambassadors to share information to groups where uptake might have been missed / be lower (including community and voluntary sector groups, traveller liaison officers, migrant/asylum seeking services and communities, universities and colleges, district councils, health and wellbeing coordinators and social prescribers)

All agencies participated in the Covid Inquiry in response to the initial modules. All learning will be fed back into practice to inform future response.

3.7 WORK WITH SPECIFIC SETTINGS AND POPULATIONS

3.7.1 Supporting Migrant Health and Resettlement

As in the past few years, Health Protection remained a key element of the multi-agency approach to supporting asylum seekers and refugees arriving at temporary accommodation in Devon, Torbay, and Cornwall.

All but one hotel closed during 2023/24, and residents transferred elsewhere.

One large family contingency hotel accommodating asylum seekers remains open. Housing has been stood up in areas of Devon for refugees arriving from Afghanistan via Pakistan on the Afghan Relocations and Assistance Policy (ARAP) scheme, as well as other dispersed accommodation for asylum seekers in accommodation within private rentals, family homes and HMOs. The movement of residents posed some challenges for the provision of physical and mental health support and continuity of care.

All arrivals in Devon have been supported and/or encouraged to register with NHS General Practitioners (GPs). NHS Devon worked with primary care supporting the hotels and provided funding to enable enhanced health checks for all patients registered. GP Practices were agile and creative to support arrivals to address multiple and challenging health needs. Support from the Devon ICB outreach vaccination team has been provided to support vaccine confidence as well as delivery and uptake of vaccinations to move people in line with the UK vaccination schedule.

UKHSA has supported settings and primary care with case management of infections as required and DCC have helped with providing messaging around the importance of infection prevention and management to staff, settings and residents.

Work is being undertaken to develop a TB screening pathway for these groups.

Local authorities, NHS and voluntary partners continued to offer support for health, care, education and wider needs.

Both Plymouth and Cornwall Council have a Resettlement Service, which work with partners to meet the wider needs of refugees and support new arrivals.

4 SCREENING PROGRAMMES

4.1 BACKGROUND

Population screening programmes make a significant impact on early diagnosis thus contributing the reduction in deaths and ill-health of disease. There are six programmes: bowel, breast and cervical cancer screening programmes, and antenatal and newborn screening (six programmes), abdominal aortic aneurysm and diabetic eye screening programmes.

Table 3: Summary, by exception, of activity during 2023/24

BOWEL
• **Age extension** has progressed well with all programmes screening those aged 54 and above by the end of the year. The 50-52 year age extension was initially on hold pending discussions regarding regional finance allocations, however during 2024/25 this has been resolved and Cornwall has commenced invitations for this final group and Devon providers will commence in Q3 2024/25. • Surveillance for those with **Lynch Syndrome** successfully implemented from April 2023. • **Diagnostic wait times for colonoscopy** for those who are screen positive continues to be a challenge; workforce resilience and physical capacity to meet demand plus clear any backlogs alongside continued high symptomatic pressure being the recurrent theme. Close working alongside the ICB's, diagnostic leads and the Endoscopy Network continues to align planning.
BREAST
• Progress to establish a **new permanent city centre static screening site in Plymouth** following eviction in October 2023 from the previous venue has been slower than planned. Part way through the project, a second new site had to be found as the original new site was found to be not suitable. A temporary site using a mobile screening van just outside of the city centre has been in use in the interim

with additional weekend clinics to help mitigate initial concerns about an impact on uptake of appointments and uptake has been stable as a result.

- **Coverage** data has continued to improve during the year following the disruption to the offer of screening during the pandemic. Published data at the end of the year showed that the coverage was above the 70% efficiency standard for all programmes in Devon and Cornwall except Torbay (67%) and all providers are on an improving trajectory. In the Southwest, providers continue to utilise open invites which benefits productivity making best use of every appointment but does mean women often take longer to book an appointment, thus more women do not have their screening episode closed prior to 6 months after eligibility, which is the cut off of calculation of coverage rates. This is evidenced in the large gap between monthly and 12 monthly rolling uptake rates (unpublished data). A decision by the national team about the future invitation methodology is anticipated in Autumn 2024 and use of open invites by Southwest providers will be reviewed at that stage. For context, the SW region in Q2 2024/25 has the second highest coverage in the country at 72.1% overall and is following the same steady improvement trajectory as all other regions despite the difference in invitation methodology.
- A national serious incident affecting **very high-risk breast referrals** was declared in Feb 2024. Women who have received radiotherapy for Hodgkins Lymphoma when under the age of 35 have an increased risk of breast cancer and should be offered annual screening. A national audit identified that historically some women had not been referred. Whilst not a breast screening incident, local screening programmes have been asked to offer all affected women the appropriate screening tests and then ensure an offer of annual screening. Numbers affected in Devon and Cornwall are relatively small and all providers have responded quickly to complete screening and follow-up of any screen-positive women. This will be completed by August 2024.

CERVICAL

- NHSE VaST has continued to work closely with all providers and ICBs to enable the management of the **increase in colposcopy referrals** resulting from the introduction of primary human papillomavirus (HPV) screening and the sustained high

number of referrals coming through the symptomatic pathway from GPs, that have stretched colposcopy capacity. High risk referrals have been managed, however routine referrals within 6 weeks intermittently breach. All providers have action plans and performance has been closely monitored throughout the year.

- Work is ongoing to implement the new national **NHS Cervical Screening Management System** (CSMS) – this will go live Summer 2024.
- Following the positive impact of the HPV immunisation programme, national planning is underway to **change routine screening intervals for those aged 25–49** from every 3 years to every 5 years. The date is yet to be confirmed and is dependent on the successful implementation of CSMS.
- **Coverage** data shows that this was improving in the younger cohort prior to the pandemic, however, has been decreasing again over the last few years. There is a different pattern in the two age cohorts – the eligible older cohort is increasing and so is the number of people attending screening resulting in a fairly static coverage %; the eligible younger cohort is also increasing but the number attending is static hence resulting in a reducing coverage %. Work continues to increase coverage and address health inequalities including support to GP practices with the lowest uptake, insights surveys to primary care to understand challenges within GP practices, developing a suite of interventions for targeted work, a pack to help sample taker support people with learning disability through screening, and a training package for sample takers to support people with their mental illness. This will continue in 2024/25.
- A successful bid as part of the Accelerator Programme, run by NHS England and the Institute for Healthcare Improvement, enabled Cornwall's public health team to access resources to begin to address some of the health inequality challenges affecting Cornwall's Gypsy, Roma and Traveller community. One priority was to improve early cancer diagnosis rates, focusing initially on cervical screening for women aged 25-64. This was a partnership between primary care, public health and local voluntary sector organisations. The work was done at one of three residential Gypsy and Traveller sites run by Cornwall Council. It enabled people eligible for cervical screening to attend an on-site information session run by a nurse and GP, and the majority then received screening.

- In addition to this, a community survey was run for the residents of the site to explore issues relating to health service access and issues around health and cultural beliefs, education and barriers to healthcare. The results of the survey will help to shape future work. These initiatives pave the way for similar work to be conducted at other council-run sites.

ANTENATAL / NEONATAL

- **Coverage** of the antenatal and newborn screening programme remains very high, as these are an integral part of routine maternity care.
- **Performance** against national key performance indicators (KPIs) and standards is mostly meeting requirements, however, there is concern that post pandemic ongoing staffing pressures in maternity continue to have an intermittent impact on screening team functions with some trusts having increased number of incidents, less timely submission of KPIs and closure of incidents.
- The NHSE VaST has been working closely with the Royal Devon University Hospital (RDUH) to support the achievement of **compliance with national standards** and key performance indicators following a QA pathway review and good progress in year has been made (this was completed in Q1 2024/25).
- Performance in certain aspects of the **newborn blood spot screening programme** continues to be a challenge due to multiple factors. All providers have systems in place to address these challenges and this work is closely supported by the NHSE VaST. Coverage of newborn blood spot in those who move into the area has been particularly challenging with the observation by local teams of an increase in movement in of families from a larger range of countries, which has led to more challenges making timely contact with families and highlighted the need for easy access to translation and interpretation in community services. A regional best practice guide has been published and work to address this is planned in 2024/25 as part of a wider vaccination and screening perinatal pathway work programme.
- Since the successful transition of Devon Newborn Hearing screening service from a community model to a hospital model at the start of April 2023, the national team has changed the national standards removing the ‘screen by 5 weeks’ screening

window for the remaining services in the Southwest region who have a community model so that they now have to comply with the '**screen by 4 weeks'** screening window. All the remaining Devon and Cornwall providers have successfully made this transition and are meeting this new requirement.

DIABETIC EYE SCREENING

- Successful introduction of **reduced screening intervals** (2 yearly for those with normal screening history) with minimal impact on programmes.
- Annual **coverage** continues to meet national achievable target in Devon and Cornwall (85%) with providers having a continued focus on reducing inequalities.
- Performance against the other national KPIs and standards has been good, though meeting the acceptable level of 80% for **timely referrals into Hospital Eye Services** (HES) continues to be a challenge and is closely monitored.
- Planning in 2024/25 is underway to introduce **Optical Coherence Tomography** (OCT) (a more detailed screen to reduce referrals into Hospital Eye Services thus enabling improved performance for timely referrals) into the screening programme from October 2024 following the reduction in activity resulting from the change in screening intervals.

ADOMINAL AORTIC ANEURYSM

- All three Devon and Cornwall programmes continue to deliver excellent services. **Coverage** continues to be high, and all three providers have already achieved the acceptable target of 75% (Q3) and are on track to achieve the achievable target of 85% by the end of Q4 2023/24 (data not yet available); and continue to be ranked in the top 10 providers across England. All providers have completed the PHE Health Equity Assessment Tool (HEAT) tool and have action plans to further improve uptake and reduce inequalities.
- The main challenge in the programme continues to be the high proportion of patients having to **wait for longer than 8 weeks for surgery** due to ongoing pressures within surgery and intensive care services. All breaches longer than 12 weeks were

notified to NHSE VaST, and the team has worked closely with the screening services and the regional Vascular Surgery Network to closely track these patients to ensure surgery is done at the earliest opportunity.

5 IMMUNISATION PROGRAMMES

5.1 BACKGROUND

Immunisations are one of the most significant public health developments in the prevention of infectious disease. The routine vaccine schedule in the UK is available here along with vaccine acronyms used in this section.[10] In addition to the routine immunisation programmes, the COVID-19 vaccination programme has continued to be delivered in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance.

Table 4: Summary, by exception, of activity during 2023/24

PRE SCHOOL IMMUNISATIONS
Routine: Nationally, childhood vaccine coverage in 2023–24 decreased compared to 2022–23, and none of the scheduled vaccines met the 95% target. However, coverage rates in the Southwest have remained high relative to the England average. In Devon and Cornwall, the priority remains the uptake of the MMR dose 1 and 2 and DTaP-IPV preschool booster vaccines in 5-year-olds, which although remains high also reduced a little compared to 2022/23; Torbay and Cornwall have coverage less than 90% for both MMR dose 2 and all four LA are now just below 90% for the preschool booster DTaP-IPV at 5 years (see Appendix 6.1). Work has continued aiming to increase MMR and child immunisations uptake and reduce inequalities through the Devon and Cornwall Maximising Immunisation Vaccination Groups and the ICB Vaccination Teams utilising the evidence-based regional MMR action plan produced by NHSE VAST and, in Devon, Vaccination Innovation Funding (VIF) was also used to enable GP practices to undertake local work for their registered patients.

[10] Routine childhood immunisation schedule - GOV.UK (www.gov.uk)

Response to increase in measles cases and outbreaks:

In response to the rising number of measles cases and outbreaks across the country and in other parts of the Southwest region (no unexpected rise in cases seen in Devon and Cornwall was experienced), additional work was undertaken as part of the rapid outbreak response including:

- Accelerated 17-30 MMR system projects funded by NHSE SW and VIF projects (Devon only) – these mainly focussed on supporting GP practices to data cleanse and then offer vaccination if needed. Thousands of records were cleansed across both systems. As a result of the 17-30 project approx. 1500 extra people were vaccinated (1200 Devon, 300 Cornwall – mainly first doses). Evaluation from both projects has identified a lot of lessons learnt that will be used for future initiatives and to plan how best to utilise VIF (and other) funding going forward.
- Two national MMR recall campaigns for the under 6's led by primary care and 6-11's led by national recall.
- Creation of more detailed Child Health Information Services MMR dashboards to enable local identification of communities and practices with low uptake and to target interventions
- Devon ICB and LA colleagues collaborated to provide MMR targeted communications to areas of lower uptake utilising data from Childhood Health Information Service (CHIS).
- Comprehensive communications campaigns were undertaken in both ICB areas and in partnership with Local Authorities to raise measles awareness with the general public and healthcare staff around the signs and symptoms of measles, and the importance of having two MMR vaccinations for protection against measles and to target communities with low uptake.

ICB vaccination team was also able to help a small number of practices with low uptake to deliver MMR catch-up clinics.

National teams published (August 2024) an evaluation of the impact of the national and regional measles catch-up activity. In the SW, the largest increase in MMR1 was observed in children aged 15 months to 5 years of age and in MMR2 in children aged 3 years 7 months

and 5 years. The largest coverage increases for MMR1 and MMR2 were consistently seen in people from African, Arab, other black, and white Gypsy and Irish Traveller ethnic groups, which are all groups with historically lower MMR coverage. The smallest coverage increases for MMR1 and MMR2 were consistently seen in the white British ethnic group (ethnicity data not broken down by region or ICB). For all cohorts for both MMR1 and MMR2, the greatest percentage change in coverage was observed in the most deprived deciles (decile 1), whilst the smallest percentage change was observed in the least deprived deciles (deciles 9 and 10). This demonstrates that the work undertaken by systems was appropriately targeting groups with the lowest uptake.

Table 5: Percentage change in recorded MMR pre (end Aug2023) to post campaign (end April 2024)[11]

Catch-up cohort	Devon ICB	Cornwall ICB
MMR1 - 15 months to 5 years	0.96	2.11
MMR1 - 3 years 7 months to 5 years	0.38	0.73
MMR2 - 3 years 7 months to 5 years	2.48	2.96
MMR1 – 6 to 11 years	0.24	0.2
MMR2 – 6 to 11 years	0.37	0.35
MMR1 – 12 to 25 years	0.14	0.15
MMR2 – 12 to 25 years	0.17	0.2

NHSE SW completed a vaccine confidence project undertaken in collaboration with University of Bristol and the national NHSE team and has produced a training resource to support health, social care and other practitioners to have conversations with individuals to encourage take-up of vaccinations. This will be used by system teams to support ongoing vaccine confidence training with a range of staff groups during 2024/25 and NHSE SW will be producing an additional version for non-health care workers.

[11] Evaluating the impact of national and regional measles catch-up activity on MMR vaccine coverage in England, 2023 to 2024 - GOV.UK (www.gov.uk)

SCHOOL AGED IMMUNISATIONS

To Note: Data for 2023/24 not published at the time of writing

Both Devon, Cornwall and Isles of Scilly (DCIOS) providers have worked hard to continue to offer catch-up opportunities to those impacted by the pandemic as well as deliver the routine programmes.

Uptake data for 2022/23 cohort (see appendix 6.2) showed ongoing challenges, so NHSE VAST reviewed providers operational plans and commissioned additional catch-up activity which was delivered by the school aged immunisations services (SAIS). This was supported by additional NHSE SW financial investment to both providers.

A new provider commenced in Devon on 01/08/2023 and the same (incumbent) provider commenced a new contract on 01/08/2024. Core specifications have been expanded to now include an offer of MMR alongside the routine immunisations with catch-up up to and including year 11, it is hoped that this will help the continued drive to ensure all children are fully vaccinated.

In September 2023, the HPV programme changed to a one dose schedule.

In 2024/25, both MIUGs are planning to pilot the use of EDUCATE resource (University of Bristol: EDUCATE (pshe-association.org.uk) lesson plan and resources) in low uptake schools to increase understanding of HPV vaccine and support vaccine confidence.

VACCINATIONS IN PREGNANCY

Vaccinations in Pregnancy include Flu and Pertussis (and COVID - not currently a Section 7a commissioned programme). All Devon and Cornwall providers offer both flu and pertussis vaccinations. From 01/09/2024, RSV vaccination will be introduced in to core maternity services.

Uptake for flu vaccination 2023/24 was slightly below 2023/23 levels (see Appendix 6.3).

However, there are data issues that affect interpretation of vaccine uptake data including denominator definition, data uploading between maternity and primary care systems, administration workload to ensure accurate data, and reporting delays. Work was undertaken in the Cornwall MIUG to look at maternity data flow processes for pertussis.

NHSE SW has introduced a new Perinatal Pathway work programme supported by additional funding for Maternity Services to support the planning, delivery and monitoring of the performance and quality of vaccination programmes given during pregnancy, and in particular to improve data quality as it is felt that published vaccination uptake data is not currently fully complete. The regional team has been working closely with Devon and Cornwall Vaccination SROs to implement the quality improvements –the initial priority will be the successful mobilisation of the RSV programme.

During the year, UKHSA alerted concerns about the rising number of pertussis cases and deaths in newborns. Devon and Cornwall maintain high coverage overall of routine childhood immunisations, so the focus of the response was on maternal vaccination with extensive communications to pregnant women and people led by the two ICB teams. The Perinatal Pathway work programme is the key vehicle to deliver ongoing improvements to access and acceptability of the vaccination programme to maximise uptake.

Both the Devon and CIoS ICBs and associated vaccination teams have coordinated significant communications and engagement to promote pertussis vaccination uptake.

The Cornwall MIUG had a particular focus on Pertussis during 2023/2024 given Cornwall's low uptake rate of the pertussis vaccination. Work has included:

- A review of the pertussis event data between maternity and general practice, as well as administration of event data at general practice, such as coding. This work has highlighted issues with data recording which are currently being addressed.

- The ICB conducted research to understand attitudes towards and understanding of the pertussis vaccination. This was carried out with both pregnant women and also midwives, to identify any training need around vaccine knowledge and confidence.

Quarter 3 2023/24 pertussis vaccine data is shown in appendix 6.3

OLDER PEOPLE IMMUNISATIONS

Shingles vaccination is first offered at age 70 years and eligibility continues until age 80. Across the Southwest, uptake in the first year of offer is low at about 20% and then the cumulative uptake increases year on year up to age 78 when it drops off (this is due to these older age groups being part of a catch-up group and having less time to be vaccinated). Latest data shows that uptake in Devon and Plymouth is a little above the national average, however, uptake in Torbay and Cornwall is a little below the national average (see Appendix 6.2).

NHSE VAST produced a primary care Shingles toolkit and issued a number of Shingles communications to support uptake of this vaccination; firstly to the 20% of GP practices with the lowest uptake across all systems to encourage action to offer to those aged 78 as this group only have 2 years before ceasing to be eligible and in addition to all practices to remind that Shingles vaccination is an active call-recall at age 70.

In addition to Zostavax, a second vaccine Shingrix was introduced to offer to all those who are aged 70-80 who are immunocompromised (and so not eligible for Zostavax).

The latest published data for Pneumococcal vaccination is 2022/23 with coverage stable for Devon and Cornwall and meeting the acceptable lower threshold of 65% and under the target uptake of 75% (see appendix 6.2). Uptake is a little above the national average in Devon and Cornwall and on a small upward trend, and a little below the national average but stable in Plymouth and Torbay. As with Shingles, the uptake at 65 years (the age of first offer) is low and uptake increases year on year up to age 75 and over, emphasising the importance of continuing to offer these vaccinations in older years and also of the need to

do more work to improve the timeliness of the vaccination closer to the age of first eligibility in order to gain more protection from the vaccine for these groups.

SEASONAL IMMUNISATIONS (FLU AND COVID19 IMMUNISATIONS)

Both the Devon and Cornwall and Isles of Scilly ICBs delivered vaccinations through Primary Care Networks, Community Pharmacies, Large Vaccination Centres and a wide range of outreach activities.

Autumn 2023/24 (COVID19 and influenza)

The Seasonal Influenza season in 2023-2024 ran from September 2023 until end of March 2024. Cohorts included people aged 65+, all Care Home residents and staff, housebound patients, Health and Social Care Workers and Clinically Extremely Vulnerable groups as identified by the Green Book.

155,294 COVID-19 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 62.4 % of those that were eligible.

337,428 COVID-19 vaccinations were provided to patients registered in Devon which equated to an uptake of 62% of those that were eligible.

Devon and Cornwall were 7th and 10th respectively of the 42 ICB systems in England

One of the prime aims this year was the co-administration of both the influenza and autumnal COVID vaccination. Increases were also seen in co-administration with 35.5% of vaccine being co-administered in Devon.

Table 6: Seasonal influenza immunisation uptake for season in 2023-2024

	Aged 65 and over	Under 65's (at risk)	2–3-year-olds	Primary school aged
Devon	81.6%	48.2%	56.9%	63.6%
Plymouth	79.9%	45.0%	47.3%	59.8%
Torbay	75.6%	42.0%	42.0%	52.5%

Devon ICB	79.8%	43.8%	53.2%	61.5
Cornwall & IOS ICB	78.7%	41.5%	46.7%	53.5%
Southwest	81.3%	46.5%	51.9%	62.0%
England	77.8%	41.4%	44.4%	55.1%

Source: Fingertips | Department of Health and Social Care

Spring 2024 (COVID19)

Cohorts included people aged 75+, all Older Adult Care Home residents and staff, housebound patients, and patients that were immunosuppressed as identified by the Green Book.

61,070 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 63.1% of those that were eligible.

130,039 vaccinations were provided to patients registered in Devon which equated to an uptake of 72.4% of those that were eligible.

Inequalities continued to be a strong focus of the programmes with outreach into areas of deprivation and/ or low uptake and in locations which increased access, such as food banks; community centres; soup runs; complex lives settings; and bespoke clinics for specific groups such as carers. Providing added value of these contacts continues to be a priority with other needs identified and addressed as part of the Making Every Contact Count agenda and created an "in" for other support.

In terms of seasonal influenza Devon and Cornwall & IOS had some of the highest uptakes across England in nearly all cohorts. However, disappointingly both adult social care and healthcare staff in general, had a lower uptake across both vaccination programs. which reflects the national picture. Gaps in offer around non-NHS care staff flu vaccination provision remains and this has been raised at national level.

Two Devon schools were hit by a late season influenza outbreaks. As the flu vaccination uptake was low in these school, the School Aged Immunisation Team stood up additional flu vaccination clinics.

Devon ICB was able to make funding available for organisations across Devon to apply for enable then to support the increase uptake of seasonal flu and COVID19 vaccinations.

6. HEALTH CARE ASSOCIATED INFECTIONS & ANTIMICROBIAL RESISTANCE

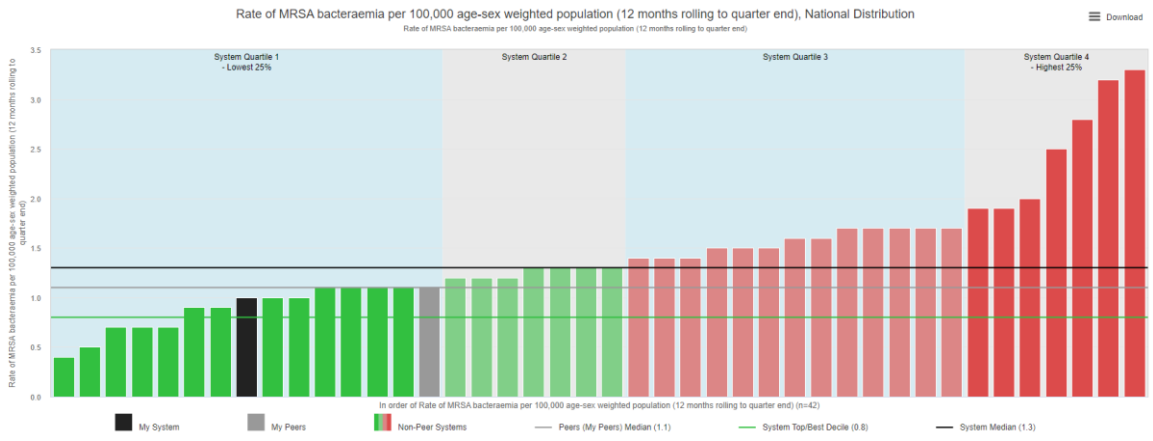
6.1 KEY PERFORMANCE

The following information summarises the key performance position and developments for health care associated infections, antimicrobial resistance work and key challenges over 2023/24 across the geography of Devon and Cornwall and Isles of Scilly (CIoS).

The shared data charts in table 6, are courtesy of Model Health System, NHS Digital, are given as rates per 100,000 population and are age-sex weighted by population. Whilst the numerator is sourced from the healthcare-associated infection (HCAI) data capture system (DCS), UKHSA, the denominator source is a 12-month average GP registered population. The calculated rates are 12 months rolling to quarter end. This data is also used for reporting to health protection committee, to maintain consistency. Cornwall is displayed in black and Devon in grey.

Table 7: Cases and rates for key organisms 2023/24

Methicillin Resistant Staphylococcus Aureus (MRSA)



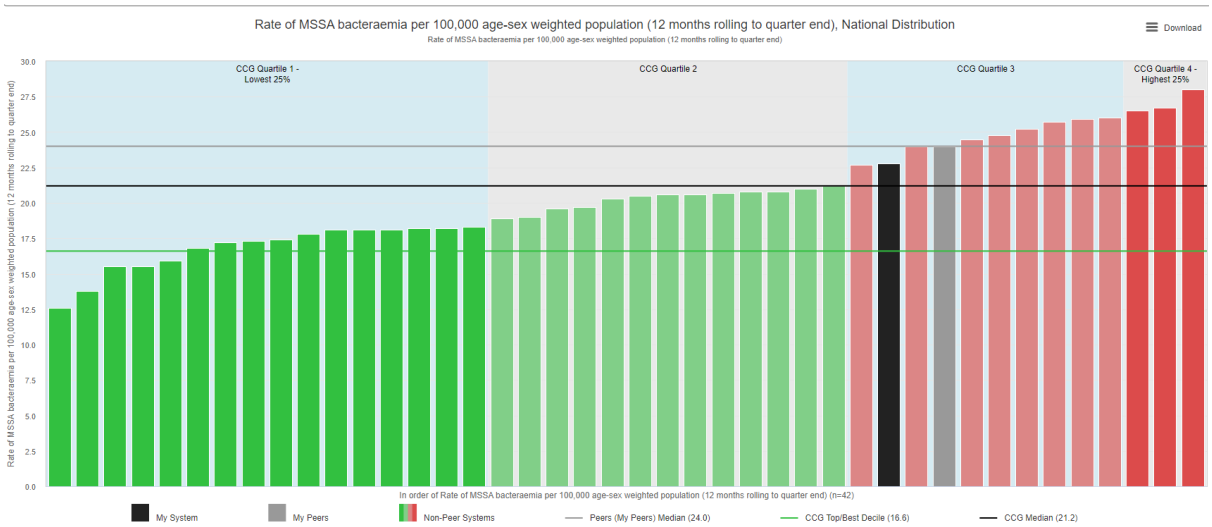
NHS Cornwall ICB:

There have been a total of 7 cases of MRSA blood stream infections (BSI) in Cornwall from 1st April 2023 to 31 March 2024, at the end of quarter 4 (year-end), this is a rate of 1 per 100,000, below the system median of 1.3 and places Cornwall in the lowest quartile.

NHS Devon ICB:

There have been a total of 16 cases of MRSA blood stream infections (BSI) in Devon from 1st April 2023 to 31 March 2024, at the end of quarter 4 (year-end), this is a rate of 1.1 per 100,000, below the system median of 1.3 and places Devon in the lowest quartile.

Methicillin Sensitive Staphylococcus Aureus (MSSA)



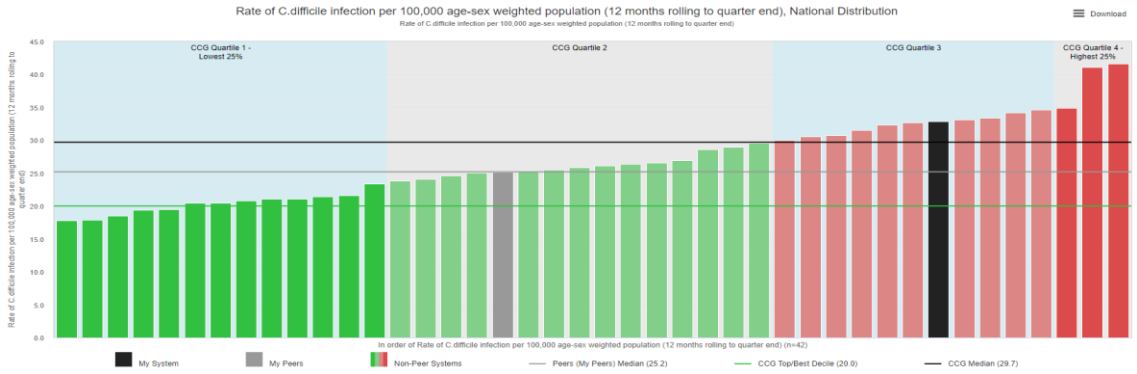
NHS Cornwall ICB:

There have been a total of 176 cases of MSSA blood stream infections (BSI) in Cornwall from 1 April 2023 and 31 March 2024. At the end of quarter 4, this is a rate of 24.3 per 100,000, above the system median of 21.9 and places Cornwall in the third (mid-high) quartile.

NHS Devon ICB:

There have been a total of 378 cases of MSSA blood stream infections (BSI) in Devon from 1 April 2023 and 31 March 2024. At the end of quarter 4, this is a rate of 24.9 per 100,000, above the system median of 21.9 and places Devon in the third (mid-high) quartile.

Clostridioides difficile (C. difficile)



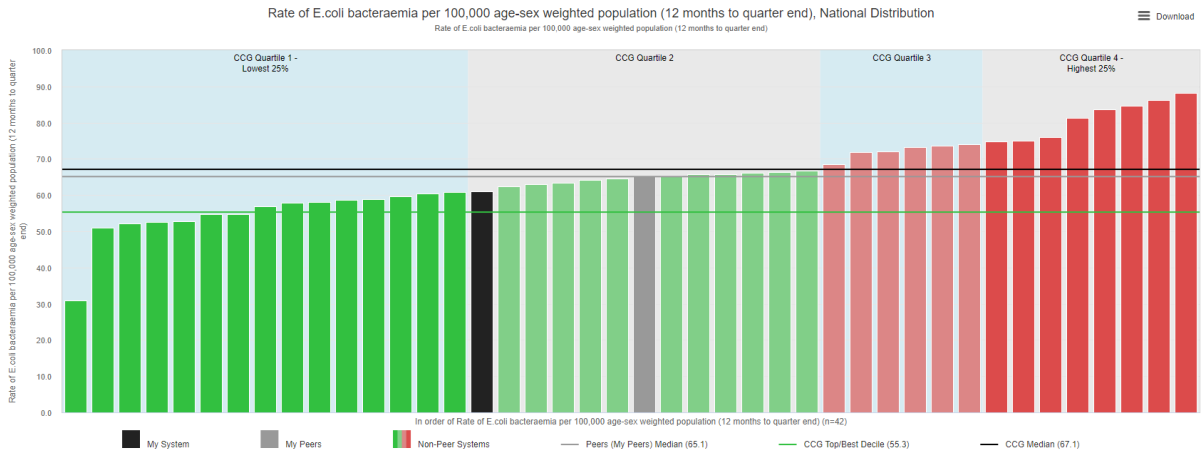
NHS Cornwall ICB:

There have been a total of 254 cases of *C. difficile* in Cornwall from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 32.9 per 100,000, above the system median of 29.7 and places Cornwall in the third (mid-high) quartile.

NHS Devon ICB:

There have been a total of 409 cases of *C. difficile* in Devon from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 25.2 per 100,000, below the system median of 29.7 and places second (low-mid) quartile.

Escherichia Coli (E. coli)



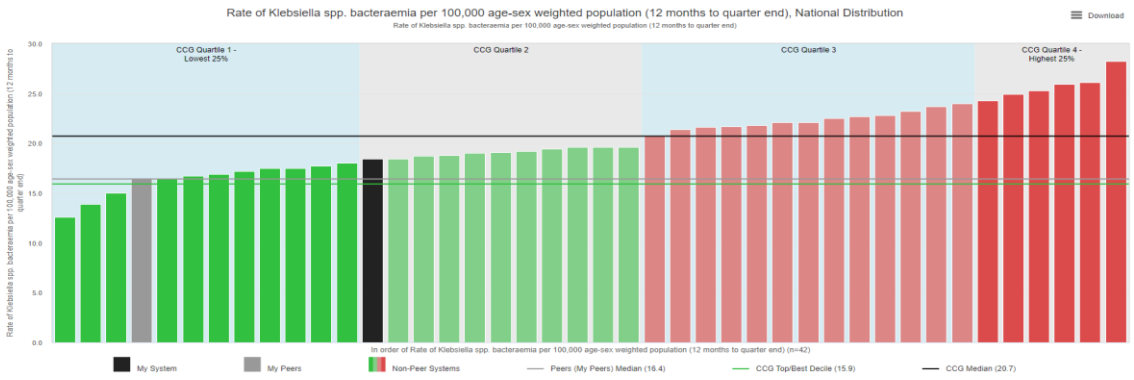
NHS Cornwall ICB:

There have been a total of 481 E. coli BSI in Cornwall from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 61.1 per 100,000, below the system median of 67.1 and places Cornwall in the second (low-mid) quartile.

NHS Devon ICB:

There have been 1076 cases of *E. coli* BSI in Devon between 1 April 2023 and 31 March 2024. At the end of quarter 4, this is a rate of 65.1 per 100,000, below the system median of 67.1 and in the second (low-mid) quartile.

Klebsiella



NHS Cornwall ICB:

There have been a total of 143 cases of *Klebsiella* spp. BSI in Cornwall from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 18.4 per 100,000, below the system median of 20.7 and places Cornwall in the second (low-mid) quartile.

NHS Devon ICB:

There have been a total of 265 cases of *Klebsiella* spp. BSI in Devon from 1 April 2023 to 31 March 2024. At the end of quarter 4, this is a rate of 16.4 per 100,000, below the system median of 20.7 and places Devon in the first (lowest) quartile.

6.2 ANTIMICROBIAL RESISTANCE (AMR) WORKING GROUPS

6.2.1 Peninsula AMR Group

Following a decision to merge the Devon and Cornwall AMR groups to a peninsula-wide group (PARG), a first meeting was held in May 2023 to formalise TOR. Since then, the PARG has met on a quarterly basis.

The PARG is made up of representatives across Devon, Cornwall and IoS systems with good representation in the group from primary care (both in-hours and out-of-hours), acute trusts, Academia, IPC, Public Health (LAs and UKHSA), private health providers and animal husbandry.

Going forward, the work of the PARG will be delivered through themed groups who will coordinate work on the ambition areas of the government's long-term plan for antimicrobial resistance expressed in the AMR National Action Plan, alongside the Southwest Infection Prevention Strategy and the draft Cornwall and Isles of Scilly IPC Strategy. Of note within this is a commitment to Health and Social Care teams, recognising that social care is an important arena for infection prevention and management and the use of antibiotics.

In 2023/24 there was a national mandatory Commissioning Quality & Innovation (CQUIN) in place, applicable to secondary health providers, related to movement of intravenous (IV) to oral routes for antibiotics administration. This looked at the percentage of patients in hospital that can or could be switched to oral antibiotics and those that had remained on IV antibiotics past the point they should have been switched to oral, and what was indicated that the percentage of patients was found to be quite low. Trusts within the region had low numbers. Unfortunately, for 2024/25the CQUIN is non-mandatory which risks less engagement although it is an easy AMR fix; as well as being sustainable, reducing patient stays and therefore improving patient flows in our hospital settings, the main benefit for the patient is from the patient safety element of reducing the risk of a new HCAI developing.

Torbay AMR group was set up to localise the work across the locality, focusing on settings – education, business, care sector. Education work included promotion, hand-washing training and resource packs for early years, along with education sessions for providers.

Cornwall AMR delivery and Implementation Group provides a system-wide approach to the containment and control of AMR in human health services of Cornwall and Isles of Scilly. It has been subject to some governance limitations but has continued to provide a local NHS focus on the four pillars of the national AMR programme; infection prevention; antimicrobial stewardship; diagnostics and decision support, and sepsis. A group workshop, held in October 2023, used systems thinking methodology to interrogate perceptions and consider next steps.

6.2.2 WORLD ANTIMICROBIAL AWARENESS WEEK 2023

Activities and information was disseminated across NHS trusts, Local Authorities and Universities and schools were delivered across the Peninsula as part of AMR engagement activity for World Antimicrobial Awareness Week 2023, which included both public facing and staff communications.

6.3 PROGRESS ON KEY HCAI & AMR CHALLENGES

Investigations into all healthcare-onset, healthcare-associated cases have been undertaken. Within Cornwall, these have identified key learning themes which include missed opportunities for face-to-face GP consultation, no documented follow up of urinary tract infections (UTI), midstream urine samples not being collected, dipping urine (a Point of Care Testing (POCT)) in patients over the age of 65, missed testing due to lack of detail on microbiology request forms, and multiple cannulation attempts. The picture in Devon was similar and also found the majority of cases were community-onset or community-associated (COCA).

MSSA work has been less well covered during the pandemic due to the many other pressures. However, both systems are placing this work within their IPC 2024-2025 work plans focusing on non-infection specific quality improvement plans within the following themes: wound care, UTI, pneumonia, timely care, sampling, and prescribing patterns.

C. Difficile has shown an increase both regionally and nationally in the numbers of cases and is an area where work is currently underway and where further work is being development. Early analysis shows the need for additional quality improvement measures which will be included in the IPC 2024/25 work plan.

Within the Cornwall system a patient-held, 'Think C. diff' passport continues to be rolled out across Cornwall for all patients with a *C. difficile* infection diagnosis. The system infection control lead is representing the Devon system at a national *C. difficile* strategic level, and both Devon and Cornwall are a member of the regional *C. difficile* data collaborative. In addition, individual trusts each have *C. difficile* reduction strategies in place and results from some of these works have been shared at national level. Community onset *C. difficile* monitoring and theme/trend analysis is taking place in Devon localities but has yet to be combined across the Devon footprint.

Surveillance into cases of *Klebsiella* specimens in October 2023, processed at Cornwall's acute hospital identified that 33% of cases (3/9) had been admitted due to exacerbation of COPD. Other predisposing risk factors identified were UTI and acute cholecystitis. These finding will feed through into the planned workplan for action.

7. EMERGENCY PLANNING, RESILIENCE AND RESPONSE

7.1 DCIOS RESPONSE

Emergency Planning, Resilience and Response (EPRR) is led across the region by the NHS with the support of local authority partners as part of multi-agency partnerships; in the Peninsula this is the Devon, Cornwall and the Isles of Scilly Local Resilience Forum (LRF).

Relevant forum members responded to the following major/ critical incidents in 2023/24:

- Operation Foster – the response to the discovery of a 500kg unexploded World War 2 bomb in the Keyham area of Plymouth in February 2024. This response saw NHS Devon, University Hospitals Plymouth and Livewell Southwest work closely with multi-agency partners to identify vulnerable residents and support in the evacuation of more than 10,000 residents, over a period of three days. The device was made safe by military Explosive Ordinance Disposal (EOD) staff, transported to Torpoint, transferred to a barge and taken out to sea for a sub-surface detonation late that evening. This Operation was one of the largest population evacuations undertaken in the UK and also involved the first live use of the new Emergency Alert System to ask residents to evacuate the area.
- In May 2023 and on several other occasions in this period, heavy and sudden onset rainfall led to significant and widespread flooding across multiple district areas. Initially primarily over the East Devon area, later flooding events impacted communities across wider Devon, with public health advice being issued to support safe recovery operations.
- Devon and C&IOS System Critical Incidents: Robust system responses were activated on several occasions due to various causes for example, escalating pressures upon urgent and emergency care services and care and system level IT outage.

7.2 INDUSTRIAL ACTION

There has been wide scale public sector industrial action from late 2022 ongoing into 2023/24. A robust planning regime was implemented, and system wide industrial action plans developed working collaboratively with providers. Debriefs have been held after each period

of industrial action and learning identified embedded into the next iteration of planning assumptions.

7.3 EPRR RESPONSE ACTIVITY

7.3.1 Devon

The team have continued to deliver a robust EPRR function with highlights listed below:

- Deliver annual nationally mandated EPRR Assurance process requiring assessment of the state of emergency preparedness of all Devon providers and the ICB against the Core Standards for EPRR
- Maintenance of on-call staff training to maintain incident response effectiveness
- Joint Devon & Cornwall ICBs HCID & Pandemic Plan – now being adapted to a LHRP Framework
- System & ICB debriefings of IT Outages; System pressures, Public Holidays & Industrial Action over winter; a UHP Full Lockdown; and Operation Foster
- Chair the LHRP Business Management Group (BMG), acting as Capability Lead for Health on the LRF

7.3.2 Cornwall and Isles of Scilly

The team have continued to deliver a robust EPRR function with highlights listed below:

- Delivery of joint principles of health command training across the Peninsula with sessions delivered by both Devon and Cornwall EPRR leads
- Delivery of the EPRR annual assurance process, supporting providers through a quarterly meeting assessment process to deliver collaborative working and support
- Lead the LHRP function including delivery of the risk register and associated work plan
- Head of EPRR is part of a national group led by NHS England revising the Management of self-presenters (CBRN) guidance, the guidelines are now awaiting publication
- Development of LHRP/ LRF Mass Casualty Framework
- Act as Senior Responsible Officer (SRO) for Health on the LRF

7.4 DEVON, CORNWALL, AND ISLES OF SCILLY EXERCISES & PLANNING

Valuable lessons were taken from each of the exercises undertaken which have been built into workplans going forward.

Exercise Galvanise (November 2023) – LRF Strategic Co-ordinating Group (SCG) exercise of response to a National Power Outage (NPO). Both ICBs participated representing their systems. The learning from the exercise highlighted areas for further action planning.

Exercise Morgawr (1st May 2024) was hosted by Pendennis Shipyard, Falmouth and brought together those agencies and organisations with a role in responding to maritime emergencies and their impact ashore, to share best practice and support arrangements to mitigate those risks effectively and efficiently.

Various other exercises have taken place to test agency responses across partners to a range of scenarios.

In the last 12 months the DCC team have been working on developing evacuation and shelter planning for Exeter and also the identification of suitable centres across the rest of Devon. We have adopted and trained on our latest Coastal Pollution response plan.

7.4 HIGH CONSEQUENCE INFECTIOUS DISEASES (INCORPORATING PANDEMIC) PLAN

The drafting of this plan has commenced and will be progressed to completion at the beginning of 2025.

7.5 SEVERE WEATHER PLANS

Severe weather plans are reviewed annually against any changes in guidance and assessed through the annual EPRR assurance process. We are running a capability style delivery of the LHRP workplan with a specific workgroup for this capability to ensure all plans are aligned with national guidance at operational levels.

7.6 ASSURANCE

The annual EPRR assurance was delivered in 2023 and 2024 and signed off by the LHRP.

7.7 TRAINING

Training is delivered at a system and Peninsula level for principles of health command. Locally within CIOS we also deliver system level loggist training and all Directors on call have access to LRF level training such as JESIP.

As well as the joint PHC training referred to above, all NHS Devon on-call staff undergo internal on-call Induction/ Refresher training each year to maintain their awareness of the processes and systems in place for a multi-agency emergency response. Similarly, there is also a refresher programme in CIOS and on-call staff have access to LRF multi-agency training.

8. CLIMATE AND ENVIRONMENT

This section of the report was introduced last year, seeking to continue development from the setting of work programme priority on climate in the 2021-22 Committee report.

The changing climate poses one of the greatest health security and societal challenges, impacting everything from the air we breathe to the quality and availability of our food and water. Climate change is increasing the frequency and intensity of environmental health threats like flooding and heatwaves and is creating conditions which heighten the risks from infectious diseases. Climate change is now the context in which we need to protect health from environmental hazards and infectious diseases and will determine future risks to health including new challenges such as wildfires and droughts and growing problems such as antimicrobial resistance or future pandemics.

Whilst everyone will be at some risk from adverse health impacts from climate change, the impacts will vary at individual level and the most disadvantaged both here in the UK and around the world will be disproportionately affected.

In 2022 UKHSA launched the Centre for Climate and Health Security (CCHS), which is a national hub of climate and health security work, mainly focused on adaptation but with an advocacy role around the co-benefits of mitigation/net zero actions. In 2023/2024 they published the Adverse Weather Health Plan and the fourth Health Effects of Climate Change in the UK report, which provides evidence, analysis and recommendations based on climate change projections for the UK.

In the Southwest, UKHSA, OHID, FPH sustainability representatives and LA leads from Devon and Cornwall worked together to establish a Southwest Climate Change Public Health Leads Network, to provide a space for public health leads to share best practice and increase their impact and influence on climate change. The network is also building wider connections with professionals across Greener NHS and emergency planning.

UKHSA SWHPT ran the Southwest Health Protection Conference in February 2024 and featured climate change as a plenary session, with speakers from UKHSA CCHS, and further climate change CPD sessions are taking place in 2024/2025.

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In DCIOS, the Devon, Cornwall and Isles of Scilly (DCIoS) Climate Impacts Group (CIG) is the main partnership that coordinates Peninsula-wide action on climate adaptation, preparing communities and organisations for a changing climate, and improving resilience across the region, and has published a risk register and the DCIOS Climate Adaptation Strategy. Work on de-carbonisation and net zero is coordinated through the Devon Climate Emergency net zero plan and the Cornwall Climate Emergency plan.

The DCIOS Health Protection Committee and regular locality meetings have 'climate change' on the agenda as standing item as an ongoing prompt to consider the risks and opportunities for actions that have climate, health and equity co-benefits.

CIOS are working at system level on health creation models and adaptation and mitigation plans which reduce the production of carbon by considering a wellness health model rather than the traditional sickness model. The climate change work in health is not just focused on response to climate change e.g. floods and heatwaves but the bigger picture of meeting the Net Zero targets in Green Plans through overall channel shift into health creation, healthier societies, moving care closer to communities and reducing the requirement for carbon intensive secondary care.

There are many actions already taking place across the Peninsula that are successfully reducing greenhouse gas emissions, increasing resilience and implementing the four local authorities carbon neutral / net zero plans. Please refer to local websites and plans for detail on specific actions.
https://www.cornwall.gov.uk/climateemergencydpd
https://devonclimateemergency.org.uk/devon-carbon-plan/
https://www.plymouth.gov.uk/climate-emergency-action-plan
https://www.torbay.gov.uk/council/climate-change/carbon-neutral-council-action-plan/

9. ONGOING WORK PROGRAMME PRIORITIES

The DCIOS Health Protection Committee has reviewed the work programme priorities in the formulation of this report and has agreed that these remain unchanged from last year, due to the ongoing nature of the related work and are set out below:

1. **Climate Emergency** Work closely with partners to address the climate emergency and develop plans in relation to flooding, heatwave, cold weather, and other climate related mitigations or emergencies, with an emphasis on the impact on vulnerable groups.
2. **Infection Prevention and Management**
   Take action to strengthen infection prevention arrangements and tackle anti-microbial resistance;
   - promote health protective behaviours
   - strengthen infection prevention systems within health and care and wider settings
   - reduce healthcare associated infections
   - tackle antimicrobial resistance
   - implement the regional Infection Prevention and Management Strategy at local level
3. **Vaccinations**
   Work via the Maximising Immunisation Uptake Groups on shared objectives, to protect our population against outbreaks, by implementing targeted local actions
4. **Pandemic Preparedness**
   Develop and strengthen all hazards planning and pandemic preparedness, promote resilience, and build on learning from the Covid Inquiry as findings are shared.
5. **Continuous Improvement in Health Protection**
   Work towards continuous improvement in health protection. Implement the Sector Led Improvement, and Gap Analysis Action Plans and audit performance against the What Does Good Look Like in health protection tool, sharing best practice and embedding learning from experience.

6. Inclusion & Inequalities

Protect the health of people experiencing greater inequalities in health or access.

Implement the Inclusion Health Agenda through health protection systems.

7. Work to support local strategic plans

See links to plans in Appendix 3

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With thanks to all contributors from members of the Health Protection Committee

11. APPENDICES

APPENDIX 1: DEVON, CORNWALL, AND ISLES OF SCILLY HEALTH PROTECTION COMMITTEE: SUMMARY TERMS OF REFERENCE

1. Aim, Scope & Objectives

Aim

1.1 To provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.

Scope

1.2 The scope of health protection to be considered by the committee will include prevention and control of infectious diseases, immunisation and screening, healthcare associated infections, non-infectious environmental hazards, and emergency planning and response (including severe weather, environmental and non-environmental hazards).

Objectives

1.3 To provide strategic oversight of the health protection system operating across Devon, Plymouth, Torbay, Cornwall Council & the Council of the Isles of Scilly.

1.4 To oversee the development, monitoring and review of a memorandum of understanding that outlines the roles and responsibilities of the UKHSA, Integrated Care Systems (Devon, and Cornwall & the Isles of Scilly), and upper tier/lower tier/unitary authorities in relation to health protection.

1.5 To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents, or areas of underperformance.

1.6 To review and challenge the quality of health protection plans and arrangements to mitigate any risks.

1.7 To share and escalate risks, incidents and underperformance to appropriate bodies (e.g. Health and Wellbeing Boards/Local Health Resilience Partnership, NHS England) when health protection plans and arrangements are insufficient to protect the public. The escalation route will depend on the risk or area of underperformance.

1.8 To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Devon, Plymouth, Torbay, Cornwall Council and the Council of the Isles of Scilly and their Director of Public Health's Annual Report and Joint Strategic Needs Assessments.

1.9 To review and challenge arrangements for the delivery of existing and new national screening and immunisation programmes or extensions to existing programmes.

1.10 To promote reduction in inequalities in health protection across Devon, Plymouth, Torbay, and Cornwall & the Isles of Scilly.

1.11 To oversee and ratify a Health Protection Committee Annual Report.

2. Membership

Chair: Director of Public Health

Business Support

Members:

- *UKHSA Health Protection Consultants*
- *NHS England Southwest Vaccinations & Screening Team*
- *NHS Devon IPC Team*
- *NHS Kernow ICB Director of IPC*
- *Consultant in Public Health: Local Authority Health Protection Lead*
- *EPRR Leads from NHS Devon ICB and NHS Kernow ICB*
- *Co-Chair of Health Protection Advisory Group*
- *Local Health Resilience Partnership Co-Chair*
- *Devon Strategic Environmental Health Group Representative*
- *Co-Chairs of Peninsula AMR Group*

Minutes are also circulated to:

- *Chief Nursing Officer, NHS Devon ICB and NHS Kernow ICB*

3. Meetings & Conduct of Business

3.1 The Chairperson of the Health Protection Committee will be either a Director of Public Health from Devon County Council, Plymouth City Council, Torbay or Cornwall Council. Directors of Public Health serving these councils will review this position annually.

3.2 For meetings to be quorate they must comprise:

- *The Chairperson of the Health Protection Committee, or their deputy*
- *Leads or their deputies from the Local Authority Public Health (minimum of one representative from Cornwall and one from the Devon Local Authorities)*
- *Leads or their deputies from the Integrated Care Board*
- *Leads or their deputies from the UKHSA*
- *Leads or their deputies from the VAST*

3.3 All meeting papers will be circulated at least seven days in advance of the meeting date.

3.4 The agenda (standing items listed in 3.6 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.

3.5 Meetings will be held quarterly.

3.6 Standing agenda items will include the following:

- *Health Protection Exception Reports*
- *Communicable Diseases, Environmental Hazards & Health Protection UKHSA Quarterly Update*
- *Healthcare Associated Infections Quarterly Report*
- *Screening and Immunisation Quarterly Performance and Risk Monitoring Report*
- *Peninsula Cancer Prevention Alliance: Feedback from Devon & Cornwall Meeting*
- *Emergency Planning update*
- *Annual Assurance Report*
- *Update on ongoing work programme priorities[12] (where not already provided)*
- *Joint Forward Plans*
- *Gap Analysis Action Plan (GAAP) Tool Implementation*
- *Risks*
- *Any Other Business*

[12] as outlined in the Annual Assurance Report

3.7 An annual report of the Committee will be forwarded to members of the Health and Wellbeing Boards for Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council & the Council of the Isles of Scilly. Also present as an annual agenda item to the Local Health Resilience Partnership.

3.8 Terms of Reference to be reviewed annually.

Reviewed 14th March 2024

AFFILIATED GROUPS

In addition, several groups sit alongside the Committee with remits for:

- *Infection Prevention and Control*
- *Antimicrobial Stewardship*
- *Immunisation*
- *Screening*
- *Seasonal vaccination*
- *Emergency planning (including Local Resilience Forums)*
- *Migrant and Refugee health*
- *Tuberculosis & Hepatitis*

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

NHSE, UKHSA and ICBs provide quarterly performance, surveillance, and assurance reports to the Committee.

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 Committee for consideration and agreement.

APPENDIX 2: ROLES IN RELATION TO DELIVERY, SURVEILLANCE AND ASSURANCE

PREVENTION AND CONTROL OF INFECTIOUS DISEASE

UKHSA local 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 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.

Integrated Care Boards 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, have overall responsibility for strategic oversight of an incident or outbreak which has an impact on their population's health. They should ensure that an appropriate response is put in place by NHSE and UKHSA, supported by the local authorities and NHS. In addition, they must be assured that the local health protection system response is robust and that risks have been identified, are mitigated against, and adequately controlled.

UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level. Surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus, are published during the winter months.

SCREENING AND IMMUNISATION

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 a core element of prevention and early diagnosis and offer opportunities for accessing populations to improve wider health and wellbeing.

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

UK Health Security Agency 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 NHS England work alongside NHS England Public Health Commissioning colleagues as part of a wider Vaccination and Screening Team 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 NHS England in efforts to improve programme coverage and uptake.
The Southwest Vaccination and Screening Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with NHS England specialists to agree mitigating activities.
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.
Locality Immunisation Group activity was suspended during the pandemic but has been re-introduced in 2022 and badged as Maximising Immunisation Uptake Groups, where all local activity to improve coverage and reduce inequalities is planned and co-ordinated working with local system partners.
Separate planning and oversight groups are in place for seasonal influenza and covid.

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

HEALTHCARE ASSOCIATED INFECTIONS

NHS England 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. NHS England holds Integrated Care Boards to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant Staphylococcus aureus bacteraemia and incidence of Clostridium difficile infection.
UKHSA, 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.
The ICBs 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. In addition, ICBs 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.
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 UKHSA, supported by the ICB.
The Regional Infection Prevention & Control (IPC) Network is a monthly forum for all stakeholders working towards the elimination of avoidable health care associated infections.

The Devon IPC 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 ICB and is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Local Authority Public Health, UKHSA, Medicines Optimisation and NHS England.

In Cornwall there is an IPC system alliance 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.

EMERGENCY PLANNING AND RESPONSE

Local resilience forum (LRF) is a multi-agency partnership 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 forum covers, reflects the police area of Devon, Cornwall, and the Isles of Scilly.

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 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.

APPENDIX 3: LINKS TO STRATEGIES AND PLANS

Cornwall and Isles of Scilly ICS Strategy
https://cios.icb.nhs.uk/ics/

Cornwall and Isles of Scilly Joint Forward Plan
https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/Organisation/Policies/230405JFPJune2023edition.pdf

Devon ICS Strategy and **Devon Joint Forward Plan**
https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/

Plymouth Climate Emergency Action Plan
https://www.plymouth.gov.uk/climate-emergency-action-plan-2022

Devon, Cornwall, and Isles of Scilly Climate Adaptation Strategy
https://www.climateresilient-dcios.org.uk/#:~:text=View%20Consultation%20Report-,The%20Devon%2C%20Cornwall%20and%20Isles%20of%20Scilly%20(DCIoS)%20Climate,change%20increasingly%20affects%20the%20UK.

Cornwall and Isles of Scilly ICS Strategy
https://cios.icb.nhs.uk/ics/

Cornwall and Isles of Scilly Joint Forward Plan
https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/Organisation/Policies/230405JFPJune2023edition.pdf

Devon ICS Strategy and **Devon Joint Forward Plan**
https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/

Devon Carbon Plan
https://devonclimateemergency.org.uk/devon-carbon-plan/

Plymouth Climate Emergency Action Plan
https://www.plymouth.gov.uk/climate-emergency-action-plan-2022

Devon, Cornwall, and Isles of Scilly Climate Adaptation Strategy
https://www.climateresilient-dcios.org.uk/#:~:text=View%20Consultation%20Report-,The%20Devon%2C%20Cornwall%20and%20Isles%20of%20Scilly%20(DCIoS)%20Climate,change%20increasingly%20affects%20the%20UK

APPENDIX 4: COUNTS OF SITUATIONS BY PRINCIPAL CONTEXTS AND INFECTIOUS AGENTS IN DCIOS 01 APRIL 2023 TO 31 MARCH 2024 FROM FIELD SERVICES, UKHSA13

Table 8: Counts of respiratory situations by Principal Context and infectious agent in DCIOS footprint

	Primary context			
Infective organism	**Care Home**	**Nursery/ School**	**Other**	**Total**
Bordetella spp	**<5**	**<5**	**<5**	**<5**
COVID-19	**102**	**<5**	**<5**	**108**
Influenza A virus, Seasonal	**21**	**<5**	**<5**	**24**
Influenza B virus	**<5**	**<5**	**<5**	**<5**
Parainfluenza virus	**<5**	**<5**	**<5**	**<5**
Respiratory syncytial virus (RSV)	**<5**	**<5**	**<5**	**<5**
(blank)	**<5**	**<5**	**<5**	**<5**
Total	**128**	**7**	**8**	**143**

Other context = Custodial institution, Hospice, Hospital, Household, Supported living facility, workplace

Where the numbers of incidents are small, they are denoted as <5 to protect anonymity.

Table 9: Counts of gastrointestinal situations by Principal Context in DCIOS footprint (NB 98 out of the 112 situations related to Norovirus).

Primary context	Number of Situations
Care Home	59
Nursery	16
School	29
Other	8
Grand Total	112

Other context = boat, custodial institution, hotel, visitor attraction, workplace

[13] **Caveats:** Please note, metrics included in this report should not be considered official statistics. This data includes counts of HPZone (case management system used by UKHSA) 'Situations' for DCIoS, where 'Date Entered' was from 01 April 2022 to 31 March 2023 (inclusive).

APPENDIX 5: SCREENING COVERAGE (LATEST AVAILABLE PUBLICLY AVAILABLE PUBLISHED DATA) 2022/23

Table 10: Cancer screening coverage by Local Authority 2010-2023

Cancer Screening by Local Authority (Devon)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	Devon	79.2	80.4	80.1	80.0	79.1	79.1	78.8	78.3	78.3	78.2	78.1	69.2	71.1	71.6
						England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2	66.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80	≥ 80		Devon	79.1	78.0	77.0	75.2	75.7	76.1	75.3	74.9	75.1	76.7	77.2	75.2	74.2	72.4
						England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6	65.8
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80	≥ 80		Devon	82.6	82.2	81.6	81.1	80.2	80.1	79.8	79.0	78.1	78.2	78.4	77.3	77.5	77.4
						England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6	74.4
C24d - Cancer screening coverage: bowel cancer	55	60	< 55	55 - 60	≥ 60	Devon						60.5	63.1	64.8	64.8	66.0	69.6	72.5	76.1	77.4
						England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72.0

Cancer Screening by Local Authority (Plymouth)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	Plymouth	79.9	80.6	80.1	78.7	78.4	79.1	79.3	79.0	78.2	78.2	77.4	70.2	74.5	72.2
						England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2	66.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80	≥ 80		Plymouth	75.2	74.3	74.6	73.5	73.9	73.7	72.6	71.7	71.5	73.1	73.7	71.2	69.5	66.9
						England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6	65.8
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80	≥ 80		Plymouth	81.2	80.7	80.9	80.6	80.2	79.3	78.7	77.7	76.2	75.9	76.0	75.4	75.0	74.4
						England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6	74.4
C24d - Cancer screening coverage: bowel cancer	55	60	< 55	55 - 60	≥ 60	Plymouth						62.0	62.1	61.8	62.0	62.7	66.8	69.3	73.2	74.8
						England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72.0

Cancer Screening by Local Authority (Torbay)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	Torbay	79.2	78.6	76.9	77.0	76.5	76.7	74.7	74.1	74.4	74.2	77.0	75.5	70.3	66.1
						England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2	66.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80	≥ 80		Torbay	75.4	75.0	75.1	73.4	74.0	73.9	72.7	71.9	71.5	73.4	74.3	72.1	70.6	69.1
						England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6	65.8
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80	≥ 80		Torbay	80.5	79.4	79.5	79.4	79.4	79.1	78.1	76.9	75.2	75.0	75.2	74.3	73.1	73.2
						England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6	74.4
C24d - Cancer screening coverage: bowel cancer	55	60	< 55	55 - 60	≥ 60	Torbay						62.6	62.0	62.0	61.7	62.4	65.9	68.5	71.7	73.4
						England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72.0

Cancer Screening by Local Authority (Cornwall)

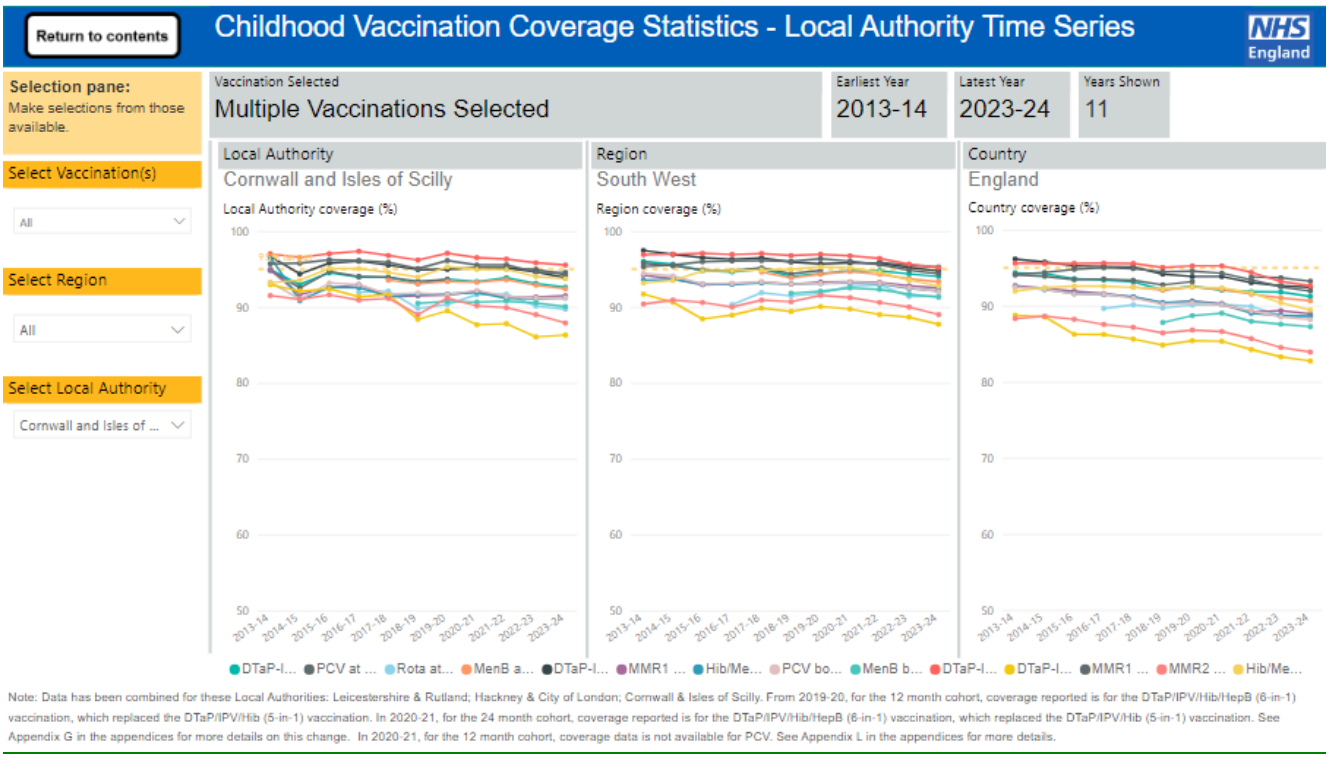
Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	Cornwall	80.0	79.8	79.3	79.9	80.1	80.3	80.0	79.3	78.4	78.2	78.1	72.1	71.9	70.4
						England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4	74.9	74.5	74.1	64.1	65.2	66.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80	≥ 80		Cornwall	76.2	75.4	75.7	74.0	74.8	75.2	74.3	73.4	73.4	75.0	75.9	72.9	72.2	70.5
						England	74.1	73.7	73.4	71.5	71.8	71.2	70.2	69.6	69.1	69.8	70.2	68.0	67.6	65.8
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80	≥ 80		Cornwall	80.0	79.7	80.0	79.4	78.8	78.2	77.8	77.2	76.3	76.1	76.0	74.6	74.6	74.2
						England	78.7	80.1	79.9	79.5	79.4	78.4	78.0	77.2	76.2	76.2	76.1	74.7	74.6	74.4
C24d - Cancer screening coverage: bowel cancer	55	60	< 55	55 - 60	≥ 60	Cornwall						58.2	61.1	62.1	62.1	63.2	67.0	68.9	73.3	74.6
						England						57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72.0

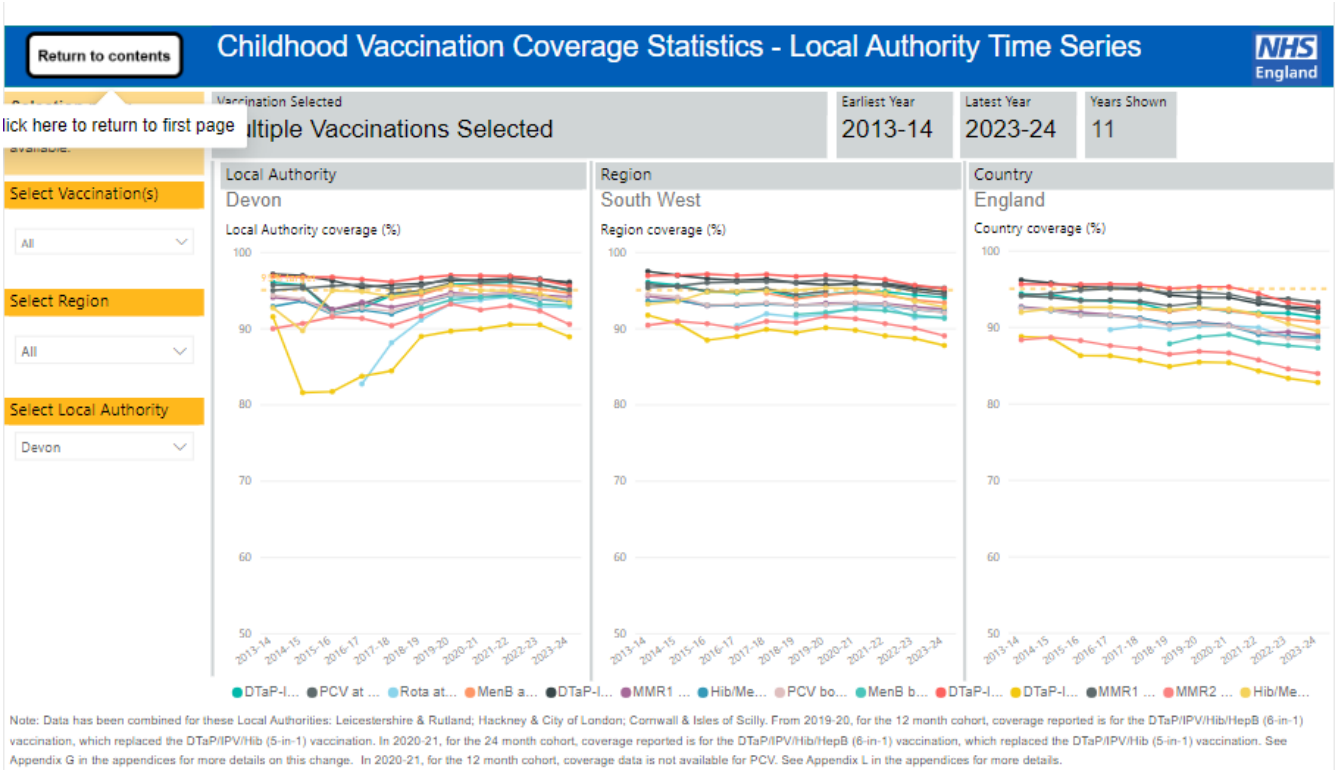
SOURCE: Local Authority Dashboard, Public Health Outcomes Framework, Futures website, downloaded 30/08/2024

APPENDIX 6: IMMUNISATIONS

APPENDIX 6.1 Preschool Immunisations– Annual COVER statistics 2023/24 by Local Authority

Childhood Vaccination Coverage Statistics - NHS Digital (accessed 29/10/24)

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Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS England
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Vaccination Selected
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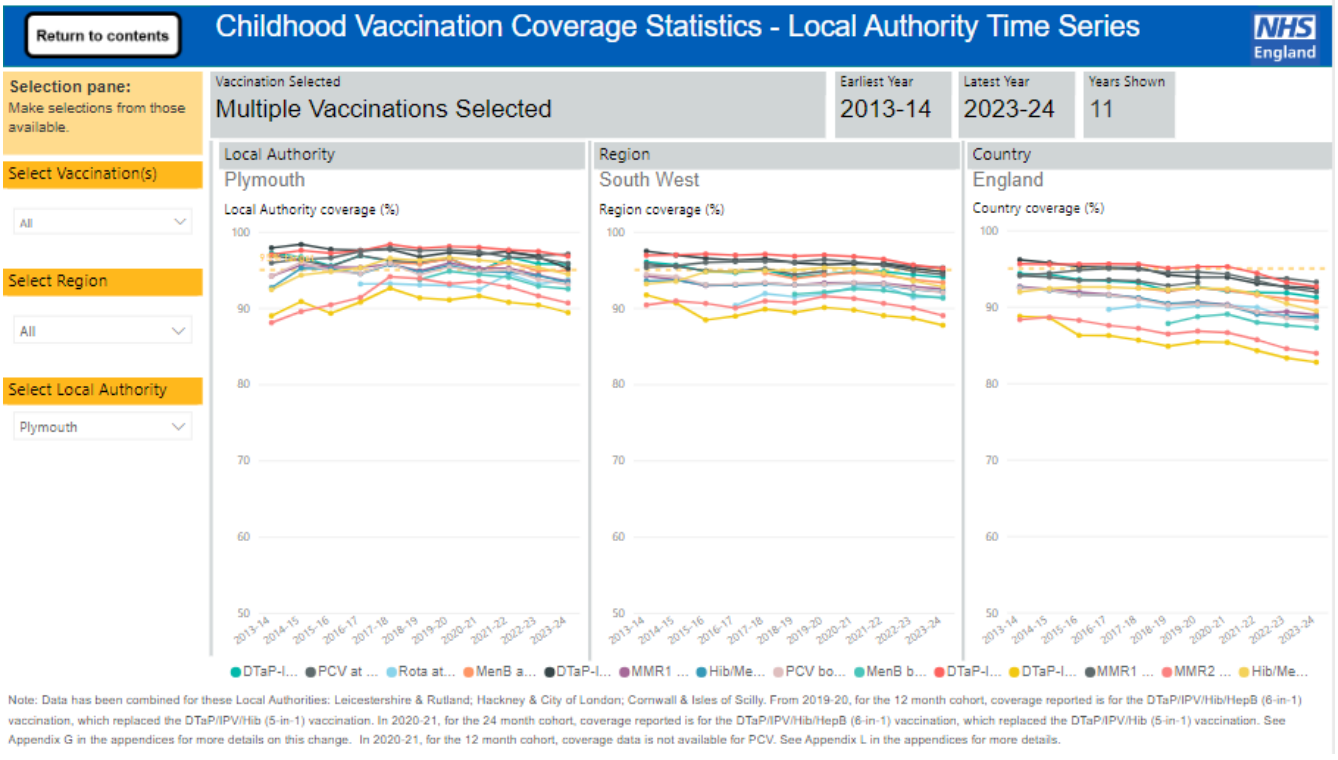
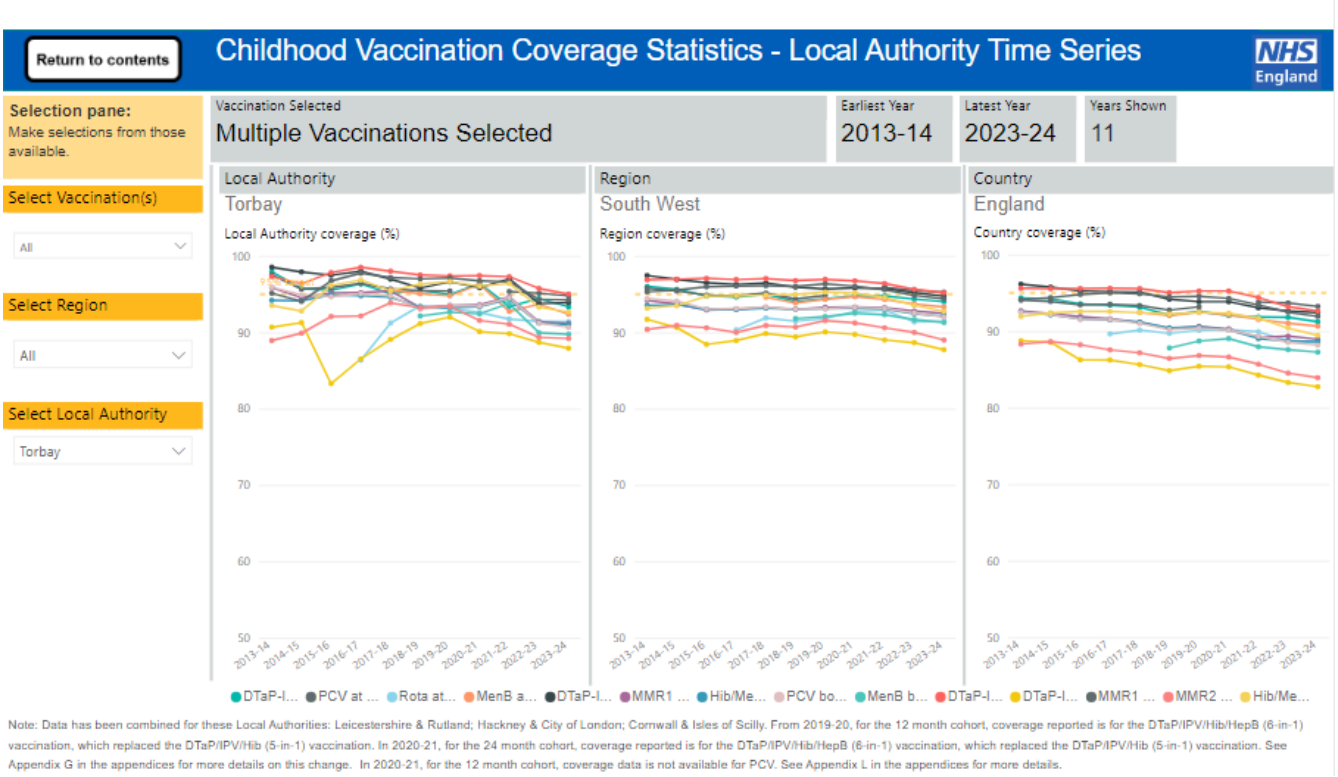
Earliest Year
2013-14
Latest Year
2023-24
Years Shown
11
Select Vaccination(s)
All
Select Region
All
Select Local Authority
Devon
Local Authority
Devon
Local Authority coverage (%)
Region
South West
Region coverage (%)
Country
England
Country coverage (%)
DTaP-I... PCV at ... Rota at... MenB a... DTaP-I... MMR1 ... Hib/Me... PCV bo... MenB b... DTaP-I... DTaP-I... MMR1 ... MMR2 ... Hib/Me...
Note: Data has been combined for these Local Authorities: Leicestershire & Rutland; Hackney & City of London; Cornwall & Isles of Scilly. From 2019-20, for the 12 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. In 2020-21, for the 24 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. See Appendix G in the appendices for more details on this change. In 2020-21, for the 12 month cohort, coverage data is not available for PCV. See Appendix L in the appendices for more details.


Return to contents
Childhood Vaccination Coverage Statistics - Local Authority Time Series
NHS England
Selection pane:
Make selections from those available.
Vaccination Selected
Multiple Vaccinations Selected
Earliest Year
2013-14
Latest Year
2023-24
Years Shown
11
Select Vaccination(s)
All
Select Region
All
Select Local Authority
Plymouth
Local Authority
Plymouth
Local Authority coverage (%)
Region
South West
Region coverage (%)
Country
England
Country coverage (%)
DTaP-I... PCV at ... Rota at... MenB a... DTaP-I... MMR1 ... Hib/Me... PCV bo... MenB b... DTaP-I... DTaP-I... MMR1 ... MMR2 ... Hib/Me...
Note: Data has been combined for these Local Authorities: Leicestershire & Rutland; Hackney & City of London; Cornwall & Isles of Scilly. From 2019-20, for the 12 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. In 2020-21, for the 24 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. See Appendix G in the appendices for more details on this change. In 2020-21, for the 12 month cohort, coverage data is not available for PCV. See Appendix L in the appendices for more details.



APPENDIX 6.2: Annual other immunisations 2022/23 (latest publicly available published data)

Annual Other Immunisations by Local Authority (Cornwall)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Cornwall				77.9	81.4	79.5	78.6	81.9	78.4	78.0	76.7	66.4	70.6
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6	71.3
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Cornwall										67.5	70.5	57.0	64.9
						England										54.4	71.0	62.4	65.2
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Cornwall						71.5	57.6	73.1	70.5	73.0	78.0	74.3	66.2
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3	62.9
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Cornwall											71.1	68.1	57.6
						England											54.4	62.4	56.1
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80	80 - 90	≥ 90	Cornwall							79.6	77.2	76.0	76.5	80.0	74.6	
						England							82.5	84.6	86.7	87.0	80.9	79.6	
D06b - Population vaccination coverage: PPV	65	75	< 65	65 - 75	≥ 75	Cornwall	67.7	66.6	67.0	66.5	66.3	67.0	66.7	66.2	64.3	65.3	68.1	69.7	71.2
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	71.5	71.8
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA			Cornwall	70.0	72.5	71.6	71.3	70.4	69.4	68.4	66.2	70.3	70.6	80.3	83.7	81.8
						England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3	79.9
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA			Cornwall	49.9	51.8	51.6	52.5	49.4	45.6	44.4	48.8	46.0	43.2	54.2	56.2	51.0
						England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9	49.1
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA			Cornwall					36.6	33.7	37.0	38.7	50.3	47.4	60.6	50.8	45.8
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Cornwall										58.6	65.5	56.0	55.7
						England										60.4	62.5	57.4	56.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Cornwall									45.7	33.5	38.5	38.4	47.5
						England									49.1	48.2	42.1	44.0	48.3

Annual Other Immunisations by Local Authority (Devon)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Devon				92.2	87.2	86.9	86.2	82.5	84.3	73.2	64.6	61.5	69.9
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6	71.3
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Devon										59.6	56.3	52.6	62.4
						England										54.4	71.0	62.4	65.2
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Devon						85.8	86.6	80.8	81.3	70.4	61.6	63.6	51.0
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3	62.9
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Devon											51.1	56.8	44.4
						England											54.4	62.4	56.1
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80	80 - 90	≥ 90	Devon							84.4	91.9	91.1	74.8	69.0	66.8	
						England							82.5	84.6	86.7	87.0	80.9	79.6	
D06b - Population vaccination coverage: PPV	65	75	< 65	65 - 75	≥ 75	Devon	69.6	70.0	69.6	69.9	70.2	70.2	70.5	69.9	70.1	70.2	70.6	71.2	72.3
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	71.5	71.8
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA			Devon	71.5	72.6	71.4	71.5	70.8	69.8	69.8	72.9	72.5	73.0	82.8	85.3	83.7
						England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3	79.9
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA			Devon	48.8	49.9	47.8	47.8	44.5	42.0	46.2	50.0	49.2	45.5	58.1	60.3	56.4
						England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9	49.1
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA			Devon					43.8	42.6	46.6	53.3	63.4	59.6	70.6	61.5	56.0
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Devon										62.3	66.5	57.5	62.4
						England										60.4	62.5	57.4	56.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Devon									51.0	46.9	40.4	45.0	53.6
						England									49.1	48.2	42.1	44.0	48.3

Annual Other Immunisations by Local Authority (Plymouth)

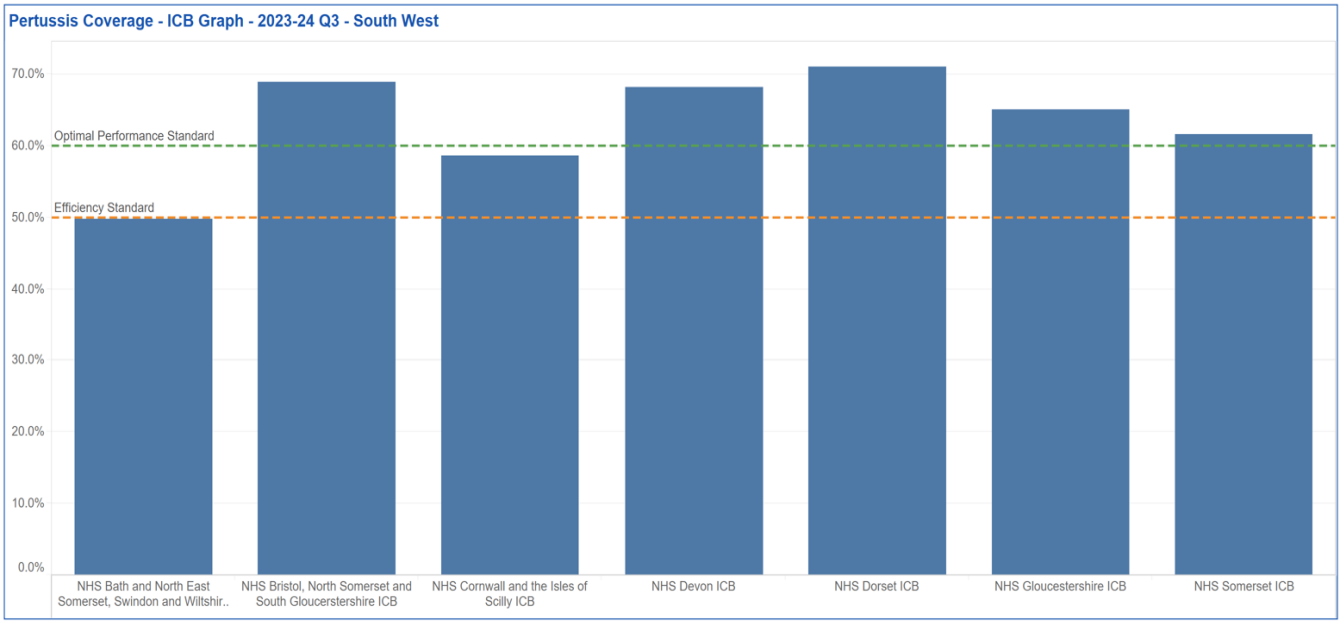
Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Plymouth				82.6	86.7	89.4	85.1	86.6	83.6	65.8	64.9	55.5	66.3
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6	71.3
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Plymouth										48.6	57.4	47.2	59.0
						England										54.4	71.0	62.4	65.2
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Plymouth						86.1	78.6	82.3	79.9	69.9	57.2	59.8	44.5
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3	62.9
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Plymouth											43.0	53.2	39.2
						England											54.4	62.4	56.1
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80	80 - 90	≥ 90	Plymouth							77.7	76.8	78.9	74.3	65.0	62.5	
						England							82.5	84.6	86.7	87.0	80.9	79.6	
D06b - Population vaccination coverage: PPV	65	75	< 65	65 - 75	≥ 75	Plymouth	72.5	71.1	70.9	70.4	69.4	68.7	68.7	67.1	68.2	65.6	68.1	69.2	68.6
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	71.5	71.8
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA			Plymouth	73.6	76.1	75.3	73.2	73.4	71.5	70.3	71.7	71.2	71.4	81.2	82.6	81.1
						England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3	79.9
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA			Plymouth	54.3	54.8	54.1	51.8	49.9	44.9	46.0	47.7	46.7	41.2	52.3	53.9	49.2
						England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9	49.1
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA			Plymouth					39.2	34.9	40.1	44.7	53.3	50.9	63.0	52.9	43.9
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Plymouth										57.5	63.2	48.7	60.8
						England										60.4	62.5	57.4	56.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Plymouth									42.9	46.5	40.8	45.3	54.9
						England									49.1	48.2	42.1	44.0	48.3

Annual Other Immunisations by Local Authority (Torbay)

Indicator	Lower threshold[1]	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Torbay				89.8	87.2	83.1	85.0	86.2	86.2	68.0	67.4	55.6	66.6
						England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6	71.3
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Torbay										49.0	64.5	47.1	63.0
						England										54.4	71.0	62.4	65.2
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Female)	80	90	< 80	80 - 90	≥ 90	Torbay						80.7	83.7	77.4	83.9	71.4	61.6	64.2	48.2
						England						85.1	83.1	83.8	83.9	64.7	60.6	67.3	62.9
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 year old) (Male)	80	90	< 80	80 - 90	≥ 90	Torbay											44.0	60.1	41.4
						England											54.4	62.4	56.1
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80	80 - 90	≥ 90	Torbay							78.0	79.6	79.1	77.0	63.6	56.7	
						England							82.5	84.6	86.7	87.0	80.9	79.6	
D06b - Population vaccination coverage: PPV	65	75	< 65	65 - 75	≥ 75	Torbay	70.5	67.6	64.1	67.5	68.1	67.5	67.7	68.8	69.2	68.2	68.0	69.1	68.2
						England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	71.5	71.8
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA			Torbay	70.0	70.3	69.7	68.3	67.3	66.4	66.4	71.6	71.5	71.5	79.8	81.7	79.2
						England	72.8	74.0	73.4	73.2	72.7	71.0	70.5	72.9	72.0	72.4	80.9	82.3	79.9
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA			Torbay	48.8	46.8	47.8	48.6	44.6	40.6	45.8	49.3	47.2	44.8	54.8	54.3	51.6
						England	50.4	51.6	51.3	52.3	50.3	45.1	48.6	49.7	48.0	44.9	53.0	52.9	49.1
D03I - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA			Torbay					39.7	35.9	40.7	45.0	56.3	47.8	58.5	47.3	41.8
						England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)[3]	N/A	N/A	NA			Torbay										57.6	61.7	45.1	56.1
						England										60.4	62.5	57.4	56.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)[4]	50	60	< 50	50 - 60	≥ 60	Torbay									44.5	37.7	34.5	41.5	45.8
						England									49.1	48.2	42.1	44.0	48.3

APPENDIX 6.3: Pregnancy

Pertussis vaccination uptake, Q3 2023/24



Pregnancy- influenza, 2022/23 and 2023/24