

Meeting: Health and Wellbeing Board Date: 6 March 2024

Wards affected: All

Report Title: Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance

Report 2023/24

When does the decision need to be implemented? Report for information

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## 1. Purpose of Report

1.1 The purpose of this report is to share with members the Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2023/24

#### 2. Reason for Proposal and its benefits

- 2.1 The Devon, Plymouth, Torbay and Cornwall & Isles of Scilly Health Protection Committee prepares an annual assurance report for the constituent Health and Wellbeing Boards, detailing progress against statutory duties and strategic priorities during the previous year.
- 2.2 The report describes how partners, including Torbay Public Health, work together to protect our population from infectious disease and environmental hazards.

## 3. Recommendation(s) / Proposed Decision

3.1 Members are asked to note the content of the annual assurance report.

#### **Appendices**

Appendix 1: The annual assurance report of the Devon, Cornwall and Isles of Scilly Health Protection Committee Annual Assurance Report 2023/24

#### **Supporting Information**

#### 1. Introduction

- 1.1 Devon, Plymouth, Torbay and Cornwall & Isles of Scilly Local Authority Public Health teams are partners in the Devon and Cornwall Health Protection Committee which provides assurance that health protection functions are being effectively discharged across the Peninsula.
- 1.2 The Committee prepares an annual assurance report for the constituent Health and Wellbeing Boards, detailing progress against statutory duties and strategic priorities during the previous year.
- 1.3 The report considers the key domains of Health Protection:
  - Communicable disease control and environmental hazards
  - Immunisation and screening
  - Health care associated infections and antimicrobial resistance
  - Emergency planning and response.
- 1.4 The report sets out for each of these domains:
  - Assurance arrangements
  - Performance and activity during 2023/24
  - Actions taken against health protection priorities identified for 2023/24
  - Priorities for 2024/25.
- 1.5 There is a delay between the reporting period and the preparation of the report due to the timetable for publication of annual performance data. Because of this time lag, the report also contains some information in relation to activities undertaken during 2024/25, to provide a timelier picture of progress.

## 2. Key points from the report including highlights for Torbay

2.1 The wider system responded to a range of infectious disease outbreaks or particular high levels of disease during the year including acute respiratory infections, pertussis, and sexually transmitted infections. Torbay worked with other partners worked on measles and

high consequence infectious disease preparedness although no cases were recorded locally.

- 2.2 The Public Health team worked with partners to maintain and strengthen resilience planning, infection prevention and control arrangements, and antimicrobial resistance across local settings. A Torbay AMR (antimicrobial resistance) group was set up to localise the work across the Bay, focusing on education, business, and the care sector. Work with education providers included awareness, hand-washing training and resource packs for early years, along with education sessions for providers.
- 2.3 Campaigns during the year included heat health, measles, vaccination and winter preparedness.
- 2.4 Areas where local screening or immunisation coverage is comparatively low had and continue to have special focus:
  - Screening: the regional screening and immunisation team has been working with providers both to increase overall breast screening uptake and to the use health equity tools to identify actions to target particular groups where uptake is lower.
  - Vaccination: there was a focus on childhood and school based vaccines including MMR and HPV, and a programme of activity to improve uptake of Winter vaccines including flu, Covid and shingles.
- 2.5 Torbay has not traditionally been a risk area for tick infections given the terrain, but laboratory reports of acute Lyme disease infection, although low numbers, have shown a peak in recorded cases. There is an annual promotion and prevention programme, and an awareness toolkit, which Torbay will use to highlight the risk for residents when visiting areas of woodland, grassland and moorland or where there are deer, sheep or other host wildlife.
- 2.5 Public Health have been working closely with partners on the challenges of climate change on health, with work including mitigation measures, adaption and best practice.
- 2.6 Priorities identified for 2024/25 followed the same key themes:
  - Tackling the climate emergency
  - Infection prevention and management
  - Improving vaccination coverage, pandemic preparedness, inclusion health, and addressing inequalities.

Further progress will be covered in the 2024/25 end of year report.

## 3. Financial Implications

3.1 None.

#### 4. Legal Implications

4.1 None.

### 5. Engagement and Consultation

5.1 Key stakeholders have contributed to the assurance report.

#### 7. Protecting our naturally inspiring Bay and tackling Climate Change

7.1 A new chapter was added to the report in 2022/23 focusing on Climate and Environment (see pages 35-36) and sustainability remains one of the priorities for the Committee. Health protection is critically affected by climate change, in particular flooding, heatwave, cold weather, and risk of increased infection / vector transmission. Chapter eight of the report focuses on Climate and Environment (see pages 50-51) and the climate emergency remains one of the priorities for the Health Protection Committee. Health protection is critically affected by climate change and the frequency and intensity of environmental health threats such as flooding and heatwaves, which heightens the risk of infectious diseases.

#### 8. Associated Risks

8.1 No risks associated with the assurance report.

## 9. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	18 per cent of Torbay residents are under 18 years old.	The Protection Assurance Report covers the arrangements in place to protect and		Public Health with partners

	55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	improve the health of the population. It covers all ages, but focuses on those more vulnerable more vulnerable to certain health risks or hazards.	
Carers	At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.	No differential impact although carers are prioritised for certain programmes eg flu and covid vaccination.	Public Health with partners
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	No differential impact although those vulnerable through health conditions are prioritised for certain programmes eg vaccination.	Public Health with partners
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is	No differential impact	Public Health with partners

	lower than England.		
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	No differential impact	Public Health with partners
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	No differential impact although pregnant women and infants are prioritised for certain programmes eg vaccination.	
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black,	No differential impact	

	Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.		
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	No differential impact	
Sex	51.3% of Torbay's population are female and 48.7% are male	No differential impact	Public Health with partners
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	No differential impact	Public Health with partners
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	No differential impact	Public Health with partners

Socio-economic impacts (Including impacts on child poverty and deprivation)		No differential impact	Public Health with partners
Public Health impacts (Including impacts on the general health of the population of Torbay)		No differential impact	Public Health with partners
Human Rights impacts		No differential impact	Public Health with partners
Child Friendly	Torbay Council is a Child Friendly Council, and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	No differential impact	Public Health with partners

# 10. Cumulative Council Impact

10.1 The health protection agenda should have positive impacts on the work of the Education and Adult Social Care sectors through infection prevention and disease control.

# 11. Cumulative Community Impacts

11.1 None.