



## Devon, Cornwall, and Isles of Scilly Health Protection Committee

### Annual Assurance Report

**2022/23**

published 06 February 2024

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

**TORBAY COUNCIL**



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# 1 Introduction

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## 1.1 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) and reviews performance for the period from 1 April 2022 to 31 March 2023 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.

*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 2022/23
- Actions taken against health protection priorities identified for 2022/23
- Priorities for 2023/24

## 1.2 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	The 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
HPV	Human papillomavirus
ICB	Integrated Care Board
ICS	Integrated Care System
iGAS	Invasive group A streptococcal
IPC	Infection Prevention and Control
IT	Information Technology
JCVI	Joint Committee on Vaccination and Immunisation
JFP	Joint Forward Plan
KPIs	Key Performance Indicators
LSOA	Lower Layer Super Output Areas
LRF	Local resilience forum
LHRP	Local Health Resilience Partnership
MIUG	Maximising Immunisation Uptake Group
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
NHSESW	National Health Service England South West
NPO	National power outage
OCT	Optical Coherence Tomography
PHE	Public Health England
RDUH	Royal Devon University Hospital
SCI	Severe Combined Immunodeficiency
TOR	Terms of Reference
UKHSA	United Kingdom Health Security Agency
VaST	NHSE Vaccination and Screening Team
VSCE	Voluntary Community and Social Enterprise

## **2 Assurance Arrangements**

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### **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 on 15.06.22, 21.09.22, 07.12.22 and 29.03.23 and action notes, an action log, screening and immunisation and infection prevention control (IPC) reports were circulated. A summary of Terms of Reference (TOR) with affiliated groups listed is included in Appendix 1 [*TOR for the Committee were updated subsequent to this reporting period, on 15.08.23*]. A summary of organisational roles in relation to delivery, surveillance and assurance is included at Appendix 2.

### **2.3 Reporting**

The Committee's Annual Assurance Report for 2021-22 was circulated to committee members on 18.01.23, for local authority health protection leads to submit to their respective health & wellbeing boards. (Cornwall Council were lead authors of that report).

### **2.4 Local Health Protection Structures**

In Devon, a renewed approach was taken to joint working with the commencement of the Devon System Health Protection Huddle monthly meeting which began on 20.06.22 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 UKHSA locality leads. Brief meeting notes and an action log are kept and reviewed monthly. Cornwall and Isles of Scilly link with relevant stakeholders more strategically via the quarterly Health Protection Board (which was initiated during the pandemic but moved to a whole health protection board in 2022). In addition, local structures support delivery and monitoring of health protection activity at local authority level in Torbay and Plymouth.

### **2.5 National Health Protection Structure**

In October 2021 (during the previous reporting period) the health protection function of Public Health England (PHE) transitioned to the United Kingdom Health Security Agency

(UKHSA). This significant organisational change is now complete but references to PHE remain in some relevant documents.

## **2.6 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 <sup>[1]</sup>.

### **2.6.0 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 (*subsequent to the reporting period of this 2022-23 Committee report*) 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. These goals will be considered from 2023-24 onwards.

### **2.6.1 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.*



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## **3 Prevention and Control of Infectious Disease**

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### **3.1 Surveillance Arrangements**

UKHSA regularly 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. At the 29.03.23 meeting a report presentation was also circulated.

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

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 South West region. Monthly locality data packs for each area started to be produced and circulated by UKHSA following the 21.09.22 Committee meeting.

The Devon Health Protection Advisory Group (HPAG) met twice during this reporting period on 03.10.2022 and 01.02.2023 and the Health Protection Cornwall and Isles of Scilly (HPCIoS) group met in July, October, and December 2022. 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. *HPAG and HPCIoS are each due to be convened three times during 2023-24.*

### **3.2 Activity in 2022/23**

UKHSA South West 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 2022-2023 was a busy season with COVID-19, influenza, avian influenza, and the group A Streptococcal national outbreak. 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.

#### **3.2.0 COVID-19 Pandemic**

Since the end of December 2019, the UK has seen peaks and troughs of COVID-19 cases. The COVID-19 and seasonal influenza vaccination programmes were operated

independently in autumn/winter 2022 but into 2023 the programmes began working towards alignment of cohorts and co-administration.

From the start of April 2022 case numbers continued to decline (from a peak in January 2022, when the highest case numbers so far in the pandemic were recorded). Cases and outbreaks reduced significantly by June 2022 and stabilised by September 2022 across Devon, Cornwall, and the Isles of Scilly.

National guidance in June 2022 emphasised a return to a pre-pandemic footing, with mask wearing in healthcare settings no longer being compulsory and local risk assessment becoming the preferred approach.

In February 2023 the legal position regarding standing down the Devon local outbreak engagement board was considered.

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 many enquiries and offered some support to help providers through the transition. Local authorities' health protection and UKHSA South West 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.

As part of the business-as-usual approach, UKHSA began to develop 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. *This development was delayed and subsequently the care OBRA tool launched outside this reporting period in August 2023.*

### **3.2.1 Influenza**

In 2022/23 the nation saw the first post pandemic influenza season which was concentrated into a relatively short, early season with most cases occurring in adult social care settings.

### **3.2.2 Avian Influenza**

In September 2022 there was a large-scale outbreak resulting in deaths of wild birds which continued into winter. The outbreak significantly affected Paignton Zoo and the seabird population, with numbers of dead birds in public areas. The Torbay Council public health team collaborated with all partners in liaison with the Animal and Plant Health Agency (APHA), UKHSA, Department for Environment, Food and Rural Affairs (DEFRA) and Trading Standards. Local operational response was led with South West Integrated Services Company (waste provider, public spaces, and roads) with public phonenumber, posters in public

areas, and dead bird collection. IPC measures were risk assessed and deployed in discussion with UKHSA.

The Cornwall and Isles of Scilly ICB and Cornwall County Council developed an avian influenza pathway and refined it with UKHSA. This has since been used as a model for avian influenza work in other areas.

The avian Influenza pathway requires health professionals to swab symptomatic individuals and those who have been exposed to birds, to quickly exclude avian influenza infection. Antiviral prescribing pathways are in place in Cornwall and Isles of Scilly and Devon. The swabbing pathway in Cornwall and Isles of Scilly is in place, however Devon's lack of a swabbing pathway is recorded as a risk on the Devon ICB Risk Register. This risk sits with the ICB as a commissioner. It was agreed to record this on other Committee member organisations' risk registers and remains a risk after this reporting period.

### **3.2.3 Lyme Disease**

The Fingertips tool updated to include Lyme Disease in March 2022. The South West historically has seen a high incidence with an average of 40 laboratory confirmed cases in Devon and 11 in Cornwall and Isles of Scilly, however not all cases are laboratory confirmed and the reported numbers may therefore be an underestimation. The national UKHSA social media campaign was uplifted by local authority communications around being "tick aware".

### **3.2.4 Gonorrhoea**

Devon Sexual Health noticed an increase in gonorrhoea cases in October 2022 and reported this to commissioners and UKHSA sexual health regional facilitator. A regional incident management team was established to analyse intelligence and conduct enhanced surveillance across the South West region. The design and development of a regional targeted prevention intervention e.g., a campaign/messaging was also planned. Cases continued to increase in young adult heterosexuals (an age/gender group not targeted by national campaigns) into January 2023 (in the context of an overall increase in cases in England in 2022) so this group was targeted for action by adapting general sexually transmitted infection messaging to be used locally. A regional incident was declared in February 2022 and incident management meetings were held by UKHSA. Commissioners and health protection colleagues from Public Health also attended the meetings to support the response from a public health perspective to ensure prevention, communications and data was appropriately covered.

### **3.2.5 Mpox**

Diagnostic, treatment, and vaccination pathways were developed locally and implemented via the Devon Integrated Care System (ICS) and through the four hospital trusts, specifically

sexual health services and infection control specialties. All three Devon local authority public health teams engaged with this work, with roles and responsibilities as the commissioner of some sexual health services, health protection assurance and linkage to wider community support systems. By September 2022 there were 14 confirmed cases across Devon, Cornwall, and Isles of Scilly. One isolated response was highlighted as reflecting a lack of health protection training in healthcare when hazmat suits were used for a suspected mpox response, possibly due to misunderstanding/fear. The Eddystone Trust helped co-produce messaging with gay, bisexual and men who have sex with men communities to help address stigma for Mpox. They also received funding from UKHSA to recruit and train volunteers to continue this work and promote vaccines. Devon specialist sexual health services planned collaboratively with COVID-19 vaccination centres to invite the target group for vaccination and deploy vaccines. In Cornwall and Isles of Scilly there was also a successful vaccination programme working across the hospital trust and sexual health provider.

### **3.2.6 Group A Streptococcal Infection**

Work related to Group A streptococcal (GAS) and invasive Group A streptococcal (iGAS) infections increased during the winter months due to a national GAS outbreak. The UKHSA health protection team supported multiple educational settings, early years settings, care homes and complex lives settings. Torbay Council public health team helped to prevent and manage cases of iGAS in homeless settings in collaboration with UKHSA. Cornwall Council public health developed an information pack for professionals working with the homeless population. Cornwall Council's communications department also produced a combined public health and paediatrician piece to highlight specific GAS symptoms and when to contact 111 or the GP. Devon and Plymouth public health teams have worked successfully with nursery settings.

### **3.2.7 Scarlet Fever**

There were high levels of scarlet fever throughout 2022 with a dramatic increase from pre-pandemic infection rates. The Devon County Council, Torbay Council and Plymouth City Council public health teams worked with UKHSA and local health systems to support management of high volumes of infections notified. Good practice was promoted with specific settings including schools and early years, to support smooth running of education and primary care.

National Scarlet Fever communications were published for schools. A national helpline was set up late 2022/early 2023 to deal with low-risk high-volume calls.

Building on relationships with partners and the public, Cornwall Council public health increased communications for awareness and prevention messaging and the understanding of antibiotics, with support from UKHSA.

### **3.2.8 Escherichia coli**

In Autumn 2022 a national increase in E. coli was observed, affecting a range of ages, with no clear epidemiological links. From July-September 2022 there were 24 cases in Devon and 38 in Cornwall and Isles of Scilly.

## **3.3 Infection Management and Outbreak Prevention**

Cornwall County Council employed two outbreak prevention specialist practitioners until March 2023. The posts provided a service to care homes which filled a pre-pandemic gap as well as delivering the anticipated pandemic support during outbreak situations and promoting resilience to a variety of possible future outbreak scenarios.

Torbay public health-maintained links with their NHS community infection management and control team and the care sector in readiness for future outbreaks or pandemic resurgence, building on the excellent work during the COVID-19 pandemic.

Jointly, the Devon local authorities continued to employ a COMF funded IPC practitioner, who was based in Devon County Council public health, health protection team but who worked across the geography of Devon. This post supported settings including nurseries, schools, and vaccination centres with IPC self-assessment checklists, delivered high level filtering facepiece respiratory mask training and shared appropriate personal protective equipment guidance for non-healthcare settings (as these settings are not covered by ICB IPC). *Subsequent to this reporting period, COMF ceased March 2023, so the IPC Practitioner post ended. In autumn 2023, IPC support for non-healthcare settings, was recorded as a risk on the NHS Devon ICB Risk Register due to ICB system pressures.*

## **3.4 Public Health Advice, Communications, Engagement, and Prevention Messaging**

UKHSA collaborated with NHSE to deliver a series of 23 webinars to celebrate World Antimicrobial Awareness Week 2022. Over 200 attendees from a variety of stakeholders including the NHS, educational settings and local authorities benefited from the webinars. The webinars were also made available on the NHS Futures website for those who could not attend.

UKHSA delivered multiple educational and awareness raising events on health protection including infection prevention webinars for schools and early years settings and the regional health protection conference.

UKHSA facilitates the networking of partners via the Migrant Health Network, Environmental Health Officer Network, Early Years and Educational Settings Network, and South West Care Settings Health Protection Network and the overarching South West Health Protection Network.

### **3.5 Safe Events Management**

With the removal of COVID-19 restrictions, many events, and festivals, re-started during this year, leading to the increased spread of infections that were common pre-pandemic. The local authority health protection teams continued to support large event planning with infection control, heatwave planning and wider health protection guidance to promote safe operation.

### **3.6 Work with Specific Settings and Populations**

#### **3.6.0 Supporting Migrant Health and Resettlement**

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. Over 2022/23 there were two hotel settings already established and a further six opened across Devon and Cornwall.

IPC visits were carried out in Devon, by the COMF funded IPC practitioner whenever possible ahead of, or on opening, to offer support and advice to the staff managing the settings to support keeping residents and staff well and to reduce risk of transmission should anyone become unwell. An early visit was not possible in Cornwall due to having no advance notice of the hotel opening but this was provided by the mobile vaccination team for Cornwall. An IPC checklist was developed to support knowledge in the setting as there were regular changes in hotel staff and new staff coming into support residents. Information was also provided to hotel staff and primary care to ensure they understand routes for escalating any health protection concerns if they arose.

COVID-19 testing, and vaccinations were provided for residents and staff in hotels, in line with guidance, via the Devon County Council public health outreach team and NHS Devon outreach vaccination teams. In Cornwall this was provided by the mobile vaccination team. UKHSA created a contact form to gather details of relevant contact details in agencies supporting hotels to enable them to respond to any health protection incidents.

Different hotels supported people arriving in the UK through different routes including the Afghan Relocations and Assistance Policy route, via small boats or via ports and airports. All arrivals were supported to register with NHS General Practitioners (GPs). NHS Devon and NHS Kernow worked with primary care and provided funding to enable enhanced health checks for all patients registered. GP Practices were agile and creative to support arrivals whilst working to provide translation in multiple languages for each group of arrivals, and to address multiple and challenging health needs. The Migrant Health Guide <sup>[2]</sup> supported health services to establish what additional health needs or screening may be required, including information around prevalence of various infections in the migrants' home nations/travel routes, and how primary and secondary care could help people access screening and immunisations in line with the UK immunisation schedules.

In 2022 the UK opened a scheme to support families fleeing the Ukraine war by enabling people to be hosted by and live within UK households. The Devon County Council area has welcomed over 2000 people with the 8th highest number of arrivals by upper tier authority areas in England. Cornwall have welcomed just over 1000, Plymouth 240 and Torbay 190 people. Specific support and information sources were put in place for these groups.

#### *3.6.0.1 Diphtheria*

Higher-than-expected cases of diphtheria were identified in asylum seekers and refugees arriving in the UK via small boats, so UKHSA recommended a course of prophylactic antibiotics and a diphtheria containing vaccine within 10 days of arrival for this cohort of migrants. With several large asylum hotels opening in a short time frame, the outreach vaccination teams (who had worked on delivering winter vaccinations across Devon and Cornwall) supported primary care delivering prophylactic vaccinations. Their skills in communicating around the reasons for vaccination and antibiotics were invaluable and enabled them to also support practices with triaging health needs on arrivals. The outreach team ran vaccination clinics as the hotels continued to receive arrivals. There were frequent movements in and out of hotels, with residents arriving from other hotels where prophylactic measures had already been offered. Some new arrivals were new to the country, but in much smaller numbers and so then the arrangements for prophylactic measures moved to be supported by primary care as part of initial arrival health checks.

#### *3.6.0.2 Tuberculosis*

As part of initial health screening, new arrivals were screened for active TB signs and symptoms. Where cases of TB were identified, the UKHSA South West health protection team worked with the individuals along with local hotel managers and teams supporting unaccompanied asylum-seeking children. Local authority public health and the Home Office worked to identify close contacts requiring screening. The NHS in Devon does not have a

dedicated commissioned TB service and so local respiratory services worked together to facilitate contact screening, and in some cases additional services were commissioned by Devon ICS to provide additional capacity. Identifying and locating contacts to enable screening was challenging and time consuming due to the pace of arrivals and movements between hotels nationally.

The NHS England migrant health guide recommends latent TB screening for people aged 16- to 35-year-olds who have arrived in England in the last 5 years and who were born or lived for more than 6 months in sub-Saharan Africa or countries where the TB incidence is more than 150 per 100,000 population. Latent TB screening services are only commissioned by NHS England in areas of higher prevalence and Devon, Cornwall and Isles of Scilly do not have a service. Therefore, this creates a challenge for screening to take place in line with the guide for those people arriving from high prevalence countries.

*The increased need for TB services and related demand on respiratory teams was added to the Devon ICB risk register in 2023.*

#### 3.6.0.3 Scabies

Many hotels required mass treatment for scabies. This was facilitated by a multi-agency response working with voluntary, community, social enterprise (VCSE) organisations to source clothing for residents to ensure a clean set of clothing was available after treatment. Translation and interpreters were required for multiple languages to enable the treatment process to be explained to residents, including the process for laundry and application of creams. Hotels needed to organise mass laundry around treatment dates and have adequate understanding to support residents to ensure treatment plans were followed. The Cornwall IPC team supported the Cornwall hotel with assessments and checklists to ensure the treatment and environmental cleaning were coordinated and completed appropriately.



## 4 Screening Programmes

### 4.1 Background

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

### 4.2 Recovery

All screening programmes successfully recovered from the impact of the COVID-19 pandemic with additional offers to those whose appointments had been delayed due to the impacts of the pandemic on health services. For some programmes, this required significant investment, both regional and national to increase capacity over and above 100% to clear the backlog of appointments. All screening programmes have returned to a business-as-usual footing. The additional investment has been designed to build in increased capacity to ensure more robust and sustainable services into the future.

The impact of the COVID pandemic meant that there were impacts on the ability to meet national standards during this period (for example, round length and coverage) but these continue to improve.

All programmes are now starting to focus on undertaking health equity audits and developing a more comprehensive approach to improve coverage and reduce inequalities.

The following table gives a summary of performance, challenges, and developments during 2022/23 alongside future developments.

<b>Bowel</b>	<ul style="list-style-type: none"> <li>• All programmes have improved performance since recovering from COVID impact though challenges remain with diagnostic waits for colonoscopy.</li> <li>• North and East Devon centre had a service improvement plan in place to support improvements in diagnostic wait times for colonoscopy.</li> <li>• All programmes commenced aged extension to 58-year-olds.</li> <li>• Text messaging pilot was undertaken by the Southern Hub to improve uptake with support of primary care.</li> <li>• Work was undertaken with primary care to scope the use of text messaging to improve uptake as part of the primary care direct enhanced service contract arrangements.</li> <li>• An Inequalities subgroup of the screening programme board was established in all areas.</li> </ul>
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<p><b>Bowel</b></p>	<ul style="list-style-type: none"> <li>• Workforce: The COVID-19 pandemic resulted in a 94% reduction in endoscopy training. Using NHS England South West (NHSESW) reserves, the NHSESW VaST working with the South West Endoscopy Training Academy set up a Fellowship scheme to support regional speciality trainees to achieve Joint Advisory Group accreditation for colonoscopy so they can contribute to the screening service as soon as they have completed their training, thus accelerating the training pathway for future regional Bowel Cancer Screening Programme colonoscopists to ensure a constant pipeline of endoscopists into the programme to meet future capacity requirements. Royal Devon University Hospital (RDUH) participated in the scheme with one Fellowship post.</li> </ul> <p><b>Future developments:</b></p> <ul style="list-style-type: none"> <li>• Age extension: Planning for age extension to those aged 54.</li> <li>• Lynch Syndrome: Planning for screening of individuals with Lynch syndrome from April 2023.</li> <li>• It is hoped that from 2024 onwards the endoscopy Fellowship programme will become permanent through substantive legacy bowel scope screening funding in several Trusts, but this is subject to final agreement.</li> </ul>
<p><b>Breast</b></p>	<ul style="list-style-type: none"> <li>• All programmes in Devon, Cornwall and Isles of Scilly were sustainably recovered by the end of the period with at least 90% of women being invited within 36 months of their last appointment.</li> <li>• Coverage data has been significantly impacted by the delays to the offer of screening caused by the pandemic. Published data shows that the coverage is recovering and is above 70% for all programmes in Devon, Cornwall and Isles of Scilly (the acceptable target) – see Appendix 5.</li> <li>• The above improvements were enabled by significant financial investment in for example, new screening rooms and mobiles, Radiology fellows, international radiographer recruits, apprenticeship opportunities, practice educators to support staff in training, 2 extra admin staff for each screening provider, move to open invites to make use of every appointment, introduction of text messaging reminders, additional calls to women who had not attended.</li> <li>• Providers have undertaken forward planning to smooth the invitation and round length to avoid future spikes in demand in the next 3 yearly screening round caused by the intense activity to clear the COVID-19 backlog.</li> </ul> <p><b>Future developments:</b></p> <ul style="list-style-type: none"> <li>• Workforce challenges locally and nationally continue to significantly affect the South West programmes and is a continued focus.</li> <li>• Working closely with cancer service teams as high symptomatic demand continues to create competing pressures on screening teams that share roles across the whole breast pathway.</li> <li>• Focus on improving uptake and reducing inequalities using the PHE Health Equity Assessment Tool (HEAT) and action planning – the Long-term plan ambition is 80% coverage.</li> <li>• Review of moving back to timed appointments as part of improving coverage work.</li> </ul>

<p><b>Cervical</b></p>	<ul style="list-style-type: none"> <li>• Cervical screening launched in Cornwall sexual health services in December 2022 (already in place in Devon services).</li> <li>• RDUH drop in sample-taking clinics piloted.</li> <li>• Successful performance improvement plan was put in place with the regional cervical sample laboratory to improve a drop-in turnaround time resulting from staffing issues.</li> <li>• NHSE VaST has worked closely with all providers and ICBs to enable the management of the increase in colposcopy referrals resulting from the introduction of primary Human Papillomavirus screening that has stretched colposcopy capacity. Torbay has had pressures impacting its referral waiting times for both urgent and routine referrals and has working through a business case to increase capacity with an extra clinic room and additional staffing.</li> </ul> <p><b>Future developments:</b></p> <ul style="list-style-type: none"> <li>• Focus on increasing coverage and health inequalities work including support to GP practices with the lowest uptake, insights survey 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.</li> </ul>
<p><b>Antenatal/ Neonatal</b></p>	<ul style="list-style-type: none"> <li>• Coverage of the antenatal and new-born screening programme remains very high, as these are integral to routine maternity care.</li> <li>• All antenatal screening programmes were fully recovered with performance against national Key Performance Indicators (KPIs) and standards back to pre-COVID-19 levels. However, there is concern that ongoing staffing pressures in maternity have continued 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.</li> <li>• The NHSE VaST has worked closely with the RDUH screening team to support the achievement of compliance with some national standards and key performance indicators following a quality assurance pathway review.</li> <li>• Performance in certain aspects of the new-born 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 new-born 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 under the Afghan Relocation and Assistance Policy scheme, from Ukraine and asylum seekers 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.</li> <li>• Devon New-born Hearing screening service successfully transitioned from a community model to a hospital model at the start of April 2023 with most babies now being screening prior to discharge home with screening offered in community clinics if not screened prior to leaving hospital.</li> </ul>

<p><b>Antenatal/ Neonatal</b></p>	<p><b>Future developments:</b></p> <ul style="list-style-type: none"> <li>• A deep dive into new-born bloodspot performance is planned for 2023/24</li> <li>• Publication of good practice guidance for new-born programmes</li> <li>• NHSE VaST delivery of training sessions for health visitors that will include relevant aspects of antenatal and new-born screening.</li> </ul>
<p><b>Diabetic Eye Screening (DES)</b></p>	<ul style="list-style-type: none"> <li>• All programmes were fully recovered from COVID-19 delays within this period.</li> <li>• Annual coverage remains high in Devon for 2022/23 (84%, national achievable target is 85%) and has been stable at this level for several years; annual coverage for Cornwall was also 84% and this performance has greatly improved from 77% in 2020/21.</li> <li>• Performance against the other national Key Performance Indicators 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; this is closely monitored and although improving is expected to remain a risk until HES are able to return to pre-pandemic capacity.</li> <li>• Health inequalities work has progressed with the use of PHE HEAT and action plans with a focus on addressing people who serially do not attend appointments, understanding their reasons, exploring ways to engage these patients with screening, collaborative working with learning disability nurses and reviewing clinic accessibility.</li> </ul> <p><b>Future developments:</b></p> <ul style="list-style-type: none"> <li>• National guidance on introduction of Optical Coherence Tomography (OCT) into screening pathway awaited. Early conversations will take place with ICBs who currently fund OCT through Ophthalmology.</li> <li>• Reduced screening interval changes planned for 2023 with national working group established to meet monthly until implementation.</li> <li>• Possible review of the referral into hospital eye services standard given this is not within the control of diabetic eye screening providers.</li> </ul>
<p><b>Abdominal Aortic Aneurysm (AAA)</b></p>	<ul style="list-style-type: none"> <li>• All three Devon and Cornwall programmes made excellent progress during 2022/23 achieving 100% offer by the end of the year. Coverage continues to be high, and all three providers achieved over the achievable target of 85% and ranked in the top six providers across England.</li> <li>• The main challenge in the programme was the continued breaches of the vascular referral pathway with a 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.</li> <li>• All providers have completed the PHE HEAT and developing action plans to further improve uptake and reduce inequalities.</li> </ul>

## 5 Immunisation Programmes

### 5.1 Immunisation Performance

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 via the link in Appendix 6. 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. In 2022/23 there was a successful Autumn-Winter programme, and a Spring Booster programme for those at higher risk. The ongoing impact of the COVID-19 pandemic meant that there were some challenges meeting some national uptake and coverage standards in some programmes and for these areas, action plans and improvement plans were put in place alongside the recovery plans.

### 5.2 Programme Summary

Performance, challenges, and developments during 2022/23 alongside future developments are laid out in the following table.

<p><b>Pre School-Immunisations</b></p>	<p>Nationally, childhood vaccine coverage in 2022–23 decreased compared to 2021–22, and none of the scheduled vaccines met the 95% target. Coverage rates in the South West have remained high relative to the England average. In Devon, Cornwall and Isles of Scilly, the priority remains the uptake of the Measles, Mumps and Rubella (MMR) dose 1 and 2 and Diphtheria, tetanus, pertussis and polio (DTaP-IPV) preschool booster vaccines in 5-year-olds, which although still high, also reduced a little compared to 2021/22; Torbay and Cornwall have coverage less than 90% for both MMR dose 2 and the preschool booster (see Appendix 6). There was not an immediate impact from the pandemic but all but Devon local authority areas have seen a small drop in child immunisation uptake over the last two years.</p> <p>The UK-wide Measles and Rubella Elimination Strategy (MRES) was released in 2019 and a South West-wide action plan was developed to support implementation of the plan following a regional conference on measles held in February 2020. Following a pause during the COVID-19 pandemic, the regional strategy was updated and shared with system stakeholders to ensure a co-ordinated, collaborative approach that includes both local, regional, and national objectives and priorities. Analysis of Childhood Health Information Service (CHIS) MMR data was undertaken to support a re-refresh of the MRES work to support local work. A national MMR call-recall took place in 2022 for children up to age 6 years.</p>
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	<p>2022–23 saw the development of System-level Maximising Immunisation Uptake Groups (MIUG), led by the NHSE VaST with a key focus on increasing the uptake of childhood immunisations, particularly MMR and pre-school booster vaccines. These groups have developed an evidence-based action plan that identifies targeted interventions to improve uptake. In Devon, the priorities are MMR, preschool booster, and school aged immunisations; and in Cornwall the priorities are MMR, preschool booster, and maternal pertussis with a specific focus on improving the data recording and data flows as anecdotally it is thought that uptake is higher than the national published figures.</p> <p>Devon, Cornwall, and Isles of Scilly (and Bristol, North Somerset &amp; South Gloucestershire) CHIS procurement was completed, and the new provider commenced delivery April 2023.</p> <p><b>Future developments:</b></p> <ul style="list-style-type: none"> <li>• Targeted work at a practice level planned as part of the new CHIS contract.</li> <li>• Development of more comprehensive and timely data dashboards to support planning, delivery and monitoring of targeted actions to increase uptake and coverage.</li> <li>• Analysis of CHIS preschool booster using CHIS data for all 0–19-year-olds enabling a population view of coverage in addition to the GP practice-based analysis.</li> <li>• Vaccine confidence project to be undertaken in collaboration with University of Bristol and national NHSE team to develop a training resource to support health, social care, and other practitioners to have conversations with individuals to encourage take-up of vaccinations. Initial focus is MMR and is planned to be piloted in Devon.</li> </ul>
<p><b>Targeted Immunisations</b></p>	<p>The enhanced Hepatitis B and Tuberculosis programmes continue to be delivered to eligible babies (number of eligible babies in Devon, Cornwall and Isles of Scilly are relatively low). Uptake of the Hepatitis B vaccination remains good with most infants completing the full immunisation programme and having a 12-month serology test. There were no known cases of infants contracting Hepatitis B before their first birthday during 2022/23.</p> <p>Following large scale changes to the infant Tuberculosis programme from September 2021 due to the national new-born bloodspot screening Severe Combined Immunodeficiency pilot (in other parts of England not in the South West) all providers had to change their models of delivery to deliver vaccination in a clinic setting ideally by age 28 days. However, it is taking time for providers to fine-tune their clinic offer and a very low proportion of infants in Devon and Cornwall are currently being vaccinated by 28 days of age.</p>

	<p><b>Future developments:</b></p> <ul style="list-style-type: none"> <li>• Improvements to Tuberculosis data collection and fail safes to monitor uptake and timeliness and assure that a high level of uptake is being maintained.</li> <li>• More regular meetings to be implemented with individual providers to better understand challenges and develop quality improvement plans.</li> </ul>
<p><b>School-aged immunisations</b></p>	<p>The school-aged immunisation programme was severely impacted by the pandemic due to the initial lockdown, the second wave of school closures, and ongoing outbreaks that have prevented immunisation teams attending schools for clinics. These factors, and the COVID-19 vaccination programme for 12-15s and the expanded flu vaccination programme has impacted the subsequent academic years. Both Devon, Cornwall and Isles of Scilly providers have worked hard to deliver the routine programme as well as an ongoing offer of community clinics including over the summer holidays to catch-up as many missing vaccinations as possible.</p> <p>Data for the 2021/22 cohort shows that uptake is mostly recovered or achieved near pre-covid uptake levels, within the range of normal variation. Data for 2022/23 cohort showed ongoing challenges so NHSE VaST reviewed providers operational plans and additional catch-up activity was scheduled by the school aged immunisations services to ensure recovery was completed before the end of the school year. This was supported by additional NHSESW financial investment to both providers.</p> <p>A new lesson plan and resources pack called EDUCATE (from the University of Bristol) was shared across school aged immunisations services teams and local authority teams to increase the understanding of the human papillomavirus vaccine.</p> <p>There was a procurement for the Devon service and a new provider commenced delivery on 01/08/2023.</p> <p><b>Future developments:</b></p> <ul style="list-style-type: none"> <li>• Procurement for the Cornwall service during 2023/24 with new contracts to start 01/08/2024.</li> <li>• Addition of an offer of MMR alongside the routine immunisations will be introduced into the specification for 2023/24 supported by additional investment.</li> <li>• Planning for human papillomavirus vaccine schedule change due September 2023 which will move from two to one dose.</li> </ul>

<p><b>Vaccinations in pregnancy</b></p>	<p>Vaccinations in Pregnancy include Influenza and Pertussis (and COVID-19 - not currently a Section 7a commissioned programme). All Devon, Cornwall and Isles of Scilly providers offer both influenza and pertussis vaccinations.</p> <p>Delivery of vaccination in maternity settings can be affected by several operational issues such as lack of clinic space and staff capacity. More frequent meetings were implemented to closely monitor service delivery and a checklist tool developed to support providers to plan and mitigate against these issues and better align all three vaccinations.</p> <p>Uptake was slightly below the South West average uptake (see Appendix 6). 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 is underway in the Cornwall MIUG to look into these processes.</p> <p>Future developments:</p> <ul style="list-style-type: none"> <li>• Review of delivery models and scoping of additional actions for 2023/24 with maternity immunisations leads to inform planning (and business cases) for 2023/24</li> <li>• Review of maternity self-assessment checklist</li> <li>• Review findings from Seasonal Influenza programme end of year review and acute trust debrief to inform planning for 2023/24 Influenza/COVID-19 season</li> </ul>
<p><b>Older people Immunisations</b></p>	<p>Shingles vaccination is first offered at age 70 years and eligibility continues until age 80. 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 cumulative uptake across Devon and Cornwall is in line with or above the national average (see Appendix 6).</p> <p>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.</p> <p>In addition to Zostavax, a second vaccine Shingrix is now available to offer to all those who are aged 70-80 who are immunocompromised (and so not eligible for Zostavax). There are some data quality issues with uptake for this new cohort which are being investigated.</p> <p>The latest published data for Pneumococcal vaccination is 2021/22 with coverage stable for Devon and Cornwall ICBs around 70% in keeping with the England average and meeting the acceptable lower threshold of 65% and under the target uptake of 75%.</p>



	<p>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.</p>
<p><b>Influenza immunisations</b></p>	<p>The influenza vaccination programme continued to be a high priority during the 2022/23 seasonal programmes placing pressure on GP practices and school aged immunisations services providers who at the same time were delivering the COVID-19 vaccination programme. Delivery through community pharmacy was further expanded to support the programme.</p> <p>Multi-agency arrangements established in 2021/22 in Devon and Cornwall to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza were further embedded.</p> <p>Overall, the South West had the highest uptake in all eligible cohort groups of any region and higher than the England average (see Appendix 6). Cornwall, although generally in line with uptake across the region, had the lowest uptake in all eligible cohorts and had particularly low uptake in pregnant people. This may be in part an impact of the complex data flows and recording issues, hence the importance of this work being done by the Cornwall MIUG.</p>

### 5.3 COVID-19 Vaccinations Supported by Local Systems

Both the Devon and Cornwall and Isles of Scilly ICBs delivered vaccinations through Primary Care Networks, Community Pharmacies, Large Vaccination Centres and Outreach activities as per the following:

Autumn 2022 – Cohorts included people aged 50+, all Care Home residents and staff, housebound patients, Health and Social Care Workers and Clinically Extremely Vulnerable groups as identified by the Green Book. 482,678 COVID-19 vaccinations were provided to patients registered in Devon which equated to an uptake of 72.1% of those that were eligible. 217,962 COVID-19 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 70.3% of those that were eligible.

Spring 2023 – 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. 135,484 vaccinations were provided to patients registered in Devon which equated to an uptake of 72.3% of those that were eligible. 73,576 vaccinations were provided to patients registered in Cornwall which equated to an uptake of 83.5% of those that were eligible.

## 5.4 COVID-19 Health Inequalities and Vaccination Outreach

### 5.4.0 Vaccination Programme commendation

Devon ICB COVID-19 outreach vaccination programme has received commendations from several organisations and was praised by Sir Robert Francis, Chair of Healthwatch England when he visited the Exeter Mosque where vaccinations took place in June 2022.

### 5.4.1 National Work

Devon and Cornwall Chinese Association and Devon ICB vaccine ambassadors supported NHS England to produce a video to demonstrate the benefits of receiving the COVID-19 vaccination.

### 5.4.2 Key Outcomes of the Health Inequalities Cell

- ***Pandemic led to richer intelligence on vaccination*** –uptake data by cohort, age, gender, ethnicity, area of residence (down to Lower Super Output Areas [LSOA] a small neighbourhood area), and GP practice via the Immunisation Management Service reporting system.
- ***Health Inequalities (HI) data dashboard*** developed by the Local Authority Public Health Intelligence Team with input from NHS Business Intelligence – this enabled deep dives into specific cohorts with lower uptake through themed/dedicated Health Inequalities cell meetings to explore barriers and facilitators to vaccination and to agree actions to increase uptake for specific groups.
- ***21 “high need” geographical areas*** were identified by Local Authority Public Health Intelligence Team and underpinned our approach to outreach ensuring roving and regular pop-up vaccination clinics in these areas of greatest need across Devon (areas were identified based on deprivation, ethnicity, uptake) with later alignment to Core20PLUS5 work.
- ***Local insights fed into the HI Cell*** including insight gathered via our outreach teams/vaccinators; Local authority place based intelligence and connections; and our dedicated Outreach Involvement Manager who was recruited to provide a link with communities and the Voluntary Community and Social Enterprise (VSCE) sector – this led to bespoke outreach offers for specific cohorts based on data/insight/need e.g., pop-up vaccination clinics in community cafes, faith centres, workplaces.

### 5.4.3 Use of a Flexible, Bespoke Delivery Model

- Extensive Outreach programme with mobile units working in community venues and trusted spaces.

- A collaborative approach working with local authority and multi-agency partners including public, private and charity sectors using an intelligent, data-driven approach to planning and design.
- Developed extensive local communication and engagement networks across Devon that could be built upon as each phase and booster programme came through.
- Approach used involved overlaying inequalities data with vaccination uptake and supplemented with local qualitative enquiry.
- Allowed for bespoke arrangements & delivery within the community.
- Learning that has helped shape and improve ongoing system design for our priority groups.
- Allowed for targeted outreach for particular groups.
- Identified other needs to be addressed as part of the Making Every Contact Count agenda and created an “in” for other support.

#### 5.4.4 Working with Peer-to-peer Networks

- **Vaccine ambassador scheme** is part of the wider outreach programme which aims to tackle health inequalities in vaccinations.
- **Engagement** with local groups, community leaders and the VCSE that informs bespoke outreach approaches e.g., via VCSE Assembly, Joint Engagement Forum.
- **Outreach Covid Vaccination and COMF** for voluntary and community organisations to run innovative engagement to improve uptake of the vaccine and increase vaccine confidence with our most vulnerable communities. This programme aims to support the outreach model and increase engagement with vulnerable communities. Activities can include supporting vaccination outreach, building vaccine confidence and undertaking engagement with vulnerable communities such as to explore barriers to uptake. Between 2022 until April 2023: 24 projects were funded, over 22,250 individuals were reached via the vaccine activities, over 3300 vaccinated.
- **Maximising uptake through targeted engagement work and communication activity** - working closely with the Equality, Diversity and Inclusion Team and Comms Team within NHS Devon and our partners, particularly the VCSE. Communications targeted at high-risk groups through a variety of media and channels, as set out in the Communications and marketing campaign plan for Devon, including an emphasis on community champions who represent the target population groups.

***Please see two case studies relating to this work in Appendix 7.***

## 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 2022/23 across the geography of Devon and Cornwall and Isles of Scilly (CloS).

<b>6.1.0 Infections</b>	
Methicillin Resistant Staphylococcus Aureus (MRSA)	<p><i>Devon:</i> There were a total of 17 cases over 2022/23, with an overall rate of 1.3 per 100,000 (mid-high quartile nationally). The majority were community-onset community-associated and were unlinked.</p> <p><i>CloS:</i> There were a total of 7 cases over 2022/23, with an overall rate of 1 per 100,000. Lessons identified include improving dressing pathways for midlines, raising MRSA risk awareness with intravenous drug users, and improving pre-operative assessment and inter-organisational surgical pathways.</p>
Methicillin Sensitive Staphylococcus Aureus (MSSA)	<p><i>Devon:</i> There were a total of 386 cases over 2022/23, with an overall rate of 30 per 100,000 (mid-high quartile nationally). This was a significant increase on 2021/22 (105 more). Each trust monitors healthcare associated numbers and has reduction strategies in place. There was no monitoring of community cases at this time.</p> <p><i>CloS:</i> There were a total of 182 cases over 2022/23, with an overall rate of 25.6 per 100,000, 18 cases above the previous year (2021/22). The increase of case numbers and rates (especially within community-onset cases) have formed the ICB's infection prevention and control's 2023/24 workplan.</p>
<i>Clostridioides difficile</i> (C. difficile)	<p><i>Devon:</i> There were a total of 414 cases over 2022/23, with an overall rate of 32 per 100,000 (low-mid quartile nationally). This is an increase of 24 from 2021/22. The system infection control lead is representing the Devon system at a national C. difficile strategic level, and Devon is a member of the regional C. difficile data collaborative. Individual trusts each have C. difficile reduction strategies.</p> <p><i>CloS:</i> There were a total of 256 cases over 2022/23, an overall rate of 29.3 per 100,000, a total of 35 cases above trajectory. Cornwall system is involved in NHS EI collaborative improvement and each C. diff case is investigated to provide learning. The analysis of these investigations showed the need for quality improvement measures, which have formed the ICB's infection prevention and control's 2023/24 workplan, including a patient held C. diff passport and a 'Think C. diff' primary care awareness poster.</p>
<i>Escherichia Coli</i> (E. coli)	<p><i>Devon:</i> There were a total of 1029 cases over 2022/23, with an overall rate of 80 per 100,000 (mid-high quartile nationally). This was a 115-case increase from 2021/22. Reduction projects underway include being a pilot area for a regional NHS England hydration project.</p> <p><i>CloS:</i> There were a total of 417 cases over 2022/23, an overall rate of 54.5 per 100,000, 13 cases below the threshold target set by NHS England and 31 case decrease from the previous year (2021/23).</p>

## **6.1.1 Antimicrobial resistance (AMR) working groups**

### *6.1.1.1 Devon AMR Group*

Devon Antimicrobial Resistance Group (DARG) met on 17 Jan and 21 Feb 2023. Due to operational pressures as well as sickness, other meetings were postponed. There was also delay as the purpose and intent of the meetings were discussed. Operationally AMR work continues within the medicines optimisation team within NHS Devon

### *6.1.1.2 Cornwall AMR group*

Cornwall Antimicrobial Resistance Group (CARG) met on 27.04.22, 23.05.22 (recovery plan meeting), 22.06.22 and 17.08.22. Operating as 'One Health' group, the meetings focused on antimicrobial resistance recovery plans for each sector. Since the pandemic, maintaining attendance at these meetings has been a challenge and interaction with colleagues such as dentists and veterinarians has decreased. Engagement continues to be encouraged.

### *6.1.1.3 Devon and CloS Group*

In 2022/23 a system change was proposed for antimicrobial resistance work, with the DARG and CARG outlining a merger to avoid duplication and form a more strategic and wider focussed Peninsula Antimicrobial Resistance Group (PARG).

*Subsequent to 22/23 reporting period, PARG initially met on 16.05.23 and discussed TOR only. Meetings are set to continue quarterly from November 2023 and will be chaired by Devon & Cornwall alternately.*

## **6.1.2 Healthcare workforce**

At the start of 2022, the former NHS Devon Clinical Commissioning Group had recorded a workforce risk with the recent departure of their System IPC Lead. A new post holder was recruited in June 2022 System Lead for Infection Prevention & Control, Integrated Care System for Devon, NHS Devon.

## **6.2 Progress on Key Health Care Associated Infection & AMR Challenges**

### **6.2.0 Continuing to support the COVID-19 response**

Management of COVID-19 moved towards being considered alongside, rather than separate to other Acute Respiratory Infections (ARIs). Communications had to reflect the fears and concerns perceived within the public domain and public perception continued to make return to business as usual a challenge. This was particularly seen in the challenges within social care settings and the acceptance of new or returning residents due to COVID-19 infection did not align to the more willing acceptance of those with other diagnosed ARIs. Providing assurance to the sector as well as the ICB operational/tactical team around delays in discharges caused considerable demand on the small IPC team within the ICB.

### **6.2.1 Implementing E. coli & C. difficile reduction strategies**

The ICB is a member of the C. difficile. national collaboration with NHSE. As a consequence, new initiatives will be developed which will have a positive influence on Primary Care as well as Community Care.

### **6.2.2 Ensuring consistent information and analysis from community infections**

There have been significant challenges, within IPC. Work will commence when financial constraints and access to sufficiently trained/experienced IPC staff allow.

### **6.2.3 Strengthening Antimicrobial Resistance**

Urinary Tract Infection reduction work has gone on across the footprint of NHS Devon. Challenges to other progress have included constraints within the system as reorganisation continues, workforce capacity and staff availability/prioritisation of strategic level meetings for operational staff which means planned developments have not been realised. This area of the work programme will be taken forward in 2023/24 including the creation of the Peninsula Antimicrobial Resistance Group (PARG). The new NHS Contract for 2023/24 will include AMR specific targets to be implemented. A new AMR National Action Plan will be published in 2024 and aspects of this will need implementing at the local level by ICS partners. A lead will be taken from the significant work done by UKHSA around AMR.

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## **7 Emergency Planning, Resilience and Response**

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### **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 a multi-agency partnership; the Devon, Cornwall and the Isles of Scilly Local Resilience Forum (LRF). Despite the stand down from pandemic response, extreme pressures persisted throughout the year. Relevant forum members responded to the following significant incidents in 2022/23:

- Extreme Heat, July 2022
- The Death of Her Majesty, Queen Elizabeth II, September 2022
- Suspected Infectious Disease, November 2022
- Fire and Evacuation of Properties in Newquay, December 2022,
- Severe Winter Weather, December 2022
- Large scale industrial action across the health sector

#### **7.1.0 Industrial Action**

There has been wide scale public sector industrial action from late 2022 ongoing into 2023. Most notably the system has been affected by ambulance service, nursing, and junior doctor strikes. A robust planning regime was implemented, and system wide industrial action plans developed working collaboratively with providers. Debriefs have been held after each period on industrial action and learning identified embedded into the next iteration of planning assumptions.

### **7.2 Devon EPRR Response Activity**

- Two information technology (IT) outages at University Hospitals Plymouth, required system wide co-ordination and response. These episodes highlighted the vulnerability of patient care to loss of IT.
- A cyber-attack on a national IT provider significantly affected one mental health trust in the Peninsula, taking more than eight months to resolve.
- Several storms and severe weather events required support from a multi-agency incident response across the community.
- A national requirement to identify any sites built with Reinforced Autoclaved Aerated Concrete (RAAC) was introduced and it was established that the system is in a good position with no issues identified on the Devon estate at this time.

## **7.3 Cornwall and Isles of Scilly EPRR Response Activity**

### **7.3.0 Mpox Response**

Detection of cases of mpox (previously known as Monkeypox) infection, acquired within the UK, were confirmed in England from 6 May 2022. The outbreak had mainly been in gay, bisexual, and other men who have sex with men without documented history of travel to endemic countries. NHS England tasked systems to deliver a testing and subsequent vaccination plan at pace. The CloS EPRR team created a standard operating protocol (SOP) working collaboratively with system partners, public health and sexual health clinics which structured the delivery of the response program in the most accessible way for the affected communities and any other people at risk. The program was successful and further embedded EPRR practice to work at a system level, engaging with partners who were not normally in EPRR scope of practice.

### **7.3.1 Avian Flu Response**

In August 2022 CloS experienced a large outbreak of avian flu mainly in the sea bird population and in poultry. The team rapidly created a revised standard operating model for the response which included coordinating the testing model for those who had been exposed to infected birds and had become symptomatic. The previous model had focused on delivery of a testing model for an outbreak at large poultry farm sites with the request to test exposed workers, however this response was dynamic requiring a mobile testing model and delivery of antivirals if required. The developed model was reviewed by UKHSA and deemed to be best practice as it highlighted excellent system working across all sectors and provided a seamless process for members of communities that may have been exposed. The model is now embedded and can be activated when required.

### **7.3.2 Cornwall Drought Conditions**

Over the autumn/winter 2022/23 reservoir levels have been depleted in Cornwall due to low rainfall. The team have been working with the LRF partners to risk model the likelihood of water shortages, how this could affect vulnerable people and how members of the population could become vulnerable if water supplies are restricted. Reservoirs remain below expected capacity. The risk remains going into 2024.

### **7.3.3 Large Scale Public Events**

The CloS team continue to work closely with local authority colleagues' events teams to ensure that any large events have robust on-site medical plans and consider the potential impact on health at a system level. Due to the large number of events, a system health working group has been set up which meets monthly to review potential risks from key events and mitigate these at a system level. Notably high-profile events included



Boardmasters, the funeral of Her Majesty Queen Elizabeth II, the World Pilot Gig Championships, National Armed Forces Day, and numerous music events. The team have noted the recommendations from the Manchester Arena Inquiry and have a standalone working group set up to review these and their implications on health planning for events and crowded places, at a system level with all key stakeholders.

#### **7.3.4 COVID-19 Public Inquiry**

The CloS EPRR team public inquiry officer collated evidence working with ICB and system colleagues to ensure evidence is captured against each module of the inquiry. This involves meeting with key teams to capture decisions and rationale during the response.

### **7.4 Devon, Cornwall, and Isles of Scilly Exercises & Planning**

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

#### **7.4.0 Regional Mass Casualty Exercise of the Casualty Distribution Plan**

Systems as a whole participated in exercising this plan, which would be used in the event of large numbers of casualties created by an incident.

#### **7.4.1 Vulnerable People Framework**

As part of a programme of work with LRF partners a LRF vulnerable people framework has been developed and is going through sign off process. This provides a process for the identification of who may be vulnerable during an incident and where they are in the affected area. This also ties into the ongoing national power outages (NPO) work with LRF partners (see 7.4.6 for details of priority groups identified).

#### **7.4.2 Exercise Amore**

In November 2022 the team tested the system incident response plan with providers and NHS England. The scenario tested major incident response and command and control at a system level.

#### **7.4.3 Exercise Artic Willow**

This national exercise held over three days to exercise the System's winter response, testing Category One response surge and escalation against concurrent operational issues and winter pressures.

#### **7.4.4 Chemical, Biological, Radiological, Nuclear**

DCIoS EPRR are represented at the Regional Radiation Monitoring Unit Working Group with work ongoing locally and regionally aimed at planning provision of a facility to monitor contamination among populations local to a radiation release.

National Chemical, Biological, Radiological, Nuclear (CBRN) Initial Operational Response project EPRR teams are engaged with this project and support several of the programme groups within the LRF.

In June 2022, **Exercise Short Sermon** was delivered as a modular exercise of the Devonport Naval Base Off-Site Emergency Plan (DOSEP). This was conducted as required by the Radiation (Emergency Preparedness and Public Information) Regulations 2019 (REPPPIR) requirements and is conducted every 3 years. Science and Technical Advice Cell (STAC) training and a recovery element were delivered covering potential nuclear & radiological incidents.

#### **7.4.5 National Power Outage**

The current climate of conflict in Ukraine and rising energy prices has made the risk a potential NPO more prominent in the minds of central Government and EPRR (it is one of the highest risks on the National Risk Register). There has been a major drive by central government to put preparations in place. A significant amount of work has been undertaken within the system and with LRF partners; this has included preparation and support of several health and multi-agency exercises.

**Exercise Lemur** was delivered at a Local Resilience Forum level and tested the implications of NPO on the LRF and its key responders.

The team worked at a system level throughout 2022/23 to plan for reasonable worst-case scenario of a no notice power disruption, rather than the potential four hour rolling blackouts that were predicted to happen in winter 2022. An assessment was made of what services could be offered via community hubs to assist vulnerable people and prevent admission to the acute providers. This included working with primary care colleagues to ensure they can continue to deliver services during periods of power outages. The review of ICB business continuity plans in 2022/23 is focused on the loss of power scenario. Continued work with regional colleagues on potential NPO will feed into national planning assumptions.

The UKHSA **Exercise Yarrow** risk assessment states that, specific consideration should be given to groups whose health may be particularly affected by loss of power due to unmet access and functional needs. These groups are likely to be overlapping and interdependent in many cases. The evidence shows that individuals may belong to several priority groups, thus presenting with multiple needs. People belonging to multiple priority groups may be placed at greater risk due to accumulating needs, although more research is required on this topic.

**Priority groups currently identified are:**

1. People reliant on electronic powered devices
2. People who may have mobility difficulties
3. People with psychiatric conditions (diagnosed or otherwise) including mental health conditions and neurodevelopmental disorders
4. People with alternative communication needs
5. People with other access and functional needs which may be unmet in an NPO (e.g., people who need specific medications, treatments, or care, including infants/older adults with physical needs)
6. People living in rural communities, geographically remote locations or living alone
7. People from lower socio-economic backgrounds

**7.4.6 High Consequence Infectious Diseases (HCID) plan**

This has been developed jointly between Devon and Cornwall and the Isles of Scilly ICBs, with input from Public Health and IPC colleagues. Robust working relationships and mutual understanding of roles have been built which can be called upon for any future response to high consequence infectious disease outbreaks.

**7.4.7 Severe Weather Plans**

Revision has been made due to the changes brought in by the UKHSA Adverse Weather and Health Plan. Criticism of the new national plan has been fed back to the UKHSA National Team as it is felt that the new plan is less practical to implement than its predecessor. Consideration is being given as to how best to protect systems through utilising alternative Meteorological Office advance warnings of severe hot/cold weather.

**7.5 Assurance**

The Devon system's outcomes from the national EPRR assurance process have been completed, with all bar one provider and the ICB being assessed as substantially compliant with the NHS England core standards for EPRR; the exception being Patient Practice Group (PPG) which was assessed to be fully compliant with the core standards.

**7.6 Training**

CloS EPRR deliver the Principles of Health Command at a Peninsula level, working in collaboration with Devon EPRR team. Principles of Health Command is mandatory for all staff on call at a strategic level under the minimum occupational standards for EPRR. CloS also offer this training opportunity out to providers, and it has been well received.

The CloS EPRR team continue to deliver a robust training program to support delivery of our Category one status, this has focused for 2022/23 business continuity with the focus on response to power outage and category one training. The category one training program includes Director on Call training for all on call staff.

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## 8 Climate and Environment

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This new section of the Committees report seeks to continue development from the setting of work programme priority 6 (see section 9.6) on climate in last year's Committee report.

Much of what is done now and in the near future to reduce the impacts of climate change will also reduce harms to human health. Taking a 'Health in All Policy' approach will ensure that policies for mitigating and adapting to climate change are driven by health outcomes. As health harms are increasing, there will be some unavoidable adaptation required, such as heat related impacts on cardiovascular disease and respiratory symptoms. To protect public health, co-benefits must be sought; reducing air pollution not only reduces gases that contribute to climate change, but also reduces impacts on human health. Reducing the extremes of climate change will protect future populations from the biggest threat to human health in our time.

The Devon, Cornwall, and Isles of Scilly Climate Impacts Group, chaired by the Environment Agency, was formed in 2019 in response to declarations of climate emergency across the area. This group is responsible for assessing the impacts faced in the South West region and reviewing current levels of community preparedness for a warmer world. The group have been working towards the Devon Cornwall and Isles of Scilly Adaptation Strategy which includes the Risk Register, Adaptation Plan, and an Action Plan. Please see the link to this information in Appendix 3.

The Local Government Association Public Health Annual Report 2023 stated "The impact of climate change is a growing challenge for many councils and is a key public health priority. In the summer, the UK Health Security Agency (UKHSA) issued a succession of heat-health alerts and councils activated local heatwave plans due to extreme heat and record temperatures. Flooding affected some areas early in 2022 and again at the end of the year."

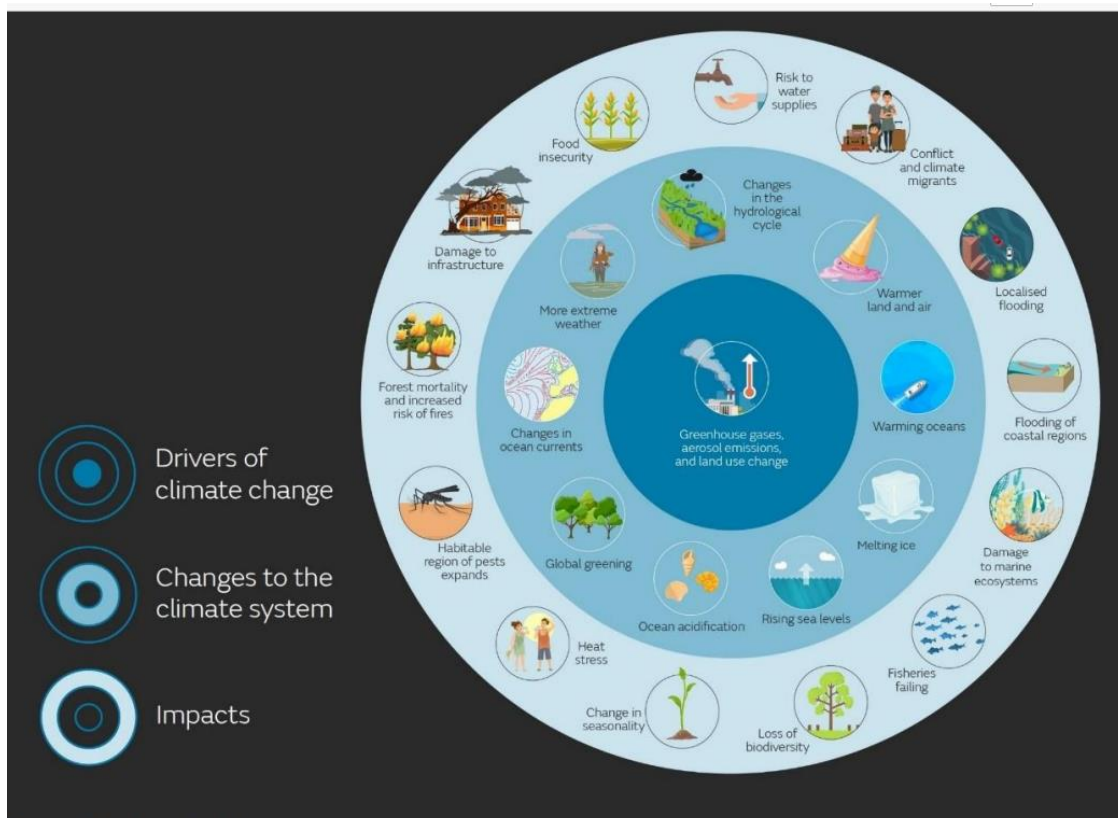
[1]

With extreme heat and drought/water supply shortages in both Devon and Cornwall in 2022 action must be taken to prepare for weather events exacerbated or caused by climate change. Climate related issues are included in the Devon Joint Forward Plan and are intrinsically linked with health protection topics.

At a National level, UKHSA launched their Centre for Climate and Health Security in October 2022 with "a mission to deliver a step change in capabilities" [4] and "the increasing impact of climate change on our day-to-day lives" is mentioned in the foreword of the 2023 National Risk Register and explained as one of four chronic risks (another of the four is AMR). [5].

The Devon ICS Strategy highlights a risk rating table for Devon and Cornwall which reveals significant climate related risks to the region. The Strategy also features an infographic showing relevant drivers of climate change and impacts. Both the table and infographic were published by the Meteorological Office in 2022 and are featured in the ICS strategy (see link in Appendix 3) and copied below for reference.

Risk	Locations in Cornwall, Devon and Isles of Scilly (IoS)	Current Risk rating	Current Lead Assessor
Major Tidal and Coastal Flooding	All	Very High	Environment Agency
Major Fluvial Flooding	All	Very High	Environment Agency
Prolonged Low Temperatures, Heavy Snow and/or Ice	All	High	Torbay Council
Localised flooding (sudden flash, fluvial or surface water flooding)	All	High	Environment Agency
Severe Storms and Gales	All	Medium	Torbay Council
Heat Wave	All	Medium	Public Health England
Drought	All	Medium	Environment Agency
Forest, wood or moorland fire	All	Medium	Cornwall Fire and Rescue Service
Heavy Snow or Ice on vulnerable areas of the highways network	All	Low	Torbay Council
Building Collapse	All	Low	Devon and Somerset Fire and Rescue Service
Bridge Closure or Collapse	All	Low	Devon and Somerset Fire and Rescue Service
Major reservoir dam failure caused by loss of structural integrity or controlled release or overtopping	All	Medium	Environment Agency
Land Movement (Tremors and Landslides)	All	Medium	Devon County Council
Catastrophic failure of mine water treatment works and/or sludge storage dam	Wheal Jane complex, Nr Baldhu, Cornwall	Medium	Cornwall Council
Epidemic/ Pandemic Influenza	All	Very High or High	Public Health England
Industrial Accidents and Environmental Pollution, Major Air Quality Incident	All	High	Environment Agency



Source: Met Office 2022

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## 9 Progress on Work Programme Priorities for 2022/23

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### 9.1 COVID-19

***Maintain response to COVID-19 in line with current guidance, resourcing, and activity.***

All areas maintained a response proportionate to the risk and available capacity, transitioning to 'business as usual' situation for COVID-19, embedding all hazards planning and resilience into standard practice, and working with NHS and other system partners to keep infection prevention on the agenda. The main focus was on maximising COVID-19 immunisation in response to the booster, the evergreen offer and additional eligibility groups that came online during the year, whilst working to reduce inequalities. Capacity to support non-NHS settings with IPC through COMF continued as the 3 Devon Local Authorities maintained the links with these settings built through the pandemic until the COMF IPC practitioner post ended in March 2023.

### 9.2 Preparedness

***Ensure preparedness and system wide resilience to respond to future pandemics or health protection emergencies, including sharing learning to inform future approaches.***

Cornwall and Isles of Scilly EPRR have produced a High Consequence Infectious Disease/Pandemic plan, and this is the first plan of its kind to be approved at Devon and Cornwall level and has been shared with our health partners. In March 2023 Devon County Council conducted a debrief into their health protection response for adult social care settings (with feedback shared with relevant partner organisations onwards into 2023-24 with actions identified). NHS Devon and associated local authorities participated in the UKHSA led winter preparedness exercise which looked at care home outbreaks and special educational needs and disabilities settings outbreaks in autumn 2022. Consideration has been given to the combined experience of the pandemic, including readiness to stand up systems as needed, and maintaining training for core and non-core staff teams. The coming COVID-19 enquiry will inform action in future reporting periods.

### 9.3 Screening and Immunisation

***Continue recovery of screening and immunisation programmes including launch of the Maximising Immunisation Uptake Groups and a renewed focus on addressing health inequalities in uptake, including a focus on flu and covid uptake amongst vulnerable and inclusion health groups.***

MIUGs were established in Cornwall and Isles of Scilly in June 2022 followed by Devon in January 2023. These were instigated by SW NHSE Screening and Immunisation Teams (subsequently renamed Vaccination and Screening Teams) to address challenges in uptake, especially Measles, Mumps and Rubella and preschool booster. Low level data was shared, a baseline mapped, and action plans developed. Most screening services recovered during 2022/23 with clear plans in place to fully recover during early 2023/23. All programmes will now be focusing on improving uptake and coverage. School aged immunisations providers continue to implement recovery plans to catch up backlogs and additional investment has been agreed. Collaborative working arrangements between system partners on interdependencies within cancer pathways and improving immunisation uptake are being strengthened.

In Devon, Cornwall and Isles of Scilly joint work at local level was carried out to promote, support and deliver vaccination for influenza and COVID-19. In Devon the health inequalities group supported and influenced work in community settings such as churches, homeless shelters, town shopping centres, pubs, libraries, community centres and with VCSE groups to facilitate this.

### 9.4 Infection Prevention Control

***Embed and strengthen Community Infection Management Services to prevent and respond to infections throughout the community, ensuring that there is IPC support for all settings, aligning to the broader South West IPC Strategy Work.***

The COMF funded IPC support post in Devon for non-health and care settings ceased at the end of March 2023. This has left a gap which remains on the ICB risk register. The ICB Community Infection Management Services teams have, when possible, provided support but this is not their prime function and the four teams continue to be managed through the acute trusts IPC teams.

Devon ICB IPC team has maintained good links with local authority health protection colleagues and UKHSA through the Devon Huddle (Devon wide health protection monthly

meeting). The Cornwall and Isles of Scilly System and Cornwall and Isles of Scilly IPC Alliance remain linked. The South West IPC strategy and AMR priorities are being localised. Devon, Cornwall, and Isles of Scilly colleagues continue to engage with the wider local health protection collaborative arrangements including the bi-weekly UKHSA Health Protection Network (with alternating strategic and touch point meetings) and monthly UKHSA Care Settings Health Protection Network.

## 9.5 Health Protection Improvement

***Work towards continuous improvement in all areas of health protection through audit, peer review, training, and development. Specifically address improvement areas highlighted by the Sector Led Improvement self-assessment and the UKHSA Gap Analysis/Action Planning tool.***

The GAAP analysis was commenced and pathway gaps for action were identified. Updated self-assessments against the sector led improvement tool were completed identifying areas for continuous improvement across the Peninsula.

## 9.6 Climate Emergency

***Maintain a focus on local action to address the climate emergency, building on the findings of the South West sector-led improvement Climate and Public Health work.***

In Devon joint work has commenced at a local level between climate sustainability and health protection colleagues. After full consultation, the final Devon Carbon Plan was published on 16 November 2023, as a roadmap of how Devon will reach net-zero emissions by 2050 at the latest and health is a cross-cutting theme in the plan. In 2022 Plymouth City Council published the third of 11 action plans in the City Council's annual Climate Emergency Action Plan series. The Climate Emergency Action Plan lists all the actions that are being taken with partners in the Plymouth Net Zero Partnership, to reduce emissions across the city and to encourage others to do the same. See appendix 3 for the link to the Plymouth Climate Action Plan. The head of Cornwall and Isles of Scilly EPRR leads on the system level net zero programme and hold a quarterly climate collaboration meeting which includes all providers, volunteer Cornwall, local authority and NHSE, all working towards reviewing the system Green Plan in 2024.

The formative Devon, Cornwall, and Isles of Scilly Climate Adaptation Plan was discussed during the 2022/23 reporting period.



## 9.7 Health Protection Governance

***Refresh health protection governance structures in line with integrated care board and integrated care system strategy development including a review of existing meetings and terms of reference.***

Devon consolidated links with the Medical Directorate in Devon ICB. Governance has yet to be revisited following the NHS Devon restructure. Significant joint work over the ICS Strategy and Joint Forward Plan took place with health protection featuring strongly in the plan, as one of the nine areas of work identified for action. A joint forward plan health protection operational group is being established to oversee the governance of this work.

In Cornwall and Isles of Scilly a review of terms of reference has taken place and mapping of current meetings developed.

## 9.8 Continuous Professional Development

***Advocate for a rolling CPD and training programme to ensure a robust and resilient system which can respond to major incidents and emergencies.***

Devon County Council have procured logging training and legal awareness training. Health Education England (now NHSE) continue to offer places on the health protection short courses to local authorities. For CloS EPRR see 7.4.9 training above

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## 10 Ongoing Work Programme Priorities

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The ongoing work programme priorities of the Health Protection Committee are set out below. These are the priorities against which the next Health Protection Committee assurance report will report against. Subsequent reports will be published 6 months after the reporting period (financial year) ends. These priorities will be reviewed and updated as part of the annual reporting process.

### 10.1 Priorities agreed by Health Protection Committee members

#### 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;

- a. promote health protective behaviours
- b. strengthen infection prevention systems within health and care and wider settings
- c. reduce healthcare associated infections
- d. tackle antimicrobial resistance
- e. 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 - e.g. for Devon, implement the year 1-5 Health Protection objectives and milestones in the Devon ICS Joint Forward Plan. Work similarly in Cornwall and the Isles Of Scilly as plans are finalised.

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## 11 Authors and contributors

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*[This report is written by each council in turn - please contact [healthprotection@devon.gov.uk](mailto:healthprotection@devon.gov.uk) if a handover is required for the next author].*

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

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## 12 Appendices

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### 12.1 Appendix 1 – Devon, Cornwall, and Isles of Scilly Health Protection Committee - Summary terms of reference & affiliated groups

Membership of the Committee:

- Local Authority Public Health
- UK Health Security Agency
- NHS England
- NHS Devon and Cornwall Integrated Care Boards

Meetings of the Committee are held quarterly.

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.

## **12.2 Appendix 2 - Roles in relation to delivery, surveillance, and assurance**

### **12.2.0 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. 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.

### **12.2.1 Screening and Immunisation**

Population Screening and Immunisation programmes are commissioned by NHS England 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 ICB Maternity Payment Pathway arrangements, although NHS England remains the accountable commissioner.

UK Health Security Agency is responsible for setting national immunisation policy and standards through expert groups (including the Joint Committee on Vaccination and Immunisation). The National Screening Committee is part of the Department of Health and Social Care and advises ministers and the NHS in the 4 UK countries about all aspects of screening and supports implementation of screening programmes. At a local level, specialist public health staff in NHSE Vaccination and Screening Teams 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 NHSE South West 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 by NHSE SW VaST 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 MIUGs, 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-19.

There are Programme Boards (oversight groups) 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 into individual partners.

### **12.2.2 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 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.

### **12.2.3 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.



## **12.3 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.climate-resilient-dcios.org.uk/#:~:text=View%20Consultation%20Report-.The%20Devon%2C%20Cornwall%20and%20Isles%20of%20Scilly%20\(DCioS\)%20Climate.change%20increasingly%20affects%20the%20UK.](https://www.climate-resilient-dcios.org.uk/#:~:text=View%20Consultation%20Report-.The%20Devon%2C%20Cornwall%20and%20Isles%20of%20Scilly%20(DCioS)%20Climate.change%20increasingly%20affects%20the%20UK.)

## 12.4 Appendix 4 - Counts of Situations by Principle Contexts and Infectious Agents in DCIoS 01 April 2022 to 31 March 2023 from Field Services, UKHSA

UKHSA Situations

### Counts of Situations (by Principle Contexts and Infectious Agents)

Local Authority: All (Cornwall and Isles of Scilly, Devon, Plymouth and Torbay)

01 April 2022 to 31 March 2023

		Principle Context					Total
		Adult Social Care	Education	Healthcare	Other	Workplace	
Infectious Agent	COVID-19	1201	6	2	10	0	1219
	Seasonal Influenza A Virus	30	0	0	0	0	30
	Other	95	169	1	58	11	334
	Total	1326	175	3	68	11	1583

**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).

**Other Infectious Agent:** Brucella spp, Campylobacter spp, Chemical agent, unknown, Chlamydophila psittaci, Escherichia coli O157, Herpes simplex virus, Measles virus, Mycobacterium spp, unspecified, Mycobacterium tuberculosis complex, Norovirus, Respiratory syncytial virus (RSV), Scabies mite, Staphylococcus aureus – PVL, Streptococcus, Group A, Varicella-zoster virus, Yersinia enterocolitica, Influenza A virus (Avian), Influenza A virus, H5N1

**Other Principle Context:** Asylum Seeker Accommodation, Childminder/Childcare Provision, Children's Residential Home, Community, Custodial Institution, Environmental Exposure, Food Outlet / Restaurant, Hotel, Music Venue, Visitor Attraction, Homeless Accommodation, Household

## 12.5 Appendix 5 - Screening coverage (Latest available publicly available published data) 2022/23

SOURCE: Local Authority Dashboard, Public Health Outcomes Framework, Futures website, downloaded 13/11/2023

### Cancer Screening by Local Authority (Devon)

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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
				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
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
				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
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
				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
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
				England								57.3	58.4	59.2	59.5	60.5	64.3

### Cancer Screening by Local Authority (Plymouth)

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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
				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
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
				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
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
				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
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
				England								57.3	58.4	59.2	59.5	60.5	64.3

### Cancer Screening by Local Authority (Torbay)

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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
				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
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
				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
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
				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
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
				England								57.3	58.4	59.2	59.5	60.5	64.3

### Cancer Screening by Local Authority (Cornwall)

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Key	Geography	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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
				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
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
				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
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
				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
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
				England								57.3	58.4	59.2	59.5	60.5	64.3

**Other Screening by Local Authority (Devon)**

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Key	Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75 75 - 85 ≥ 85	Devon	87.4	87.3	86.1	87.2	87.1	87.4	84.4	87.0	88.8
				England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98 98 - 99.5 ≥ 99.5	Devon	98.6	98.7	98.8		99.1	99.0	95.0	96.2	93.3
				England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95 95 - 97.5 ≥ 97.5	Devon								99.1	98.6
				England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

**Other Screening by Local Authority (Plymouth)**

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Key	Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75 75 - 85 ≥ 85	Plymouth	83.1	81.2	83.1	85.1	81.9	84.1	80.7	82.0	82.7
				England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98 98 - 99.5 ≥ 99.5	Plymouth	99.2	99.4	99.4		99.2	99.5	98.4	98.4	99.4
				England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95 95 - 97.5 ≥ 97.5	Plymouth								98.8	97.2
				England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

**Other Screening by Local Authority (Torbay)**

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Key	Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75 75 - 85 ≥ 85	Torbay	85.4	84.3	80.2	85.3	86.8	84.3	79.7	86.2	86.6
				England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98 98 - 99.5 ≥ 99.5	Torbay	98.9	99.4	99.4		99.1	99.1	99.1	99.8	99.6
				England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95 95 - 97.5 ≥ 97.5	Torbay								98.2	98.1
				England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

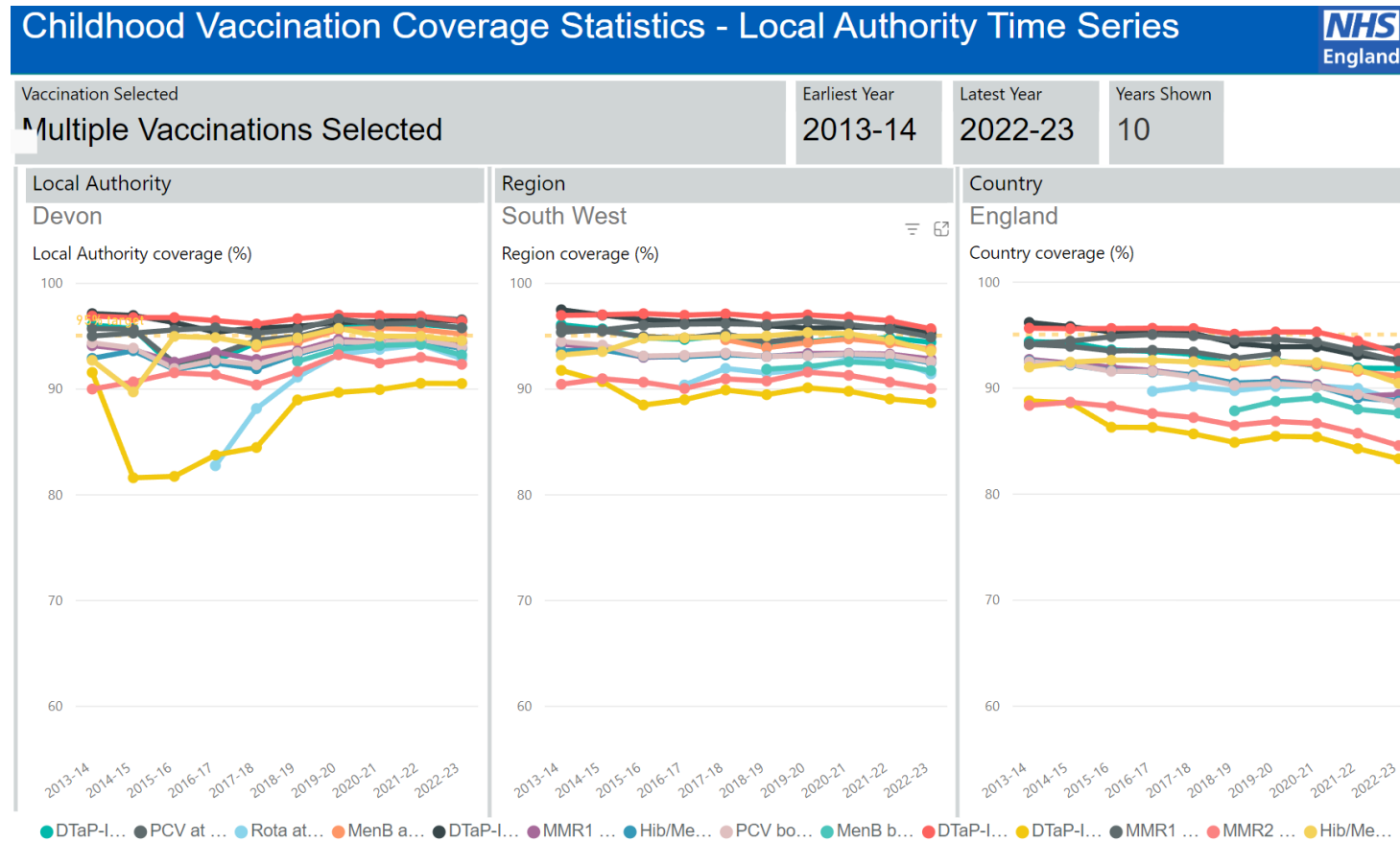
**Other Screening by Local Authority (Cornwall)**

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	Key	Geography	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75 75 - 85 ≥ 85	Cornwall	83.8	83.3	83.5	84.9	84.1	86.5	81.2	85.3	85.3
				England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
C24m - Newborn Hearing Screening: Coverage	98	99.5	< 98 98 - 99.5 ≥ 99.5	Cornwall	99.5	99.8	99.8		99.8	99.8	95.7	97.0	99.8
				England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
C24n - Newborn and Infant Physical Examination Screening Coverage	95	97.5	< 95 95 - 97.5 ≥ 97.5	Cornwall								97.6	95.4
				England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

## 12.6 Appendix 6 - Immunisation performance 2022/23

Immunisation schedule; <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule/the-complete-routine-immunisation-schedule-from-february-2022>

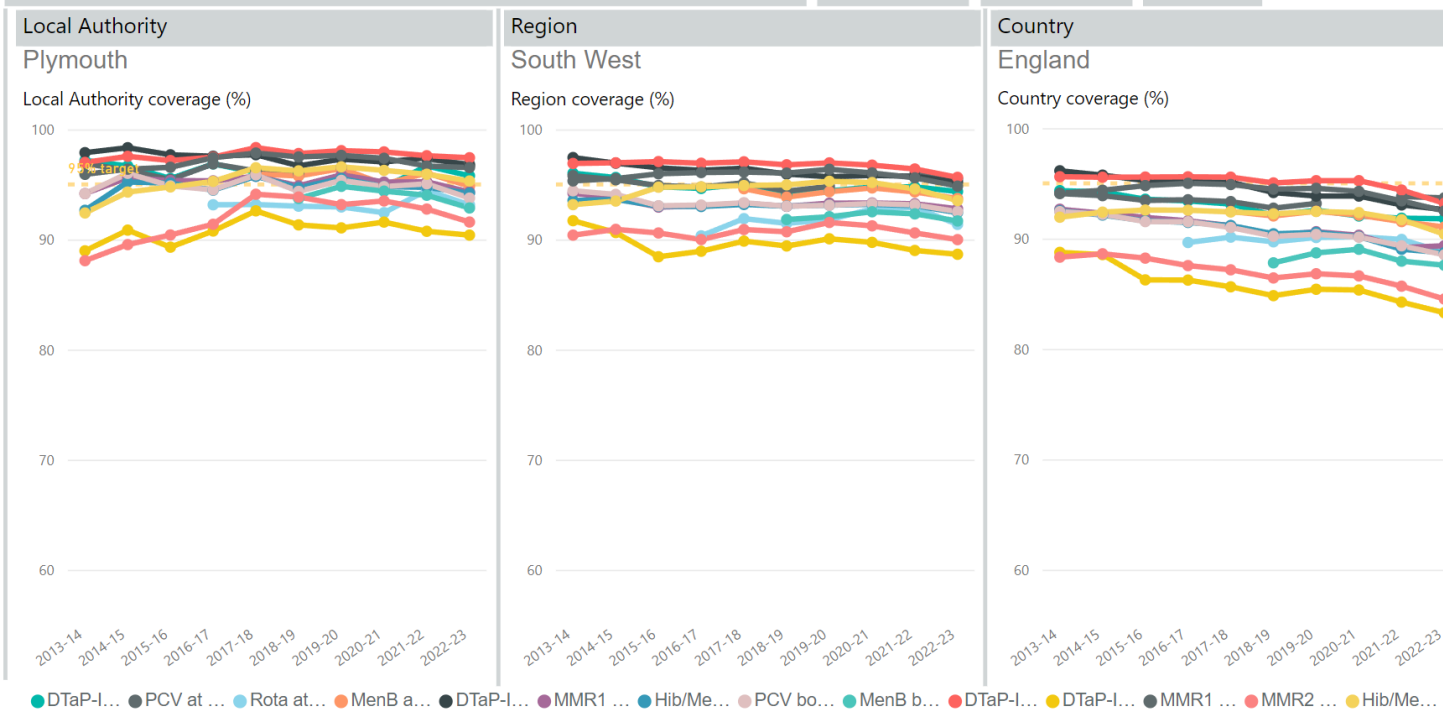
Preschool – Annual COVER statistics 2022/23 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics>



## Childhood Vaccination Coverage Statistics - Local Authority Time Series



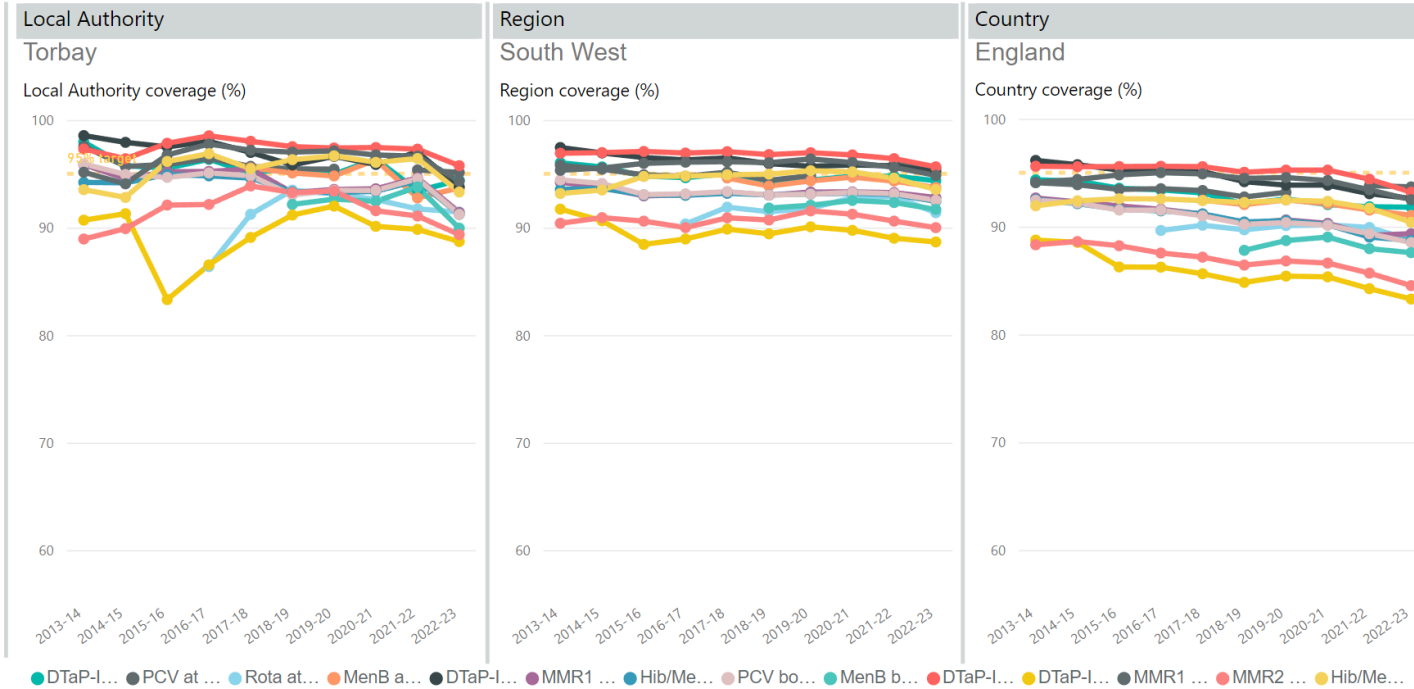
Vaccination Selected	Earliest Year	Latest Year	Years Shown
Multiple Vaccinations Selected	2013-14	2022-23	10



## Childhood Vaccination Coverage Statistics - Local Authority Time Series



Vaccination Selected: **Multiple Vaccinations Selected** | Earliest Year: **2013-14** | Latest Year: **2022-23** | Years Shown: **10**



## Childhood Vaccination Coverage Statistics - Local Authority Time Series



Vaccination Selected

Multiple Vaccinations Selected

Earliest Year  
2013-14

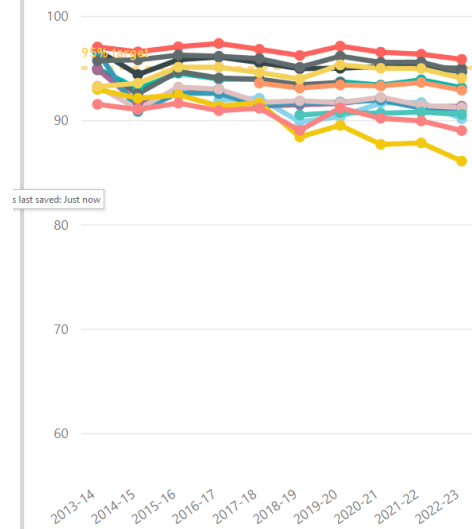
Latest Year  
2022-23

Years Shown  
10

Local Authority

Cornwall and Isles of Scilly

Local Authority coverage (%)

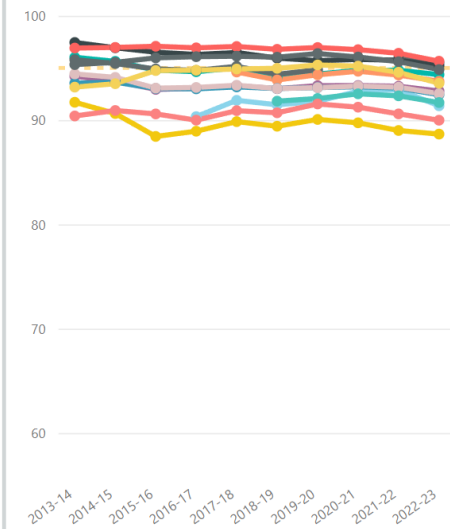


5 last saved: Just now

Region

South West

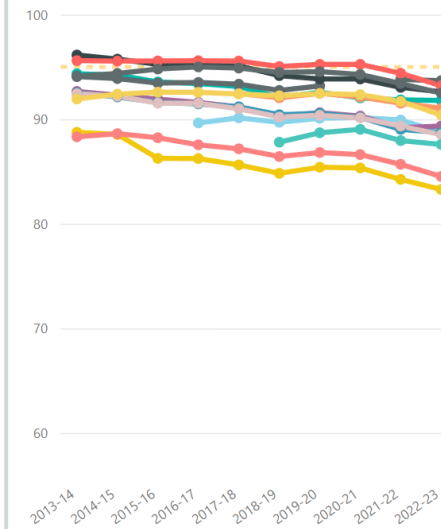
Region coverage (%)



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...



**Annual other immunisations 2021/22 (Latest available publicly available published data)**

**Annual Other Immunisations by Local Authority (Devon)**

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	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
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Devon England				92.2	87.2	86.9	86.2	82.5	84.3	73.2	64.6	61.5
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Devon England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Devon England						85.8	86.6	80.8	81.3	70.4	61.6	63.6
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Devon England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 80 - 90 ≥ 90	Devon England							84.4	91.9	91.1	74.8	69.0	66.8
D06b - Population vaccination coverage: PPV	65	75	< 65 65 - 75 ≥ 75	Devon England	69.6	70.0	69.6	69.9	70.2	70.2	70.5	69.9	70.1	70.2	70.6	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Devon England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Devon England	71.5	72.6	71.4	71.5	70.8	69.8	69.8	72.9	72.5	73.0	82.8	85.3
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Devon 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
D04d - Population vaccination coverage: Flu (primary school aged children) <sup>3</sup>	N/A	N/A	NA	Devon England	48.8	49.9	47.8	47.8	44.5	42.0	46.2	50.0	49.2	45.5	58.1	60.3
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) <sup>4</sup>	50	60	< 50 50 - 60 ≥ 60	Devon 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
				Devon England					43.8	42.6	46.6	53.3	63.4	59.6	70.6	61.5
				Devon England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
				Devon England										62.3	66.5	57.5
				Devon England										60.4	62.5	57.4
				Devon England										51.0	46.9	45.0
				Devon England										49.1	48.2	44.0

**Annual Other Immunisations by Local Authority (Plymouth)**

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	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
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Plymouth England				82.6	86.7	89.4	85.1	86.6	83.6	65.8	64.9	55.5
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Plymouth England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Female)	80	90	< 80 80 - 90 ≥ 90	Plymouth England						86.1	78.6	82.3	79.9	69.9	57.2	59.8
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Plymouth England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	80	90	< 80 80 - 90 ≥ 90	Plymouth England							77.7	76.8	78.9	74.3	65.0	62.5
D06b - Population vaccination coverage: PPV	65	75	< 65 65 - 75 ≥ 75	Plymouth England	72.5	71.1	70.9	70.4	69.4	68.7	68.7	67.1	68.2	65.6	68.1	
D06a - Population vaccination coverage: Flu (aged 65 and over)	N/A	N/A	NA	Plymouth England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
D05 - Population vaccination coverage: Flu (at risk individuals)	N/A	N/A	NA	Plymouth England	73.6	76.1	75.3	73.2	73.4	71.5	70.3	71.7	71.2	71.4	81.2	82.6
D03l - Population vaccination coverage: Flu (2 to 3 years old)	N/A	N/A	NA	Plymouth 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
D04d - Population vaccination coverage: Flu (primary school aged children) <sup>3</sup>	N/A	N/A	NA	Plymouth England	54.3	54.8	54.1	51.8	49.9	44.9	46.0	47.7	46.7	41.2	52.3	53.9
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) <sup>4</sup>	50	60	< 50 50 - 60 ≥ 60	Plymouth 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
				Plymouth England					39.2	34.9	40.1	44.7	53.3	50.9	63.0	52.9
				Plymouth England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
				Plymouth England										57.5	63.2	48.7
				Plymouth England										60.4	62.5	57.4
				Plymouth England										42.9	46.5	45.3
				Plymouth England										49.1	48.2	44.0

# Devon, Cornwall, and Isles of Scilly Health Protection Committee Annual Assurance Report 2022/23

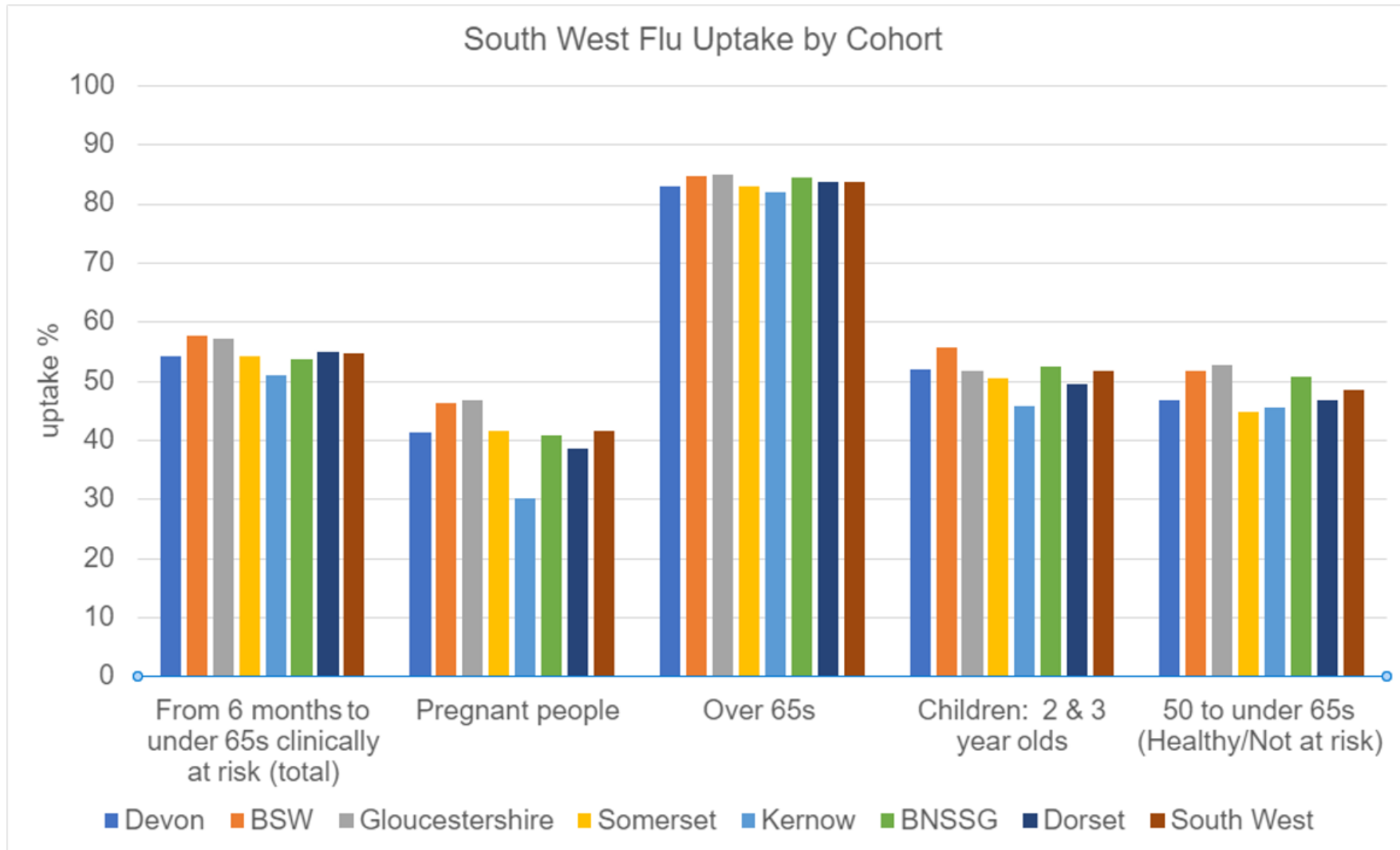
## Annual Other Immunisations by Local Authority (Torbay)

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	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
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
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
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
				England										54.4	71.0	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (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
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Torbay											44.0	60.1
				England											54.4	62.4
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	
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
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
				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
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
				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
D03l - 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
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children) <sup>3</sup>	N/A	N/A	NA	Torbay										57.6	61.7	45.1
				England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) <sup>4</sup>	50	60	< 50 50 - 60 ≥ 60	Torbay										44.5	37.7	34.5
				England										49.1	48.2	42.1

## Annual Other Immunisations by Local Authority (Cornwall)

Indicator	Lower threshold <sup>1</sup>	Standard <sup>2</sup>	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
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
				England				91.1	89.4	87.0	87.2	86.9	88.0	59.2	76.7	69.6
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
				England											54.4	71.0
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (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
				England						85.1	83.1	83.8	83.9	64.7	60.6	67.3
D04f - Population vaccination coverage: HPV vaccination coverage for one dose (13 to 14 year old) (Male)	80	90	< 80 80 - 90 ≥ 90	Cornwall											71.1	68.1
				England											54.4	62.4
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	
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8	69.5	69.2	69.0	70.6	
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
				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
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
				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
D03l - 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
				England					39.9	36.6	40.2	44.0	44.9	43.8	56.7	50.1
D04d - Population vaccination coverage: Flu (primary school aged children) <sup>3</sup>	N/A	N/A	NA	Cornwall										58.6	65.5	56.0
				England										60.4	62.5	57.4
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years) <sup>4</sup>	50	60	< 50 50 - 60 ≥ 60	Cornwall										45.7	33.5	38.5
				England										49.1	48.2	42.1

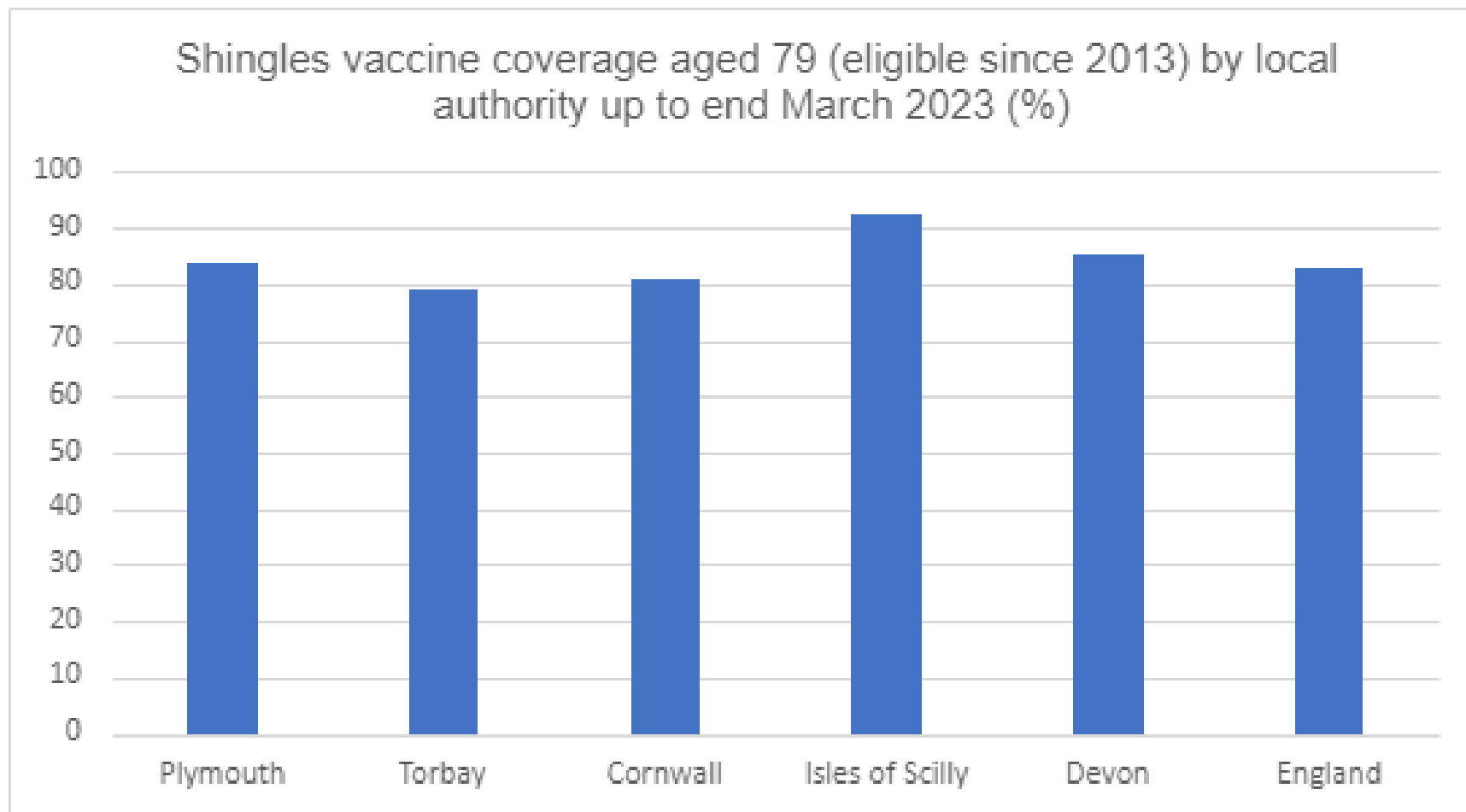
**Seasonal Influenza uptake by priority groups 2022/23**



**Pregnancy – Pertussis vaccination uptake, April 2023 (Source: Immform)**

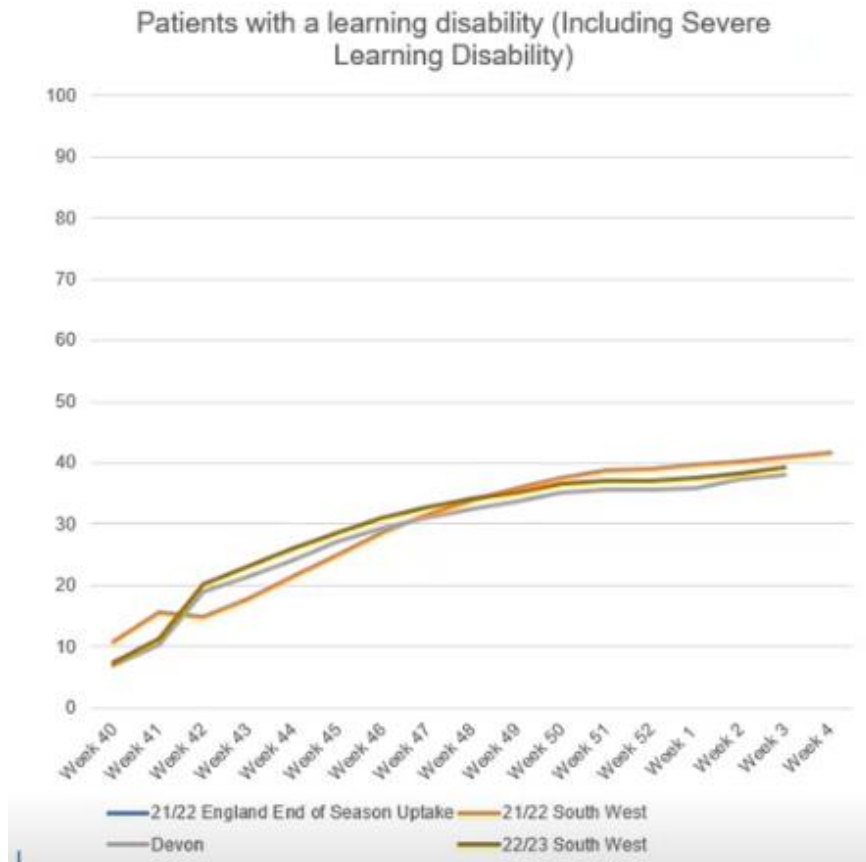
Org Name	April 2023 report				
	No. of practices	% of practices responding	No. of women who delivered in the survey month regardless of gestational age at birth	No. of women receiving pertussis vaccination in the 26 weeks prior to delivery	% Uptake
NHS DEVON ICB	121	99.2	656	432	65.9
NHS CIOS ICB	55	98.2	296	199	67.2
<b>Total South West region</b>	<b>543</b>	<b>98.9</b>	<b>3423</b>	<b>2362</b>	<b>69</b>

**Older people - Shingles**



## 12.7 Appendix 7 – Devon ICB Vaccination Outreach Case Studies

### Case Study 1: Anything is possible – New films support vaccines and health checks for people with a learning disability.



NHS Devon launched a series of films encouraging people with a Learning Disability to have their Covid and flu vaccinations and annual health checks.

The films feature Kylie, who is a carer for her mum, and Damon, who is needle phobic. They explain how reasonable adjustments can be made to make it easier for people to access their vaccinations.

The films have been well received and are also being used by other systems.

Since launching the films, with a press release, an increase in the number of people with a Learning Disability having their flu vaccination has been seen, bringing Devon back in line with the regional average

<https://onedevon.org.uk/one-devon-news/anything-is-possible-new-films-support-vaccines-and-health-checks-for-people-with-a-learning-disability/>

## Case Study 2: Working with vaccine ambassadors.

The ability to reach a diverse audience is essential to tackling health inequalities however in some cases these diverse audiences may not be receiving or receptive to material shared through NHS and Local Authority channels. For this reason the NHS in Devon developed a team of volunteer COVID-19 vaccine ambassadors from the health and social care sector as part of the work to address inequalities amongst under-served communities. The vaccine ambassadors represent communities where there is lower uptake of the COVID-19 vaccination.

Working collaboratively with partner organisations including local NHS Trusts and Healthwatch enabled the recruitment of a diverse team of ambassadors who are regularly engaging in activities to support vaccination. Training and support were provided for the volunteer ambassadors. Volunteers received a weekly briefing document which contained the latest local and national vaccine information and are briefed prior to attending community meetings or being interviewed by the media.

Trusted ambassadors work with local groups to provide information and reassurance:

- ambassador support was pivotal to our approach to working with the mosques in Plymouth, the ambassador connected the Vaccine Outreach Program team to the mosque leaders and supported outreach activities at the mosques
- a Mandarin speaking ambassador worked with the Devon and Cornwall Chinese Association to provide workshops for members of the Chinese community to talk about vaccination
- attended Exeter Mosque and spoke about the vaccine during prayers
- joined the panel for a webinar about vaccination, fertility, pregnancy, and breastfeeding
- attended a meeting organised by community group HIKMAT to meet people from minority ethnic communities and answer questions
- appeared in the media and in social media campaigns for Devon
- shared key messages about the vaccine on their social media channels to enable the NHS in Devon to reach a more diverse audience



Queenie, our vaccine ambassador on Together for Devon social media campaign

## 13 References

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