

SUNDERLAND HEALTH PROTECTION ANNUAL REPORT 2022/23

Report of the Executive Director of Health, Housing and Communities

November 2023

1 Purpose of Report

This report provides an overview of health protection arrangements and some relevant activity across the city during 2022/23. The report supports the Executive Director of Health, Housing and Communities in their statutory remit to provide assurance to the Health and Wellbeing Board and Sunderland City Council (SSC) in relation to health protection of the local population. The report outlines the local position on health protection issues and priorities covering prevention, surveillance and control, highlighting areas where improvements are needed with a focus on health inequalities.

2 Executive Summary

Sunderland has robust systems in place to manage health protection in the city. Health protection functions are shared across a range of organisations, which are overseen by the Sunderland Health Protection Board (HPB). Sunderland continues to attain a high level of immunisation uptake for the routine childhood programme for young children, with some of the highest rates in the region and in England. However, this is not replicated for older children with uptake of the HPV and MenACWY vaccines below national standard target, although this is comparable to regional and national performance. It is also of concern that there has been a reduction in MMR vaccination uptake at five years with dose two rates falling below national standard target. Uptake of the COVID-19 and influenza vaccination remain low in some eligible groups. Improving uptake in these groups would deliver great benefit at individual and population level. In Sunderland the bowel screening programme continues to achieve high uptake. The targeted lung health check project has also made good progress in establishing this programme. However, there are inequalities in the city in uptake of some screening and immunisation programmes. For example, there is a significant difference in uptake of cervical screening for younger and older age groups. It is important that partners work together to understand what the barriers are for groups with low uptake and how we can improve access and acceptability of screening and immunisation programmes to improve uptake.

3 Introduction

The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Executive Director of Health, Housing and Communities for Sunderland is responsible for the discharge of the local authority's public health functions.

Health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:

<i>Prevention</i>	screening and immunisation to prevent diseases
<i>Surveillance</i>	to monitor the burden and epidemiology of disease, monitor trends, and identify outbreaks
<i>Control</i>	management of cases and outbreaks of certain diseases to reduce the risk of transmission
<i>Emergency Preparedness, Resilience and Response (EPRR)</i>	arrangements to plan for and respond to, a wide range of incidents and emergencies that could affect health or patient care including extreme weather, a large or complex outbreak of an infectious disease, a major transport accident or a terror attack

Responsibilities for aspects of health protection are distributed across the health system as follows:

- The Executive Director of Health, Housing and Communities is responsible for co-ordinating the Council's contribution to health protection issues and providing a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.
- NHS England is responsible for the commissioning of screening and immunisation programmes.
- The UK Health Security Agency (UKHSA) are responsible for the provision of expert functions to respond directly to cases of infectious disease, incidents and outbreaks and to support the Council in understanding and responding to threats. They also provide expert advice to partners and have responsibility in surveillance and planning. Sunderland has an identified link Consultant in Health Protection.
- North East and North Cumbria Integrated Care Board (NENC ICB) commission services important to controlling infectious disease eg. tuberculosis (TB).
- All category one responders provide input into emergency preparedness, resilience and response functions. These partners include the Local Authority, UKHSA, NHSE and NENC ICB and South Tyneside and Sunderland Foundation Trust (STSFT)

During the COVID-19 pandemic some health protection services were stopped, paused or reduced. Consequently, there was a reduction in the uptake of most screening programmes and some immunisation programmes. Most services are showing a good level of recovery.

4 Assurance Arrangements

A range of groups, information flows and reports are in place to support health protection arrangements in Sunderland. The purpose of these groups and reports ranges from formal assurance to providing a forum for discussion, information sharing and improvement. The system as a whole provides assurance to the Executive Director of Health, Housing and Communities that the health protection system is functioning as it should. These groups and sources of information include:

- Sunderland Health Protection Board (HPB), which aims to enable the Executive Director of Health, Housing and Communities to fulfil the statutory role in assuring the Council and Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population. The HPB provides a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans. The terms of reference for the HPB can be found in Appendix 1;
- a regional Programme Board for each screening and immunisation programme;
- a Healthcare Associated Infections (HCAI) Improvement Group which operates across Sunderland and South Tyneside;
- an Area Health Protection Group which provides a forum for discussion of strategy, policy and implementation across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland;
- the Northumbria Local Resilience Forum (LRF) which co-ordinates responding bodies to help them provide the most effective and efficient response to civil emergencies when they occur;
- the North East Local Health Resilience Partnership (LHRP) which facilitates the production of sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning;
- A Vulnerable Group (health sub-group), which brings together partners to discuss and develop the health offer and access for the vulnerable population; and

- a range of surveillance reports which may be weekly, monthly, quarterly or annual reports (depending on the topic), supplemented by NHS England dashboards and by UKHSA's Fingertips resources.

5 Contribution to delivering the Healthy City Plan

The [Sunderland City Plan](#) was developed to address the economic and social challenges in Sunderland. One of the aims is to develop a healthy smart city, where people will live healthier, independent lives for longer. The overall focus for health protection is to protect residents of Sunderland across the life course from biological, environmental and chemical hazards, which fits naturally with the City Plan by helping people live healthier and longer. The [Healthy City Plan](#) has key values and behaviours that are a focus for health protection in Sunderland:

- *Focusing on prevention* – supporting the population of Sunderland to make informed choices to protect their health by promoting immunisation, screening and healthy behaviours we can try and reduce the burden of disease in Sunderland.
- *Tackling health inequalities* – those who have poorer health and live in deprived areas are often more likely to be affected by infectious diseases as seen during the pandemic. By improving overall health, living environment and access to healthcare the effects of some infectious diseases can be reduced.
- *Equity* – we know that there is a disparity in access to some immunisation and screening programmes. Health protection work across Sunderland has a focus of trying to improve access in populations with lower than average uptake to try and reduce this gap and improve health across the population.

6 Prevention

6.1 Vaccination and Immunisation

Immunisation programmes aim to protect individuals and populations from infectious diseases. In England there are three main programmes:

- The national universal childhood immunisation programme offers protection against thirteen different vaccine preventable diseases.
- The adult immunisation programme is for people aged 65 years and over and includes vaccination against pneumococcal disease and influenza.
- The targeted immunisation programme is for individuals requiring protection against specific diseases such as TB, hepatitis B and pertussis in pregnancy.

Detail of the programmes can be found here [The complete routine immunisation schedule from September 2023 \(publishing.service.gov.uk\)](#).

For some infectious diseases, such as measles, it is very important that we maintain a level of vaccination uptake at or above the nationally set targets to achieve population level protection.

6.1.1 Childhood immunisation

The uptake of most childhood immunisations in Sunderland remains high, which provides reassurance that the system is working well. However, uptake for some has fallen below the nationally set standard. The position in Sunderland for 2022/23 can be summarised as follows:

- By 12 months 97.6% of children had been immunised with DTap/IPV/Hib/HepB higher than England uptake of 91.6% and by 24 months of age the uptake was 98.9% (Table 1).
- By 12 months of age 95.0% of children had been immunised with rota vaccine, higher than England average uptake of 89.0% (Table 1).
- By 12 months of age 97.1% of children in Sunderland had received the MenB vaccination, higher than that of England, 91.2% (Table 1)

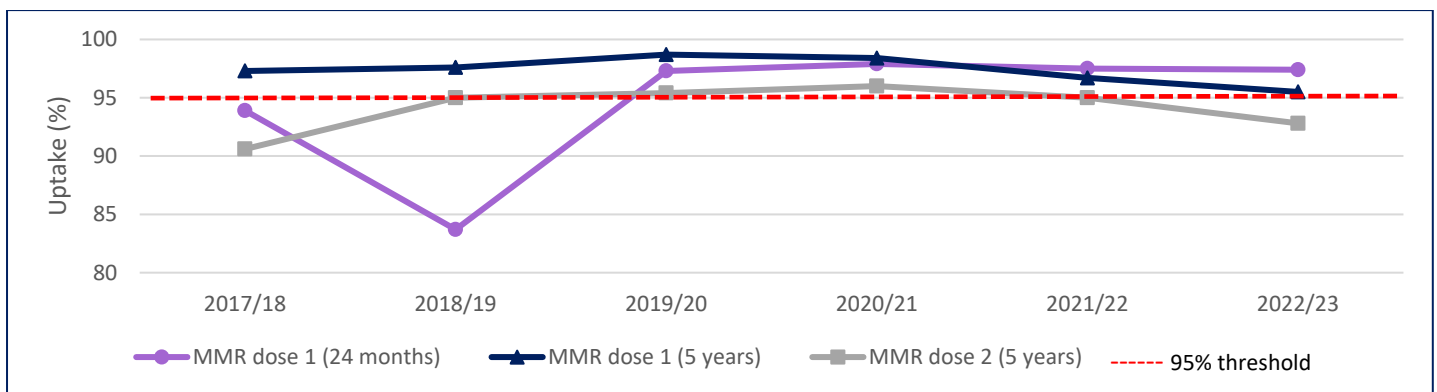
- The uptake of MMR remained high at 24 months of age with 97.4% of children being vaccinated. However, the uptake of MMR at age five years is declining in Sunderland. For MMR 1 the uptake has reduced over time to 95.5% and for MMR 2 the uptake is now 92.8%, below the national target of 95.0% (Table 1, Figure 1).
- Uptake of MenACWY in 14-15 year olds dropped below the national standard target of 90% in 2021/22, 78.8% and was below the England average at 80.9% (Table 1).
- HPV uptake in both 12-13 year old females and males was significantly below the national target of 90%. For females it was 68.9% and for males 59.1% (Table 1).

Table 1 Uptake of routine childhood immunisations in Sunderland and England from 2017/18 to 2022/23 for quarter 4

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
12 month DTaP/IPV/Hib						
Sunderland	85.3	94.8	98.7	98.2	98.7	97.6
England	92.6	91.9	92.7	91.6	91.9	91.6
12 month Rota						
Sunderland	83.9	94.0	98.1	96.8	97.6	95.0
England	90.3	90.1	90.7	90	90.5	89.0
12 month MenB						
Sunderland	85.8	95.1	87.7	98.1	98.7	97.1
England	92.5	92.0	92.8	91.8	92.0	91.2
24 month DTaP/IPV/Hib/HepB						
Sunderland	98.7	86.1	98.8	99.5	98.6	98.9
England	95.0	94.0	93.7	94.0	93.0	93.0
24 month MMR						
Sunderland	93.9	83.7	97.3	97.9	97.5	97.4
England	90.8	90.0	90.8	89.3	89.7	89.5
5 year MMR1						
Sunderland	97.3	97.6	98.7	98.4	96.7	95.5
England	95.1	94.7	94.6	94.3	93.5	92.7
5 year MMR2						
Sunderland	90.6	95.0	95.4	96.0	95.0	92.8
England	87.2	87.6	86.9	85.1	85.9	85.0
HPV, female, 12 to 13 years						
Sunderland	84.7	93.8	90.1	79.1	68.9	
England	86.9	88.0	59.2	76.7	69.6	
HPV, male, 12 to 13 years						
Sunderland			83.5	72	59.1	
England			54.4	71.0	62.4	
MenACWY, 14 and 15 years						
Sunderland	78.2	91.1	90.7	90.0	78.8	
England	82.5	84.6	86.7	87.0	80.9	

Below the lower national lower threshold (95.0% for all except HPV and MenACWY which is 90.0%), between the lower threshold and the standard target, above the national target standard. Source Local Authority Assurance Report: Section 7a Services, September 2023

Figure 1 Uptake of MMR over time by age group in Sunderland



6.1.2 COVID-19 and Influenza Immunisation

COVID-19 and influenza are viruses that can cause significant illness in older age adults or those with underlying medical conditions. Both are vaccine preventable and there are national immunisation programmes in place to protect those who are most vulnerable from severe illness. There is substantial planning and focus on achieving high uptake in eligible groups. Achieving high uptake not only provides direct protection to those immunised but can also provide protection to those who may not respond sufficiently to vaccination by reducing the level of circulating virus in the population.

Influenza Immunisation

Those eligible for influenza vaccination for 2023/24 season include:

- everyone aged 65 years and over
- everyone between 6 months to 65 years of age in a defined at-risk group
- all pregnant women, at any stage of pregnancy
- all children aged 2 and 3 years (provided they were aged 2 or 3 years on 31 August before flu vaccinations starts in the autumn)
- all children in primary school
- some secondary school-aged children (years 7 to 11)
- everyone living in a residential or nursing home
- everyone who receives a carer's allowance, or are the main carer for an older or disabled person
- all those living with someone who has lowered immunity due to disease or treatment
- all frontline health and social care workers

Details of the annual flu programme can be found here [National flu immunisation programme plan 2023 to 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-flu-immunisation-programme-plan-2023-to-2024).

The position in Sunderland for influenza immunisation for the 2022/23 season was:

- 60.0% of people under 65 years in an at-risk group were vaccinated compared to 61.1% for North East and North Cumbria (NENC) (Figure 2, Table 2).
- 79.9% of adults 65 years and older were vaccinated compared to 81.6% compared to NENC (Figure 2, Table 2).
- Uptake in care home residents was 81.9%, which was the fourth highest in NENC (Figure 2, Table 2).
- The uptake in young children was low with only 39.2% of all 2 year olds and 46.8% of 3 year olds vaccinated (Figure 2, Table 2).
- The uptake for health and social care workers was only 46.9%, which was the lowest uptake in NENC and below the regional average of 51.1% (Table 2).

Figure 2 Influenza immunisation uptake by eligible cohort for Sunderland and North East and North Cumbria for 2022/23

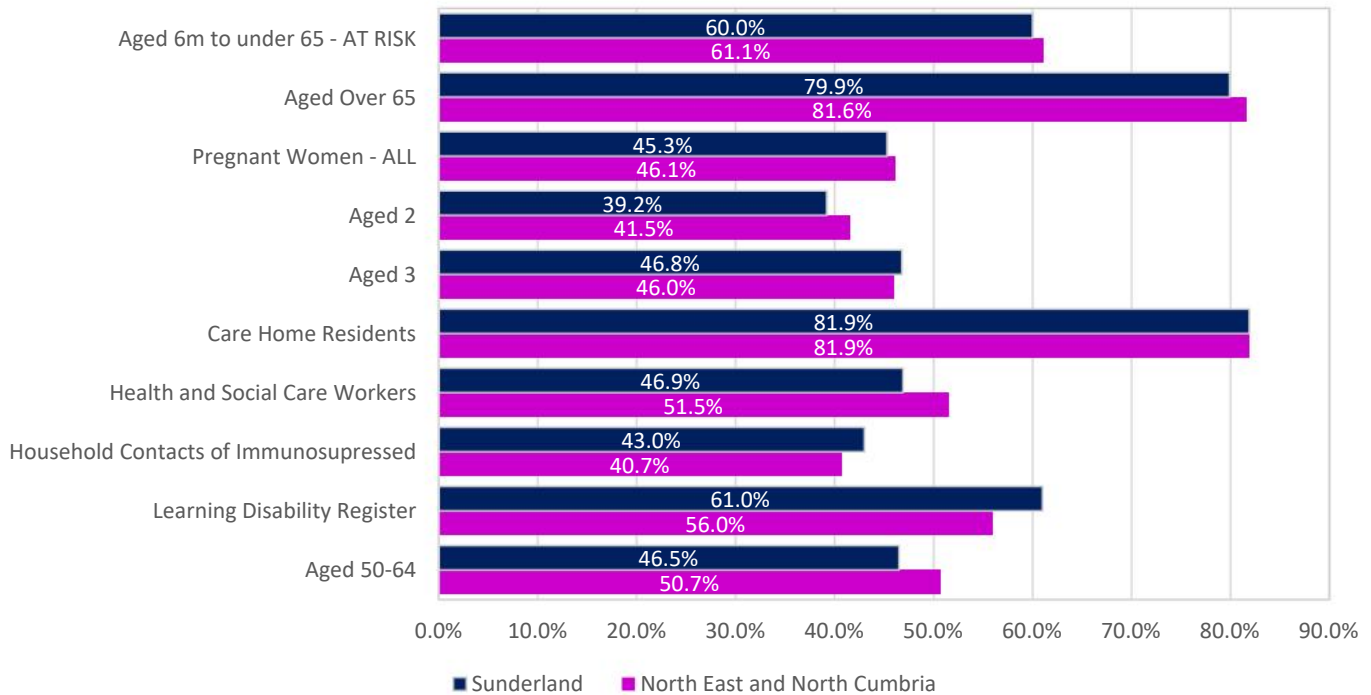


Table 2 Influenza immunisation uptake by priority group for North East and North Cumbria by Sub-ICB for 2022/23 season

Cohort Group	Newcastle	Gateshead	Tees Valley	Co Durham	Sunderland	South Tyneside	North Tyneside	Northumberland	North Cumbria	North East & North Cumbria
Aged 6m to under 65 - At Risk	56.2%	57.6%	59.1%	63.7%	60.0%	56.4%	64.2%	67.5%	63.3%	61.1%
Aged Over 65	79.5%	80.6%	80.5%	82.8%	79.9%	77.9%	82.5%	84.8%	82.3%	81.6%
Pregnant Women - All	41.8%	49.7%	42.7%	46.1%	45.3%	46.5%	57.4%	47.9%	47.0%	46.1%
Aged 2	37.4%	41.2%	37.7%	46.4%	39.2%	36.0%	45.4%	50.1%	41.2%	41.5%
Aged 3	42.7%	45.6%	40.0%	50.2%	46.8%	43.9%	48.0%	53.8%	48.9%	46.0%
Care Home Residents	76.2%	66.5%	81.1%	87.8%	81.9%	77.3%	85.7%	87.8%	80.8%	81.9%
Health and Social Care Workers	51.3%	52.0%	48.0%	49.0%	46.9%	46.9%	55.0%	61.4%	56.6%	51.5%
Household Contacts of Immunosuppressed	30.6%	35.9%	43.3%	30.6%	43.0%	45.5%	47.5%	55.3%	48.2%	40.7%
Learning Disability Register	47.9%	52.5%	53.9%	55.1%	61.0%	51.3%	55.6%	64.6%	60.6%	56.0%
Aged 50-64	45.9%	47.2%	47.0%	53.5%	46.5%	46.4%	54.2%	58.2%	53.9%	50.7%

COVID-19 immunisation

COVID-19 vaccination is available for at-risk groups that are at increased risk of developing more severe illness. This year’s COVID-19 autumn booster vaccination programme started earlier than planned in England as a precautionary measure following the identification of a new [BA.2.86 COVID-19 variant](#). Vaccinations started on 11 September 2023 in England with adult care home residents and those most at risk receiving vaccination first. It is very important that uptake in eligible groups is as high as possible to protect the most vulnerable. It is also important that health and social care staff uptake is high to protect the vulnerable population.

Those eligible for the 2023/24 autumn booster include:

- Residents in a care home for older adults
- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group
- Frontline health and social care workers
- Persons aged 12 to 64 years who are household contacts of people with immunosuppression
- Persons aged 16 to 64 years who are carers and staff working in care homes for older adults.

The position in Sunderland for the spring 2023 booster was:

- Of those in eligible cohorts, 65.8% received the spring booster, which was lower than the NENC average of 66.8%. Sunderland was 5/9 for uptake by area in NENC (Table 3).
- 81.1% of care home residents received the spring booster, higher than the NENC average of 78.1% (Table 3).
- Only 30.5% of adults with immunosuppression received their booster, lower than NENC average of 35.1% (Table 3).
- There was variation in uptake by ward, with the lowest uptake seen in the most deprived wards and the highest uptake in the least deprived (Table 4). There was a 17.9% difference between the highest uptake in Fulwell (73.5%) compared to the lowest uptake in Castle (55.6%), which equates to 391 eligible residents unimmunised in Fulwell compared to 606 in Castle.

Figure 3 COVID-19 spring booster uptake by eligible cohort and Sunderland area for 2023

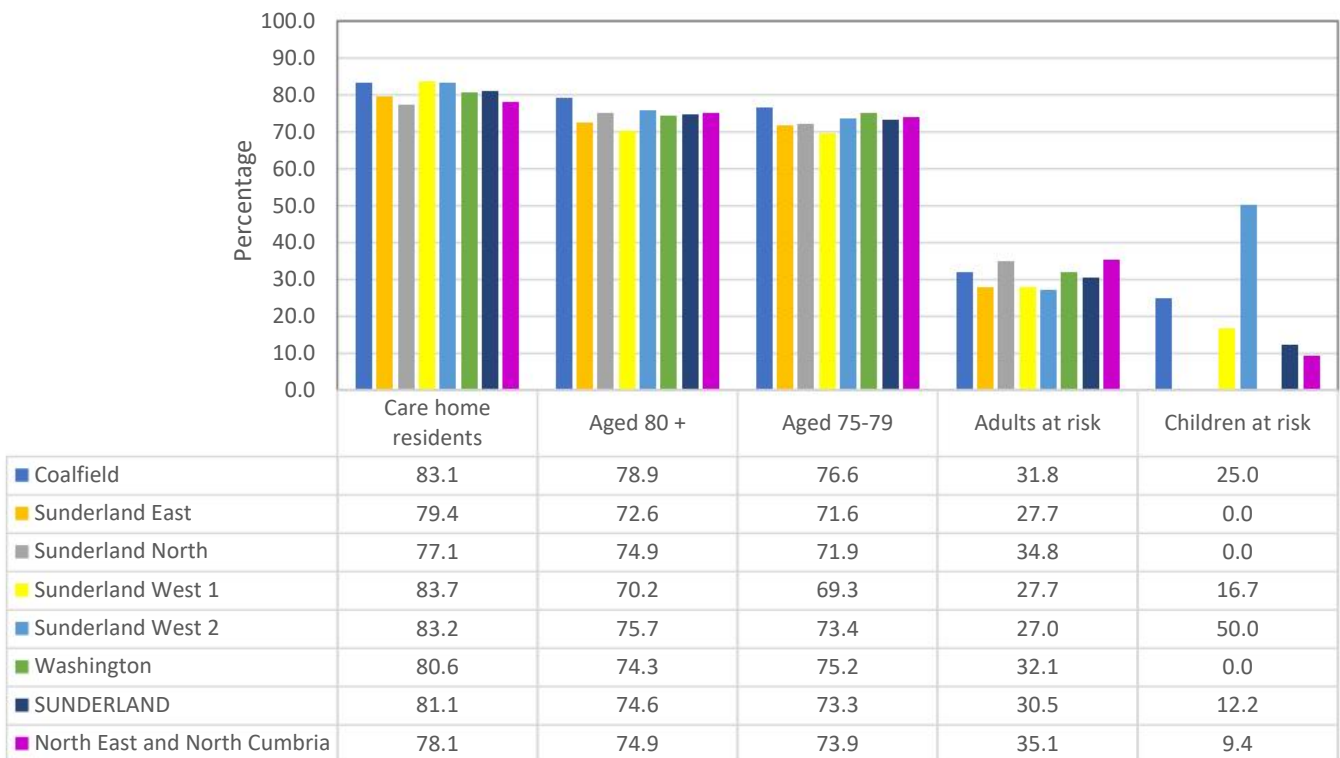


Table 3 COVID-19 spring booster uptake by priority group for North East and North Cumbria by Sub-ICB

Spring 2023 JCVI Group (Allocated To Highest Priority Cohort)	Newcastle	Gateshead	Tees Valley	Co Durham	Sunderland	South Tyneside	North Tyneside	Norhumbert and	North Cumbria	North East & Nort Cumbria	Spring Booster 2022 Final Uptake
Care Home Resident	78.7%	84.0%	75.7%	78.9%	81.1%	74.0%	72.3%	75.4%	84.5%	78.1%	78.3%
Aged 80+	69.4%	72.9%	72.8%	77.6%	74.6%	73.4%	76.0%	78.2%	75.3%	74.9%	86.5%
Aged 75-79	68.2%	71.7%	71.5%	76.4%	73.3%	72.2%	76.6%	78.3%	73.4%	73.9%	84.9%
Adult Immunosuppressed	30.0%	32.9%	33.7%	35.1%	30.5%	38.2%	36.3%	40.1%	38.6%	35.1%	32.9%
Child Immunosuppressed	4.0%	14.3%	7.6%	10.8%	12.2%	13.0%	12.0%	4.9%	14.1%	9.4%	42.3%
All Eligible	60.6%	64.6%	64.8%	68.7%	65.8%	65.6%	68.0%	71.0%	67.7%	66.8%	78.2%

Table 4 Uptake of COVID-19 spring booster in Sunderland for all eligible cohorts by ward showing IMD average

Rank	Ward	PCN	IMD average	Eligible	Number vaccinated	%
78	Fulwell	Sunderland North PCN	8.1	1,477	1,086	73.5%
100	St Michael's	Sunderland East PCN	5.7	1,333	964	72.3%
129	St Chad's	Sunderland West 2 PCN	4.6	1,380	979	70.9%
148	Shiney Row	Coalfields PCB	4.6	1,451	1,018	70.2%
157	Barnes	Sunderland West 1 PCN	5.8	1,189	828	69.6%
159	Houghton	Coalfields PCN	4.5	1,522	1,058	69.5%
166	Washington East	Washington PCN	5.8	1,477	1,022	69.2%
182	Washington South	Washington PCN	6.0	1,074	734	68.3%
192	Copt Hill	Coalfields PCN	3.7	1,648	1,119	67.9%
195	St Peter's	Sunderland North PCN	5.5	1,623	1,100	67.8%
205	Washington Central	Washington PCN	5.3	1,539	1,037	67.4%
220	Doxford	Coalfields PCN	5.0	1,334	891	66.8%
222	Washington West	Washington PCN	5.2	1,470	979	66.6%
251	Sandhill	Sunderland West 2 PCN	3.1	1,333	867	65.0%
256	Silksworth	Sunderland West 2 PCN	4.3	1,245	808	64.9%
272	Hetton	Coalfields PCN	3.2	1,431	915	63.9%
287	Washington North	Washington PCN	2.8	1,128	713	63.2%
298	Ryhope	Sunderland East PCN	3.8	1,265	792	62.6%
306	St Anne's	Sunderland West 2 PCN	2.7	1,032	643	62.3%
335	Southwick	Sunderland North PCN	1.7	1,232	749	60.8%
340	Pallion	Sunderland West 1 PCN	2.5	1,234	743	60.2%
348	Redhill	Sunderland North PCN	1.5	1,117	670	60.0%
355	Millfield	Sunderland West 1 PCN	2.7	866	516	59.6%
382	Hendon	Sunderland East PCN	1.1	1,059	598	56.5%
387	Castle	Sunderland North PCN	2.4	1,364	758	55.6%

Data source NHS North of England Commissioning Support Unit

Inequalities in immunisation and vaccination

There are distinct inequalities observed for some immunisation programmes across Sunderland, which is also seen across England. For the COVID-19 spring booster, uptake was significantly lower in deprived areas of the city. There is also a significant difference in uptake of the HPV vaccination between boys and girls. SCC are using behavioural insights methods to understand the barriers to immunisation for HPV and influenza for children aged 2-3 years and health and social care workers. A multi-agency task group has been convened to address inequalities in immunisation programmes.

6.2 Screening

Screening programmes are important public health measures to identify individuals who appear healthy but may be at increased risk of a disease or condition. Screening programmes protect the health of the population by carrying out tests on individuals to determine whether they have or are likely to develop a particular, often life threatening, condition. Individuals are selected for screening programmes based on eligibility criteria including age, gender and pre-existing conditions.

In England there are cancer and non-cancer screening programmes:

Cancer screening programmes	Non-cancer screening programmes
Breast cancer	Diabetic eye (retinopathy)
Bowel cancer	Abdominal aortic aneurysm (AAA)
Cervical cancer	Antenatal and newborn (ANNB)

The screening programmes are commissioned by NHS England with the Executive Director of Health, Housing and Communities having an assurance role.

From 1 October 2023 the NHS Diabetic Eye Screening Programme will start screening people with diabetes at lower risk every two years instead of every year, [Diabetic eye screening changes](#). The bowel screening programme continues to expand to meet the long term plan to offer screening to those aged 50 and over, [Bowel cancer screening - NHS Digital](#). The STSFT targeted lung health check (TLHC) project commenced in October 2022, which offers screening to people who smoke or have smoked aged 55-74.

6.2.1 Cancer Screening Programmes

Cancer screening programmes were paused at the beginning of the pandemic. The position in Sunderland for 2022 was:

- Coverage for breast cancer screening has started to return to pre-pandemic levels at 72.4% and is above England average at 65.2%. The coverage is still significantly below the nationally set standard of 80% (Table 5).
- Coverage for cervical cancer screening remained below the lower threshold for the 25-49 year age group at 73.2%, but was above the England average of 67.6%. Coverage for the 50-64 year age group remained consistent at 77.1%, above the England average of 67.6%, but below the nationally set lower threshold of 80% (Table 5).
- Coverage of bowel cancer screening continued to increase reaching 72.0%, higher than the England average of 70.3% and above the standard of 60% (Table 5).
- Since commencing the TLHC project in October 2022 over 6,000 people have been screened and 2,608 low dose CT scans performed, which has resulted in the detection of 18 confirmed lung cancers as well as colon, breast and oesophageal cancers detected.

Table 5 Coverage of cancer screening programmes in Sunderland and England 2015 to 2022

	Lower threshold*	Standard^	2015	2016	2017	2018	2019	2020	2021	2022
Breast cancer screening (%)										
Sunderland	70	80	78.2	78.9	78.1	77.7	78.0	76.9	63.7	72.4
England			79.2	78.9	78.5	78.3	78.2	77.6	64.1	65.2
Cervical cancer screening age 25-49 (%)										
Sunderland	80	-	74.8	74.0	74.1	74.3	76.1	76.9	74.7	73.2
England			74.9	74.4	74	73.8	75	75.6	68	67.6
Cervical cancer screening age 50-64 (%)										
Sunderland	80	-	79.1	78.3	78.0	77.1	77.3	77.5	77.0	77.1
England			80.4	80.1	79.4	78.5	78.6	78.8	74.7	74.6
Bowel cancer screening (%)										
Sunderland	55	60	57.8	57.8	58.0	59.2	60.8	64.8	68.2	72.0
England			57.3	58.4	59.2	59.5	60.5	64.4	66.1	70.3

Below lower threshold, above lower threshold and below standard (for breast and bowel cancer), above lower threshold for cervical cancer and above standard for breast and bowel cancer. Source Local Authority Assurance Report: Section 7a Services, September 2023

6.2.2 Non-cancer Screening Programmes

Non-cancer screening programmes were paused during the beginning of the pandemic, with the exception of newborn screening.

The position in Sunderland for non-cancer screening programmes for 2021/22 was:

- Uptake of AAA screening has almost returned to pre-pandemic levels and is above the England average, 78.8% compared to 70.3% (Table 6).
- There was a reduction in newborn hearing testing during the pandemic, but that has returned to the very high level of 99.7% (Table 6).
- The uptake of newborn and infant physical examination was 96.2%, below the England average of 96.6% and below the target standard of 97.5% (Table 6).

Table 6 Coverage of non-cancer screening programmes in Sunderland and England 2013/14 to 2021/22

		2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21	2021/ 22
Abdominal Aortic Aneurysm (AAA)	Sunderland	76.7	77.1	76.7	80.5	81.1	82.7	79.9	46.4	78.8
	England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
Newborn Hearing	Sunderland	98.9	99.1	99.3	-	99.7	99.5	98.3	95.5	99.7
	England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
Newborn and Infant Physical Examination	Sunderland								97.2	96.2
	England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

AAA lower threshold <75, 75- 85, standard ≥85

Newborn hearing lower threshold <98, 98- 99.5, standard ≥99.5

Newborn physical examination threshold <95, 95- 97.5, standard ≥97.5

Source Local Authority Assurance Report: Section 7a Services, September 2023

Inequalities in Screening Programmes

There are distinct inequalities observed for some screening programmes. In Sunderland data indicates that cervical screening uptake is lower in the younger age group. A Cervical Screening Health Equity Audit for the North East and North Cumbria was carried out by NHSE in 2022. The audit demonstrated that cervical screening is likely to be accessed less frequently among younger populations, more deprived populations, more ethnically diverse populations, and among people with a learning disability. For example, the uptake of screening in Sunderland for the 25-64 year age group was 78% in people without a learning disability compared to 33% for those with a learning disability.

7 Surveillance

Surveillance of disease is the ongoing, systematic collection, analysis, and interpretation of health-related data. Surveillance is important to identify trends and outbreaks of communicable disease to allow for quick action to prevent onwards transmission.

Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer' at their local council or local health protection team (HPT) of suspected cases of certain infectious diseases. The North East HPT carry out this duty for all of the North East. All laboratories in England performing a primary diagnostic role must notify UKHSA on the confirmation of a notifiable organism, [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/notifiable-diseases-and-causative-organisms-how-to-report)

7.1 Health Care Associated Infections

Health care associated infections (HCAI) are infections that develop as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.

The UHKSA monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools. Data can be accessed here [Healthcare associated infections \(HCAI\): guidance, data and analysis - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/healthcare-associated-infections-hcai-guidance-data-and-analysis).

To monitor and address HCAs in Sunderland there is a joint HCAI improvement Group with South Tyneside. Members are from across the health system and the group aims to have a consistent whole system approach to preventing and controlling HCAs across the local health economy which aims to:

- monitor antimicrobial prescribing in line with Quality Premium targets;
- audit antibiotic, proton pump inhibitor and laxative prescribing in *C. difficile* cases to identify outlying practices and to identify actions for improvement;
- reduce gram negative blood stream infections using root cause analysis of device associated infections and monthly compliance audits for high impact interventions;
- review and coordinating policy and procedures between South Tyneside District Hospital and Sunderland Royal Hospital; and
- support capacity, capability and intelligence by aligning policies, procedures, guidelines and mandatory IPC training; reviewing resources from NHS improvement to identify opportunities to improve performance.

The position in Sunderland for 2021/2022 can be summarised as below:

- The rate of methicillin resistant *Staphylococcus aureus* (MRSA) remains low (Table 7).
- The rate of methicillin sensitive *Staphylococcus aureus* is below the England average, 20.5 cases per 100,000 compared to 21.7 (Table 7).
- The rate *Clostridium difficile* fell significantly and was below the England average for the first time since 2016/17, 18.7 cases per 100,000 compared to 25.2 (Table 7).
- The rate of *E. coli* infections remains above the England average at 90.3 case per 100,000 compared to 67.1 (Table 7).
- The rate of both *Pseudomonas aeruginosa* and *Klebsiella* spp. were above the England average (Table 7).

Table 7 Trend in number and rate per 100,000 population of HCAI infections for Sunderland CCG and England, 2016/17 to 2021/22

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
MRSA						
Sunderland number	4	5	2	6	2	2
Sunderland rate	1.4	1.8	0.7	2.2	0.7	0.7
England rate	1.5	1.5	1.4	1.4	1.2	1.2
MSSA						
Sunderland number	62	68	63	58	68	57
Sunderland rate	22.4	24.5	22.7	20.8	24.5	20.5
England rate	20.8	21.5	21.6	21.7	20.7	21.7
Clostridium difficile						
Sunderland number	77	89	96	84	89	52
Sunderland rate	27.8	32.1	34.6	30.2	32.0	18.7
England rate	23.3	23.9	21.9	23.4	22.1	25.2
Escherichia coli						
Sunderland number	276	285	289	311	238	251
Sunderland rate	99.7	102.8	104.1	111.8	85.7	90.3
England rate	73.6	73.8	77.2	76.8	65.1	67.1
Pseudomonas aeruginosa						
Sunderland number	-	34	29	22	17	29
Sunderland rate	-	12.3	10.5	7.9	6.1	10.4
England rate	-	7.7	7.5	7.7	7.6	7.7
Klebsiella spp						
Sunderland number		76	67	79	74	74
Sunderland rate		27.4	24.1	28.4	26.6	26.6
England rate		17.6	19.1	19.6	19.7	20.2

Source: [MRSA, MSSA and Gram-negative bacteraemia and CDI: annual report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/108481/mrsa_mssa_and_gram-negative_bacteraemia_and_cdi_annual_report_2016-17_to_2021-22.pdf)

7.2 Sexually Transmitted Infections

More than 30 different bacteria, viruses and parasites are known to be transmitted through sexual contact. Some sexually transmitted infections (STIs) can also be transmitted from mother-to-child during pregnancy, childbirth and breastfeeding. STIs can have a significant impact on sexual and reproductive health. The majority of STIs are caused by eight pathogens (syphilis, gonorrhoea, chlamydia, hepatitis B, herpes simplex virus (HSV), HIV and human papillomavirus (HPV)).

The UKHSA collects and collates anonymised information from genito-urinary medicine and sexual health clinics on the number of sexually transmitted infections, sexual health screening tests and treatments; it also produces and publishes a national annual report on STIs. Accompanying local data is published in the Sexual and Reproductive Health Profiles.

The Sexual and Reproductive Health Profiles for Sunderland can be found here [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data-reports/sexual-reproductive-health-profiles). The position in Sunderland for 2022 is as follows:

- The rate of new STI diagnoses (excluding chlamydia in those aged under 25) is lower than the regional and England average, 344 per 100,000 compared to 368 and 496 (Table 8).
- Syphilis, Gonorrhoea and Chlamydia detection rates were lower than the regional and England averages (Table 8).
- STI testing rate per 100,000 (excluding chlamydia aged under 25) was lower than both the regional and England average, 1,307 compared to 2,419 for the region and 3,856 for England (Table 8).
- The proportion of 15-24 year olds who were screened for chlamydia was 11.4%, lower than both the regional and England average of 15.5% and 15.2% respectively (Table 8).

Table 8 Sexual and Reproductive Health Profiles for Sunderland in 2022

Indicator	Period	Sunderland		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate per 100,000	2022	→	19	6.9	14.8	15.4	143.3		0.0
Gonorrhoea diagnostic rate per 100,000	2022	→	211	77	118	146	1,220		21
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2022	→	274	1,854	2,375	2,110	371		6,544
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2022	↓	140	933	1,260	1,112	300		3,581
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2022	→	523	1,756	1,897	1,680	362		5,348
Chlamydia proportion aged 15 to 24 screened	2022	↓	3,409	11.4%	15.5%	15.2%	5.2%		39.7%
Chlamydia diagnostic rate per 100,000	2022	→	781	285	336	352	78		1,609
Chlamydia diagnostic rate per 100,000 aged 25 years and older	2022	→	255	128	155	217	1,353		50
Genital warts diagnostic rate per 100,000	2022	↓	92	33.6	33.7	46.1	151.1		13.8
Genital herpes diagnosis rate per 100,000	2022	↓	83	30.3	38.7	44.1	149.5		9.7
Mycoplasma genitalium diagnostic rate per 100,000	2022	—	110	40.1	11.3*	12.8*	0.6		90.0
Trichomoniasis diagnostic rate per 100,000	2022	→	34	12.4	5.3*	13.1*	0.5		109.1
All new STI diagnoses rate per 100,000	2022	↓	1,469	536	592	694	245		3,574
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	↓	-	344	368	496	3,155		142
STI testing rate (exclude chlamydia aged under 25) per 100,000	2022	↓	3,584	1,307.0	2,419.1	3,856.1	647.0		20,091.2
STI testing positivity (excluding chlamydia aged under 25)	2022	→	390	10.9%	8.6%	7.6%	3.0%		16.8%
Sexually transmitted Shigella spp. per 100,000 adult male population	2022	→	0	0.0	0.8	6.0	83.7		0.0

Data source [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk).

8 Control

The control of infectious diseases is an important part of health protection to reduce transmission in the population and to protect health. The UKHSA HPTs lead in responding to infectious disease incidents and outbreaks. Implementation of measures such as exclusions and prophylaxis can help to prevent transmission of infectious diseases. The North East HPT responds to health protection issues 24 hours a day to protect the population.

8.1 Tuberculosis

Tuberculosis (TB) is a bacterial infection that is transmitted via respiratory droplet spread, although prolonged exposure is usually required. TB is a disease most commonly associated with deprivation with the incidence among the most deprived quintile of North East residents (4.9 per 100,000) almost five times higher than least deprived quintile (1.1 per 100,000). The average annual rate of TB in Sunderland between 2018 and 2022 was 2.6 cases per 100,000, lower than the regional average of 3.5. There was an average of 7 cases per year (Table 9).

Management of TB cases is carried out by TB teams based within acute Trusts, which is commissioned by the ICB. The HPT take the lead for incident management in situations such as outbreaks or cases in settings such as schools. Treatment of pulmonary TB is often long and complex and requires regular assessment given that treatment can have side effects. The provision of a TB service varies across the region and the service in Sunderland is currently in a situation of change. There are currently gaps in the TB service in Sunderland, it is important to have a robust TB service in place to be able to deal with complex situations. The system in Sunderland, and regionally, requires strengthening to ensure resilience of provision against national standards and the flexibility to be able to scale up the response as needed.

Table 9 Three-year average number and rate of TB cases by local authority (2018 to 2020) for the North East

Local authority	2018-2020 average case number	Average annual rate per 100,000 2018-2020 (95% CI)
County Durham	10	1.9 (1.3-2.7)
Darlington	5	5.0 (2.9-8.1)
Gateshead	7	3.6 (2.3-5.5)
Hartlepool	3	3.6 (1.7-6.6)
Middlesbrough	13	9.5 (6.8-12.9)
Newcastle upon Tyne	27	8.9 (7.1-11.1)
North Tyneside	5	2.2 (1.2-3.8)
Northumberland	3	0.8 (0.4-1.6)
Redcar and Cleveland	2	1.7 (0.7-3.5)
South Tyneside	5	3.1 (1.7-5.2)
Stockton-on-Tees	6	3.0 (1.8-4.0)
Sunderland	7	2.6 (1.7-4.0)
North East	94	3.5 (3.1-4.0)

Data source [Tuberculosis in England: 2021 report \(publishing.service.gov.uk\)](#)

8.2 Measles

Measles is a highly contagious viral disease that can be contracted at any age, and that can spread widely. It is a serious disease that can lead to complications such as pneumonia. In England in 2023 there has been an increase in confirmed measles cases with 141 cases reported from January to July, compared 54 cases in 2022. Most cases were in London, with all regions reporting at least one case [Measles epidemiology 2023 - GOV.UK \(www.gov.uk\)](#).

Although there have been no reported cases in Sunderland, when measles is circulating in England there is a risk of transmission to any area given the high transmissibility of measles and mobile population. It is therefore of concern that uptake of MMR in children at 5 years has started to decline in recent years and in 2022/23 uptake of the second dose of MMR at 5 years has fallen below the 95% threshold required for herd immunity, at 92.8%. A multi agency task group has been convened to address this reduction in uptake and NHS England and Improvement is undertaking further data analysis to better understand inequalities in uptake at a more granular (neighbourhood) level.

8.3 COVID-19

COVID-19 is an infectious disease caused by the SARS-CoV2 virus. Widespread vaccination has allowed us to live with COVID-19. Most people experience mild to moderate respiratory illness and recover without requiring treatment. However, some people still remain more vulnerable to severe illness, and this in turn can lead to increased pressures on the NHS over the winter months. There is also risk of new variants emerging. Attaining high vaccination uptake in at risk groups remains a high priority.

The UKHSA launched a new winter COVID-19 infection study in October 2023, which has objectives to carry out 32,000 lateral flow device (LFD) tests each week between November 2023 to March 2023. This will provide insight into the level of COVID-19 circulating during the winter [UKHSA and ONS launch new Winter COVID-19 Infection Study - GOV.UK \(www.gov.uk\)](#).

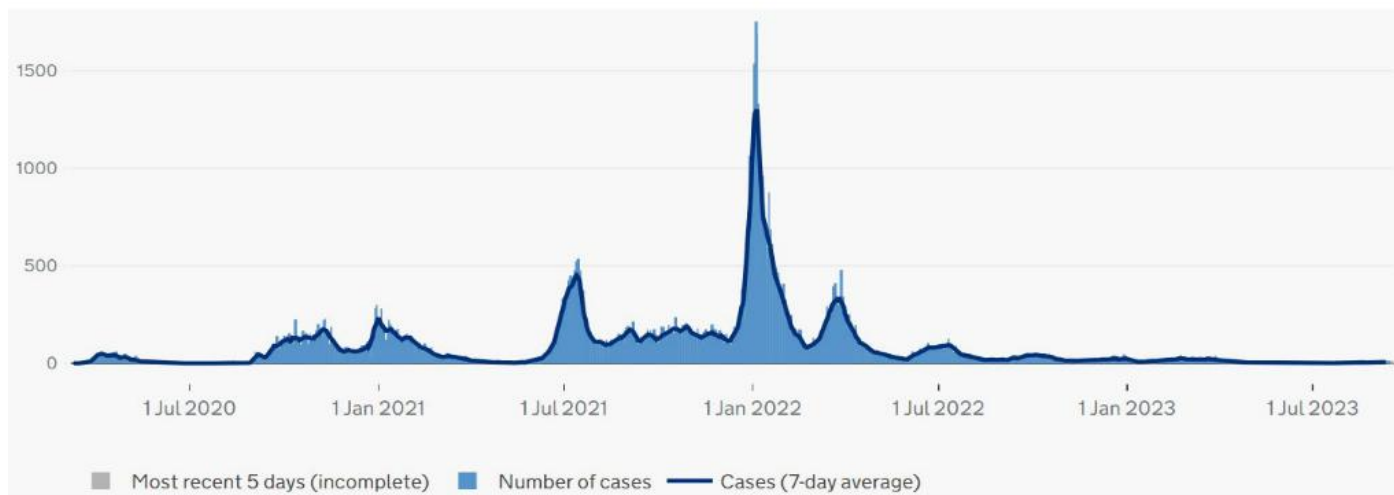
Long term forecasting for COVID-19 indicates that the next small peak will be in early January 2024. Population immunity is estimated to remain at 95%, which indicates that there is an endemic equilibrium with seasonal fluctuations in prevalence estimated between 0.3% and 1.3% over the

next year [Long-term forecasting of the COVID-19 epidemic - Dynamic Causal Modelling, UCL, UK](#).

The position in Sunderland for COVID-19 infection is reported on the [UKHSA data dashboard](#) and described below (as of 30 September 2023):

- There have been 110,088 cases since the beginning of the pandemic.
- There have been 1,274 deaths with COVID-19 recorded on the death certificate since the beginning of the pandemic.
- There have been 2,227,641 tests (PCR and LFD) reported for Sunderland residents.
- There have been 10,022 patients admitted to STSFT hospitals with COVID-19.

Figure 4 Number of cases of COVID-19 in Sunderland by specimen date



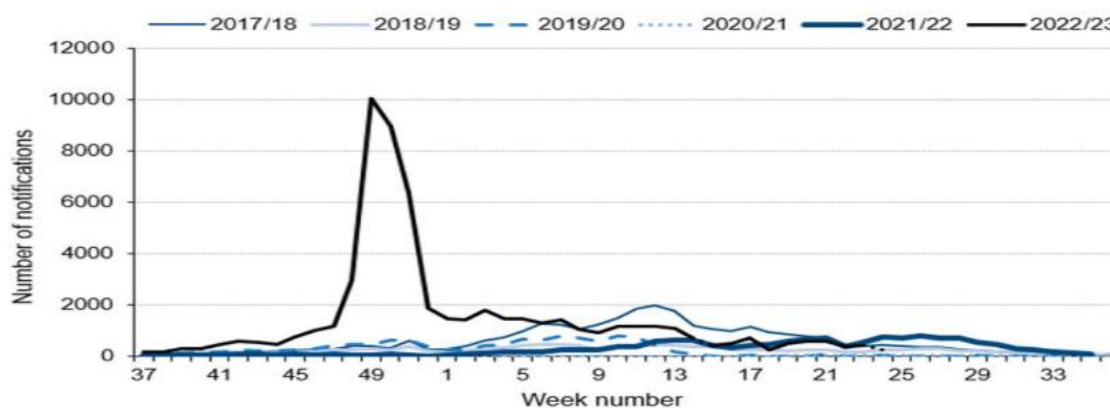
Data source [Cases in Sunderland | Coronavirus in the UK \(data.gov.uk\)](#)

8.4 Group A Streptococcus

Group A Streptococcus (GAS) is a bacterium that can be found on the skin, nose and throat, usually without symptoms. GAS can cause localised infections such as soft tissue infections, strep throat and scarlet fever. Rarely it can cause invasive infections such as septicaemia.

Nationally, there was an exceptionally high level of notifications of scarlet fever in winter 2022 (Figure 5). This was seen Sunderland with 111 cases notified in quarter 4 of 2022 compared to 8 for the same time period of 2021. During this time there was a coordinated effort across the health system to communicate important information to parents, childcare and education settings and health professionals. This information was important to ensure those who needed assessment were assessed and to elevate the pressure on the health system and to help reduce transmission.

Figure 5 Weekly scarlet fever notifications in England, by season, 2017/18 onwards



Data source [Group A streptococcal infections: 15th update on seasonal activity in England - GOV.UK \(www.gov.uk\)](#)

Inequalities Associated with Infectious Diseases

Many infectious diseases disproportionately affect people living in areas of deprivation. Individuals experiencing poor health from chronic diseases are more vulnerable to developing infections often with more severe outcomes than those without chronic diseases. This was recently illustrated with COVID-19 during the pandemic. Improving health equity will help to reduce the inequalities associated with the burden of infectious diseases. Additionally, reducing disparity in immunisation uptake will help reduce the disproportionate burden seen for some infectious diseases.

9 Emergency Preparedness, Resilience and Response

Local health protection arrangements must plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or a terror attack.

Local health protection arrangements must plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or a terror attack.

Planning takes place at regional and local levels as follows:

- The Local Resilience Forum (LRF)
- The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.
- UKHSA co-ordinates the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
- The Sunderland Resilience Group brings together partners across Sunderland to prepare for both planned and unexpected events. The group ensures that Sunderland is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations.

The Executive Director of Health, Housing and Communities is trained to chair the Scientific and Technical Advice Cell (STAC) which could be convened by the UKHSA to co-ordinate such advice in the event of an emergency incident.

There is a continued effort to ensure that all Sunderland partners are ready to respond to potential threats. To support these efforts a multi-agency national power outage and a multi-agency Cryptosporidium water contamination exercise occurred in March 2023. To provide assurance that EPRR arrangements are in place and effective EPRR is a standing agenda item at the Sunderland HPB, this includes hot weather and winter planning.

10 Air Quality

Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society, children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often less affluent areas.

The Environment Act 1995 requires the Council to review and assess the air quality in Sunderland and to determine whether or not national the Air Quality Objectives (see below) are likely to be achieved. The Air Quality Annual Statistics Report for Sunderland in 2023 can be found [here](#).

Air Quality in Sunderland is good. The Air Quality Objectives are being met across the City and there has been a general decline in the pollutants measured. There were no Air Quality Management Areas declared.

11 Health protection in relation to vulnerable groups

Screening and immunisation uptake is generally lower in vulnerable groups such as socioeconomically disadvantaged populations, people from marginalised and excluded groups including asylum seekers and refugees, individuals with learning disabilities and individuals from black and minority ethnic groups ([National Immunisation Programme: health equity audit \(publishing.service.gov.uk\)](#)). Often individuals in these groups can have complex health needs, which adds to the importance of addressing these inequalities. Achieving equity in screening and immunisation is an important way to address health inequity and it is important that partners work together to try and achieve this.

To assist the response of the health system in supporting refugees and asylum seekers and other vulnerable groups a Vulnerable Groups (health subgroup) has been established, bringing partners from across the health system together to ensure support is coordinated and in line with current guidance.

12 Health Protection Board Audit

In September 2022 the Sunderland HPB was selected for internal audit. The audit was carried out by an external agency. The findings of the audit gave substantial assurance regarding the arrangements in place for the HPB. The audit concluded that governance arrangements were in place to ensure the HPB operated effectively.

13 Summary

This report has set out an overview of health protection arrangements and relevant activity across the City of Sunderland during 2022/23 including:

- Setting out the broad scope of health protection arrangements covering prevention, surveillance and control;
- Setting out the many and varied mechanisms for seeking and gaining assurance about health protection issues in Sunderland;
- Providing a description of services and activities available to protect the health of Sunderland's population; and
- Providing a summary of key supporting data.

Overall, the Executive Director of Health, Housing and Communities is satisfied that the health protection assurance arrangements in Sunderland are appropriate and effective in dealing with the various aspects of health protection. It is acknowledged that work is ongoing, led by the NHS, to improve the resilience of TB services both in Sunderland and across North East and North Cumbria ICB, which it is hoped will give greater assurance regarding TB service resilience and capacity to respond to outbreak or complex situations which may arise. There are also still some gaps in available data for understanding health inequalities in screening and immunisation. Improving availability of data will enable a better understanding of where to focus efforts to address inequalities.

The Executive Director of Health, Housing and Communities will keep the health protection assurance arrangements under review and will seek to make improvements as and when necessary.

14 Forward planning for 2023/24

To continue to strengthen and improve health protection services across Sunderland the following key areas will be a focus for 2023/24:

- Continue to ensure that the population of Sunderland are informed about current and emerging threats to health and to provide information and advice to enable people to make informed decisions to protect their own health.
- To prioritise reducing health inequalities in health protection areas such as access to screening and immunisation programmes.
- To work with NHS commissioners and providers and other partners to improve immunisation and screening uptake, with focus on at risk groups and groups with historically low uptake such as pregnant women, health and adult social care staff.
- To build on the collaboration developed over the past year between EPRR and the HPB. To continue to ensure the HPB are engaged and sighted on EPRR work, especially in light of the ever-changing and emerging complex risks and threats.
- To continue to use behavioural insights to direct efforts to improve immunisation and screening uptake, including evaluating the impact of interventions.
- To continue to work with partners to strengthen and develop the systems in place for asylum seekers and refugees so that adequate and appropriate support is available.
- To continue to actively participate in the management of outbreaks and incidents.
- To continue to work with partners to strengthen infection, prevention and control of infectious diseases in care homes and to support partners to protect residents from infectious diseases and environmental hazards.
- To work with partners to ensure that there is resilience in the health protection system including ensuring that the gaps in the TB service are filled and it is able to respond to complex cases and situations.

15 Appendix 1 Sunderland Health Protection Board Terms of Reference

Sunderland City Council Health Protection Board Terms of Reference

1. Purpose

- 1.1. Sunderland Health Protection Board (HPB) aims to enable the Executive Director of Health, Housing and Communities to fulfil the statutory role in assuring the Council and the Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population.
- 1.2. The HPB will focus on facilitating the Executive Director of Health, Housing and Communities statutory oversight and assurance role for health protection.
- 1.3. The HPB will provide a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans.
- 1.4. The HPB will provide a setting for the exchange of information, scrutiny of plans and analysis of data with all partners with a role in the delivery of health protection in Sunderland, ensuring they are acting jointly and effectively to protect the population's health.
- 1.5. The HPB through the Executive Director of Health, Housing and Communities will provide assurance to the Health and Wellbeing Board that there are safe and effective plans in place to protect population health including:
 - Communicable disease management and control, including outbreak management
 - Infection prevention and control
 - Healthcare associated infections
 - Emergency preparedness resilience and response related to health
 - Environmental health and quality that impact on public health
 - Screening programmes (adult and children, cancer and non-cancer)
 - Immunisation programmes (adult and children)
 - Adverse weather impact on health especially on vulnerable people/communities

2. Objectives

The objectives of the Board are to:

- 2.1. Provide assurance to the Executive Director of Health, Housing and Communities that plans are in place to protect the population's health (mandated function, Health and Social Care Act 2012);
- 2.2. Co-ordinate public health input to Council plans and policies relevant to health protection, for example pandemic planning and air quality;
- 2.3. Ensure a system is in place to alert the Executive Director of Health, Housing and Communities to any issues and provide an appropriate response;
- 2.4. Provide updates to the Sunderland Health and Wellbeing Board when appropriate;
- 2.5. To strengthen the health protection aspects of emergency preparedness and response to a new threat and ensuring consideration is given to vulnerable and complex populations and settings;
- 2.6. Seek to improve population health and wellbeing in the context of health protection, advising the local system on areas for improvement and where health inequalities should be addressed;
- 2.7. Reflect on local incidents and outbreaks, securing assurance that lessons are learned and actions arising from them are implemented;
- 2.8. Oversee preparation of the annual health protection assurance report;
- 2.9. To support the Executive Director of Health, Housing and Communities in providing information for the purposes of Scrutiny on any health protection related matter; and
- 2.10. To receive reports on any other issue that would enable the Executive Director of Health, Housing and Communities to undertake their assurance role in relation to health protection.

3. Membership

- 3.1. There will be a core membership group, which is outlined in Appendix A. Core members are expected to attend every meeting.
- 3.2. If a core member is unavailable a designated deputy should attend on their behalf.
- 3.3. Membership will be reviewed regularly and amended as agreed by the Chair and the Board.

4. Frequency of Meetings

- 4.1. The HPB will meet quarterly, and at other times as required by the Executive Director of Health, Housing and Communities.

5. Chair

- 5.1. Meetings will be chaired by the Executive Director of Health, Housing and Communities, or their appointed deputy.

5.2. Minutes will be produced by the administrative team of the Executive Director of Health, Housing and Communities. Meeting papers will be circulated ahead of meetings, with minutes also circulated in a timely fashion to Board members following each meeting.

6. Quorate

- 6.1. Attendance of at least half of core members (or deputies), alongside the Chair or their appointed deputy, will mean the HPB is quorate.
- 6.2. If a named member cannot attend a designated deputy should attend, with agreement from the Chair.

7. Reporting arrangements

- 7.1. The group, through the Executive Director of Health, Housing and Communities, will produce an annual assurance report to the Health and Wellbeing Board.

8. Communication of information/decisions to partners

- 8.1. Representatives from each partner organisation are responsible for dissemination of any relevant information within their team.

9. Review

- 9.1. Terms of Reference will be fully reviewed at least once a year. Next review by July 2024.

10. Confidentiality and information sharing

- 10.1. Members will not disclose information or written material (e.g. agendas, action notes, discussion papers or other documents) unless permitted by the Chair. Data shared must not be distributed in public domains unless permission obtained.

11. Standing Agenda Items

- Attendance and apologies
- Minutes from previous meeting
- Action log
- Immunisation (biannually)
- Screening (biannually)
- Emergency planning (biannually)
- Care home IPC (quarterly)
- Care home CQC ratings (biannually)
- Partner updates (quarterly)
- Communications (quarterly)
- Outbreaks and incidents (quarterly)
- Influenza and COVID-19 immunisation (in line with national programmes)
- Any other business

12. Example of types of issues to be discussed by the Board will include:

- 12.1. Communicable diseases
- 12.2. Infection prevention and control in care settings
- 12.3. Health care associated infections
- 12.4. Screening and immunisation
- 12.5. Environmental hazards (air quality, adverse weather)
- 12.6. Outbreaks and incidents
- 12.7. Emergency planning and preparedness

13. Appendix A HPB core membership

Title	Organisation
Executive Director Health, Housing and Communities Chair	Sunderland City Council (SCC)
Public Health Consultant	SCC
Senior Communications Officer	SCC
Deputy Chief Operating Officer - Sunderland Care and Support Ltd and Head of Commissioning and Market Oversight	SCC
Environmental Health, Trading Standards and Licensing Manager	SCC
Public Health Lead Health Protection	SCC
Assistant Director of Business and Property Services	SCC
Clinical Lead	NENC Integrated Care Board (ICB) Sunderland
Head of Quality and Patient Safety	NENC ICB Sunderland
Head of Primary Care	NENC ICB Sunderland
Consultant in Health Protection	UKHSA
Executive Medical Director	South Tyneside and Sunderland Foundation Trust
Director of Education	Together for Children
Associate Director/ Head of IPC	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Service Manager Sunderland 0-19 Service	Harrogate and District NHS Foundation Trust
Public Health Programmes Coordinator (Locality Immunisation Lead)	NHS England and NHS Improvement
Public Health Programmes Coordinator (Locality Screening Lead)	NHS England and NHS Improvement

