Item No. 10

SUNDERLAND HEALTH AND WELLBEING BOARD 11 December 2020

HEALTH PROTECTION ASSURANCE 2020

Report of the Executive Director of Public Health and Integrated Commissioning

1.0 Purpose of the Report

1.1 This report provides a summary overview of health protection arrangements and some relevant activity across the City of Sunderland during 2020. The report supports the Director of Public Health's statutory remit to provide assurance to the Sunderland Health and Wellbeing Board and Sunderland City Council in relation to health protection of the local population.

1.2 The report outlines the local position on health protection issues and priorities covering prevention, surveillance and control and recommends that the Board:

- Consider the information provided
- Note that the Executive Director of Public Health & Integrated Commissioning is satisfied that the Health Protection Assurance arrangements in Sunderland are adequate to deal with the various aspects of health protection.
- Agree that we maintain a local Health Protection Board with a broad health protection remit once we reach the end of the pandemic.

2.0 Background

2.1 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 Public Health & Integrated Commissioning for Sunderland is responsible for the discharge of the local authority's public health functions.

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

- Prevention - screening, vaccination and immunisation schemes to prevent the incidence of diseases;
- Surveillance – systems of disease notification or measurement of exposures, identifying outbreaks and incidents;
- Control – management of individual cases of certain diseases to reduce the risk of spread;
- Emergency Preparedness, Resilience and Response (EPRR) – 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.

2.3 Timely, accurate and authoritative communication is a vital element of all health protection arrangements. Good communication demonstrates accountability and provides confidence, especially when responding to an incident. It underpins all prevention, surveillance and control activities.

2.4 During 2020, there has necessarily been a major focus on health protection work in response to the COVID-19 pandemic. Capacity has been diverted away from other work and towards responding to the pandemic.

2.5 Some routine health protection programmes were paused or subject to delays to protect people from COVID-19 and allow NHS staff to support critical services. Whilst programmes are restarting, it will be some time before we see the full impact of this and can respond to this.

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

- NHS England is responsible for the commissioning of screening, and vaccination and immunisation schemes.
- Public Health England's Health Protection Teams are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Sunderland has an identified link Consultant in Health Protection.
- The Executive Director of Public Health & Integrated Commissioning 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.

2.7 During the COVID-19 pandemic, Public Health England's regional Health Protection Team has been significantly overstretched. Whilst clear joint working arrangements had been agreed and set out in the local COVID-19 Control Plan, a number of functions that had previously been provided by the Health Protection Team have been passed to the local authority public health team. This has had an impact on the local team's capacity to progress work on other priorities and issues.

2.8 In August 2020, the Secretary of State for Health announced that Public Health England would be abolished. A National Institute for Health Protection will be established from 1 April 2021 to bring together health protection functions within a single agency responsible for protecting people from external threats to this country's health. Successor arrangements for the health improvement and healthcare public health elements of PHE's remit have yet to be set out. All PHE staff are expected to have transitioned to new arrangements by 1 October 2021.

3.0 Assurance Arrangements

3.1 A range of groups and information flows are in place to support normal health protection arrangements and provide assurance to the Executive Director of Public Health & Integrated Commissioning that they health protection system is functioning as it should. These include:

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

3.2 Some of these groups ceased meeting regularly during the first wave of the pandemic and the flow of regular surveillance reports was interrupted.

3.3 The response to the first wave was strongly managed at national level with regular COBR meetings. At local level partners convened their local C4 (command, control, co-ordination and communication) structures including Strategic (Gold), Tactical (Silver) and Operational (Bronze) groups that they use for emergency response. Over the summer months partners returned business as usual operation supported by their Recovery groups.

3.4 On 19 September 2020 Northumbria Local Resilience Forum (LRF) declared a major incident as we moved into the second wave of the pandemic. Once again local partners stood up their local C4 structures. These arrangements continue at the current time.

3.5 Additional governance and assurance arrangements were put in place specifically for the pandemic. These arrangements were set out in the COVID-19 Control Plan which was published on 30 June 2020 and include:

- A Health Protection Board – an expert group drawn from partner agencies which works to prevent, identify and contain outbreaks to protect the health of the public in Sunderland against COVID-19; and
- A Local Outbreak Control Board – a leadership group drawn from partner agencies which provides challenge, facilitates political ownership, supports public engagement and communications and

supports delivery of the COVID-19 Control Plan through resource deployment and co-ordination.

3.6 Working across agencies during the pandemic has demonstrated the benefit of having an expert group focussed on health protection issues in terms of swift communication, co-ordination and action. For this reason, we are recommending that we maintain a local Health Protection Board with a broad health protection remit once we reach the end of the pandemic.

4.0 Summary of issues

Vaccination and Immunisation schemes

4.1 In general, Sunderland performs well in relation to the uptake of vaccination and immunisation programmes. The position had fully recovered from the previously identified (2017/18) serious incident related to the routine childhood immunisation programme so that coverage for this programme was amongst the highest in England in 2019/20.

- By 12 months of age, 98.8% of children in Sunderland had been immunised against diphtheria, tetanus, pertussis (whooping cough), polio (inactivated polio vaccine), and Haemophilus influenza type b (an important cause of childhood meningitis and pneumonia), compared to 92.8% across England (Quarter 1 2020/21 data).
- By 24 months of age, 98.1% of children in Sunderland had received one dose of measles, mumps and rubella (MMR) vaccine, compared to 91.0% across England (Quarter 1 2020/21 data).
- By 5 years old, population vaccination coverage for two doses of MMR was 96.7%, above the England average of 86.9% (Quarter 1 2020/21 data).
- By 5 years old, population vaccination coverage for the DTaP/IPV booster was 97.0%, above the England average of 85.6%, (Quarter 1 2020/21 data).

Routine childhood and routine adult vaccination and immunisation programmes have operated throughout the pandemic.

4.2 The COVID-19 pandemic created some challenges for vaccination programmes that are delivered in the school setting (Meningitis ACWY, Teenage Booster and HPV). Good cross system working has enabled delivery solutions to be found, but inevitably some young people will have vaccinations deferred until next academic year.

4.3 High priority has been given to the seasonal flu immunisation programme for the 2020/21 winter season. We are anticipating the co-circulation of COVID-19 and flu which could significantly increase demand on the healthcare system. Flu immunisation is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter. We are making rapid progress in delivery of the programme this season with all vulnerable groups, except pregnant women, showing high

uptake than at the same point last year. Year 7 children (aged 11-12) have been added to the programme this year and from 1 December, the programme has been expanded to include adults aged 50-64 who are not at clinical risk.

4.4 Work is also underway to prepare for the implementation of a COVID-19 vaccination programme to roll out when we have a vaccine(s) that have been approved by the regulator.

Cancer screening programmes

4.5 In general, Sunderland performs well in relation to the coverage of cancer screening programmes. However, in wave 1 of the COVID-19 pandemic, NHS Providers were instructed to cease more preventative activities to allow them focus on treating people with the virus whilst maintaining critical functions. As a consequence, cancer screening services were paused in March 2020.

4.6 NHS England is currently working with providers to ensure return to business as usual operation, meeting all programme standards, while working within the limits of the national and local impacts of COVID-19:

- Invitations for cervical screening recommenced during June 2020, though laboratory capacity and problems with access to reagents was affecting turn-around times. Colposcopy throughput is slower than it was pre-COVID-19.
- FIT screening for bowel cancer recommenced in July 2020, though bowel scope screening is still paused.
- Recommencement of breast screening from August 2020, initially targeted to those at greater risk. Clinic throughput is slower than it was pre-COVID-19.

Non-cancer screening programmes

4.7 In general, Sunderland performs well in relation to the coverage of non-cancer screening programmes. Whilst antenatal and newborn screening programmes operated throughout the pandemic, though with enhanced infection prevention and control measures in place, Abdominal Aortic Aneurysm (AAA) and diabetic eye screening were paused in March 2020.

4.8 NHS England is currently working with providers to ensure return to business as usual operation, meeting all programme standards, while working within the limits of the national and local impacts of COVID-19:

- AAA screening has recommenced, the 2019/20 cohort has been caught up and from October 2020 screening has started for the 2020/21 cohort.
- Diabetic eye screening recommenced in July 2020, initially focussed on higher risk patients and it is expected that routine invitations will commence from December 2020.

Surveillance

4.9 Effective surveillance systems are essential to identify trends in, and outbreaks of, communicable diseases and to monitor the outcome of control actions. The COVID-19 pandemic has underlined the importance of good surveillance data to be able to quickly identify and rapidly respond to cases, clusters and outbreaks.

4.10 Surveillance processes draw data from a wide range of sources and while that continues to allow the immediate response, flow of regular surveillance reports across partners was interrupted in some cases. It will be some time before we see the full impact of this and can respond to this.

4.11 The HCAI Improvement Group monitors health care associated infections on a monthly basis and continues to work in line with the whole system action plan focussed on:

- Reducing gram negative bloodstream infections;
- Reducing catheter associated urinary tract infections;
- Reducing the number of specific drug-resistant infections;
- Reducing inappropriate antibiotic prescribing in healthcare; and
- Maintaining surveillance and infection control practices for MRSA, MSSA and C. difficile.

4.12 Surveillance of sexually transmitted infections has continued, but we are aware that levels of activity within some preventive services may have reduced during the pandemic. In Sunderland, rates of diagnoses of STI amongst people accessing sexual health services are generally similar to or lower than the England average. Data for 2019 shows that:

- 1,743 new sexually transmitted infections (STIs) were diagnosed in Sunderland residents giving a rate of 628 per 100,000 population. This is lower than the North East rate of 641 per 100,000, significantly lower than the England rate of 816 per 100,000 and benchmarks favourably with statistical neighbours.
- There were 154 diagnosed HIV cases amongst people aged 15-59 years in Sunderland giving a rate of 0.97 per 1,000 persons aged 15-59. This is lower than the North East rate of 1.16 per 1,000 persons aged 15-59 years and the England rate of 2.39 per 1,000 persons aged 15-59, and benchmarks relatively favourably with statistical neighbours.
- Despite 75.3% of eligible attendees at specialist sexual health services being tested for HIV, data for 2017-2019 shows that 60.9% of HIV diagnoses made for people from Sunderland are made late (i.e., when the immune system has already been damaged so that the CD4 count is less than 350 cells per mm^3 within three months of diagnosis). This is higher than the position for the North East of 42.5% late diagnoses and the position for England of 43.1% late diagnoses and benchmarks poorly when compared to statistical neighbours.

Control

4.13 A number of organisms can cause gastro-intestinal infection including bacteria, viruses and parasites. The majority of the work on gastrointestinal infections relates to individual sporadic cases of infection.

4.14 The latest surveillance report covering April to June 2020 shows that levels of gastrointestinal infections were lower than for the same period in the previous year. We know that COVID-19 restrictions have had an impact on the sorts of activities that people could undertake during this period. We are advised that both testing and health-seeking behaviour of residents is likely to have changed in the context of a national lockdown.

4.15 Tuberculosis (TB) is an infection that can be caught by breathing in bacteria from someone who has infectious TB, although prolonged exposure is required for airborne spread. People who live in areas with high levels of social deprivation are most vulnerable to developing TB. These include those who are homeless, live in poor housing, live in poverty or are drug users.

4.16 Between 2017 and 2019, the three-year average incidence of TB in Sunderland was 3.7 per 100,000 population, or an average of 10 cases per year, a relatively small number of cases of TB. Rates of TB notifications are similar to the North East average of 3.9 per 100,000 and significantly better than the England average of 8.6 per 100,000. Due to the low incidence of TB, our relevant TB Control Board covers the whole of the North East and the Yorkshire and the Humber regions.

4.17 We do not at present have our customary summary of the full range of outbreaks by setting that we would usually include in an annual report.

5.0 Conclusions

5.1 During 2020, there has necessarily been a major focus on health protection work in response to the COVID-19 pandemic. Capacity has been diverted away from other work and towards responding to the pandemic. This means that we are not able, at this stage, to provide as full a picture as we would wish. It is likely to be some time before the full impact of the COVID-19 pandemic on health protection activities and outcomes will be understood.

5.2 Where there have been interruptions to specific services, this occurred from an initially strong position and plans have been put in place to return to business as usual as quickly as possible.

5.3 Overall the Executive Director of Public Health & Integrated Commissioning is satisfied that the Health Protection Assurance arrangements in Sunderland are adequate to deal with the various aspects of health protection. She will keep the arrangements under review and will seek to make improvements as and when necessary.

6.0 Recommendations

6.1 The Board is recommended to:

- Consider the information provided
- Note that the Executive Director of Public Health & Integrated Commissioning is satisfied that the Health Protection Assurance arrangements in Sunderland are adequate to deal with the various aspects of health protection.
- Agree that we maintain a local Health Protection Board with a broad health protection remit once we reach the end of the pandemic.

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