BATH AND NORTH EAST SOMERSET HEALTH PROTECTION BOARD REPORT 2019-22

Specialist Health Protection Areas:

Healthcare Associated Infection (HCAI)

Key Performance Indicators: MRSA, *C. difficile* & *E. coli* bacteraemia

Communicable Disease Control & Environmental Hazards

Key Performance Indicators: Private Water Supplies & Air Quality Management

Health Emergency Planning

Key Performance Indicators: Civil Contingencies Act requirements

Sexual Health

Key Performance Indicators: HIV & under 18 conceptions

Substance Use

Key Performance Indicators: Hep B vaccination, Hep C testing, Opiates & Non-Opiates, Alcohol & Release from prison

Screening & Immunisation

Key Performance Indicators: National screening programmes & uptake of universal immunisation programmes

Contents

1 Executive summary

1.1 Purpose of the report

This report documents the progress made by the Health Protection Board during 2019-20, 2020-21 and 2021-22 and highlights the key performance indicators, risks, challenges and priorities for the next 12 months in each specialist area. The last Health Protection Board Report was written in 2018-19 prior to the Covid-19 pandemic.

1.2 Progress on the 2018-19 priorities that were implemented in 2019-20 and beyond

In the last Health Protection Board report 2018-19, the Board committed to improving all work streams and identified six priorities to be addressed in order for the Director of Public Health (DPH), on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The progress made on each priority has been RAG rated below and more detail of the progress made with each priority is detailed within the report.

No.	Priority	RAG Rating
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green
3	Continue to ensure that the public are informed about emerging threats to health	Green
4	Support the development and implementation of all the Air Quality Action Plans in B&NES	Green
5	Improve the uptake of flu vaccinations in identified eligible groups, and maintain high rates of childhood vaccinations	Amber
6	Continue to reduce health inequalities in bowel screening	Amber

1.3 Priorities for 2022-23

The Health Protection Board remains committed to improving all work streams within available resources. The following eight priorities have been agreed for 2022-23 by the Board as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

No.	Priority
1	**Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary**
2	**Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards**
3	**Continue to ensure that the public and partner organisations are informed about emerging threats to health**
4	**Support the development and implementation of clean air projects and plans in B&NES**
5	**Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation of key interventions**
6	**Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed Infection Prevention & Control (IP&C) prevention across settings**
7	**Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups**
8	**Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening**

2 Introduction

The Health Protection Board was established in November 2013 to enable the Director of Public Health to be assured on behalf of the local authority that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.

Throughout 2019-20 the Board continued to provide a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action and ensures strong relationships between all agencies are maintained and developed to provide a robust health protection function in B&NES. The Terms of Reference are available on request.

The Board continued to monitor key performance indicators for each specialist area and was generally well assured that relevant organisations do have appropriate plans in place to protect the population. A small number of risks were identified throughout the year and logged, describing the mitigation that was in place for each one, please see Appendix 1b. These are described and discussed throughout the report.

Priority 1 from 2019-20 report: Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

RAG: Green

As a result of the Covid-19 Pandemic, in June 2020 the Covid-19 Health Protection Board was formed, this ran alongside the usual Health Protection Board. During 2020-2021 & 2021-22 The Health Protection Board met periodically throughout the pandemic, but not as frequently. The Board focused on the affects that the pandemic was having on wider Health Protection services and what could be done to mitigate the risks and challenges which were faced.

In June 2022 the Covid-19 Health Protection Board & the substantive Health Protection Board merged and now meets four times (increased from three times) per year. The Board's Terms of Reference are available on request.

2.1.1 Priorities identified for 2022-2023 – Priority 1:

Assurance: continuing to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary has been identified as priority 1 for 2022-23.

Sections 3 to 8 of this report describe the performance, risks, challenges and priorities in each of the 6 specialist health protection areas and includes Covid-19:

- Communicable Disease Control & Environmental Hazards
- Covid-19 Pandemic & Health Emergency Planning
- Healthcare Associated Infection
- Sexual Health
- Substance Use
- Screening & Immunisation

2.2 Resources to support past and future HPB priorities

Whilst there has been good Local Authority health protection capacity to respond to the Covid-19 pandemic and to ensure delivery against key HPB priorities during 2022-23, it is important to recognise that national Covid-19 funding for Local Authorities has come to an end, and any funding carried forward by Local Authorities from 2021-22 must be spent by April 2023. At the same time, UK Health Security Agency's (UKHSA's) budget allocations to support Covid-19 related activities has reduced significantly. Going forward, and particularly beyond March 2023, we will therefore be working within a context of reduced health protection resources. A reduction in resources is necessary as we shift from pandemic response to living with Covid-19, though this will have implications for what can be delivered, both in relation to how quickly the system can flex up to meet the needs of a large-scale acute response and in relation to other health protection priorities. It also poses risks in relation to gaps in specialist expertise that have been developed during the pandemic, and specially in relation to health protection, Infection, Prevention & Control (IP&C) and emergency planning. The Council currently does not have any substantive IP&C posts for example.

We will seek innovative ways to embed health protection, infection prevention and control and emergency planning capacity and skills across the system in the context of reduced resources and seek opportunities to maintain a robust level of expertise where this is possible. We will also seek to build upon the strong community resilience achieved during the pandemic; where communities and individuals have harnessed resources and expertise to help themselves prepare for, respond to and recover from Covid-19, and in a way that complements the work of the Local Authority, emergency responders and wider partners.

3 Communicable disease & environmental hazards

Priority 2 from 2018-19 report: Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards

RAG: Green

Communicable diseases can be passed from animals to people or from one person to another. They can be mild and get better on their own, or develop into more serious illnesses that if left untreated lead to serious illness, long-term consequences or death. They continue to pose a significant burden to health and society. In the UK infectious diseases account for a large proportion of GP visits for children and adults.

There are a range of environmental hazards that can affect our health and wellbeing. Natural hazards that directly affect the UK including flooding. Human-produced hazards are mainly related to pollution of the air, water and soil.

3.1 Communicable disease

3.1.1 Confirmed or probable cases of infectious disease during 2019-22

The Health Protection Team in UKHSA (UK Health Security Agency) South West works in partnership with external stakeholders including the Public Health and Public Protection teams based in B&NES Council to deliver an appropriate co-ordinated response to infectious disease cases, outbreaks and incidents.

Covid-19 Pandemic Measures Start

	2019/2020 Q1	2019/2020 Q2	2019/2020 Q3	2019/2020 Q4	2020/2021 Q1	2020/2021 Q2	2020/2021 Q3	2020/2021 Q4	2021/2022 Q1	2021/2022 Q2	2021/2022 Q3	2021/2022 Q4
Campylobacteriosis	20.3	30.7	21.4	24	12.5	27.1	21.4	19.8	29.7	28.6	32.8	18.8
Cryptosporidiosis	1.6	4.2	3.6	3.6	0.5	1	1.6	1	0.5	4.2	4.2	1.6
E.coli infection, STEC	0	0	0	0	0	1	1.6	0	0	1.6	0.5	0.5
Giardiasis	3.1	4.7	3.1	5.2	1	1.6	3.1	0.5	0.5	2.6	2.6	2.1
iGAS (Invasive Group A Streptococcal) infection	0	0	1.6	1	0.5	0	0	1	0	0	0.5	0.5
Measles	0	0	0	0	0	0	0	0	0	0	0	0
Meningococcal infection	0	0	0.5	1	0	0.5	0	0	0	0	0.5	0
Mumps	29.2	10.4	22.4	39.1	4.2	3.6	0.5	1.6	1	2.1	5.2	2.1
Pertussis	1	4.7	5.2	9.9	3.6	0	0	0	0	0	1	0
Salmonellosis	3.6	5.2	2.1	0.5	0	3.1	2.1	0.5	1.6	3.6	2.1	1.6
Scarlet Fever	1.6	0	10.9	12	0.5	0	0.5	0	0	0	0	0.5
Shigellosis (Bacillary Dysentery)	0	0.5	1.6	0	0	0	0	0	0	0	1.6	1

(Source UKHSA, 2022)

The UKHSA carry out regular health protection surveillance of infectious disease. The table above show rates per 100,000 B&NES population of various infectious diseases and the trend over time. All cases of infectious disease need some degree of follow-up or investigation. These rates are as expected for our population size. The reduction in some of the infections such as Scarlet Fever and Mumps is very apparent from the time that Covid-19 measures came into effect during Q1 2020 (column highlighted in yellow). Scarlet Fever and Mumps are mainly childhood infections, so the reduced time that children spent at school and early years settings, would have had an impact on the transmission of these types of infections.

3.1.2 Covid-19 Situations

The UKHSA also recorded the number of Covid-19 outbreaks that they actively managed. These outbreaks were seen in a variety of settings such as care homes, businesses, schools, workplaces and universities.

The UKHSA South West Health Protection Team supported 238 outbreaks of Covid-19 in various settings in B&NES between March 2020 and March 2022.

The UKHSA South West Health Protection Team did not have capacity to support all settings, so in addition to the 238 outbreaks, B&NES Council Public Health & Adult Social Care Teams also supported more than this many situations and outbreaks in these settings.

3.1.2.1 Early Years, Schools, Further and Higher Educational Settings

During the pandemic early years, schools, further and higher educational settings experienced high numbers of Covid-19 cases and outbreak situations. These settings worked extremely hard and effectively to implement their outbreak management plans, including use of a range of robust infection prevention and control measures and testing regimes to prevent and manage outbreaks. B&NES Council Public Health team, through its Covid-19 acute response function, provided health protection and IP&C resource to support these settings.

The team designed processes to enable settings to contact them efficiently and to be able to respond quickly, carried out outbreak risk assessments in line with national guidance, advised on control measures to apply and when it was appropriate to escalate, and held outbreak control meetings when necessary. Bespoke communications and guidance were also produced to empower settings to feel confident in managing outbreaks of Covid-19. It was also important to collaborate with colleagues in education and other services working with children and young people, which was achieved through multidisciplinary team working via the Early Years and Schools and Universities sub-groups of the Health Protection Board.

As we have moved towards living with Covid-19, the focus working with these settings has shifted from acute response to prevention work. For example, a series of proactive IP&C educational workshops with early years and schools settings are

currently being delivered. These interactive sessions aim to promote good IP&C practice in everyday life, reduce children's anxiety around 'germs', and provide children with the opportunity to learn and discuss why we might use certain control measures. The ability to provide some acute response support to education settings remains for Autumn/Winter 2022 if required.

3.1.2.2 Care Homes

A multi-disciplinary team (MDT) approach between adult social care, public health and health colleagues has enabled robust IP&C support to be provided to care providers during the Covid-19 pandemic in the following ways:

- Identification of seven key areas to focus early on in the pandemic, providing direction to Care Homes on how to plan for the prevention and management of Covid-19 cases and outbreaks.
- The establishment of a MDT care home subgroup to the Covid-19 Health Protection Board, to support the articulation of national guidance and advice provided to care homes.
- The recruitment of IP&C Officers to support Care Homes in their risk assessment and management of situations and outbreaks, and implementation of relevant new national guidance and initiatives in a timely manner.
- Access to essential PPE (personal protection equipment) via the Local Authority PPE store. and
- Investment in and provision of training and development.

A risk-based approach for implementing and adapting IP&C guidance through collaborative working within the MDT was crucial, particularly when applying this to vulnerable populations such as care residents.

Dan Hubbard, a GP from St Chads Surgery in Midsomer Norton who attended the IP&C MDT and subgroup meetings said the approach had proved to be extremely effective: *"The situation in care homes during the first outbreak was very challenging but once this multi-disciplinary team was put in place, we were able to offer a much more coordinated approach… in terms of better IP&C support and staff being more informed and motivated to help and more prepared in terms of effectively controlling an outbreak".*

Over the last two years, health protection and IP&C staff have been able to increase their preventative work with care home and other vulnerable settings across the breadth of infectious diseases, to support the prevention of situations and outbreaks. The Adult Social Care Team continue to play a key role in working with the RUH, ICB and other health professionals to support the discharge of patients to care home settings and ensure that pathways are in place and reviewed regularly, which is crucial to ensuring system flow.

3.1.2.3 Other areas of work

A vast range of Council teams and organisations across the system have played a vital role in preventing and reducing the spread of Covid-19. Within the Council these range from frontline teams such as children's services, housing, and waste services who have continued to provide critical services and in a way that has minimised the risk of spread of infection, to corporate teams such as HR and IT have enabled staff to work in new ways and including to support the pandemic response.

Health partners have played a crucial role in both delivering and commissioning front-line services and supporting system flow, whilst minimising spread of infection within health settings and providing specialist IP&C support to other settings. As we shift to living with COVID-19 it is important to recognise that the challenges confronting the NHS and social care in recovering from the pandemic's consequences are considerable.

The voluntary and community sector, faith organisations, and community networks have also played a critical role, and worked very closely with the Council, health and broader partners. The Community Wellbeing Hub for example, was made possible by being set up as a collaboration between HCRG Care Group, 3SG, Bath Mind, Bath & North East Somerset Council, BSW Clinical Commissioning Group, and other voluntary and community sector partners.

The businesses and event organisers in B&NES helped to minimise the spread of infection through careful planning and risk assessment and by supporting safer behaviours by encouraging and implementing robust IP&C measures.

Communications teams across organisations have had a critical role in raising awareness of Covid-19 and encouraging engagement with safe behaviours for example.

3.1.3 Priorities identified for 2022-2023 – Priority 2 & 3:

Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards has been identified as priority 2 for 2022-23

Continue to ensure that the public are informed about emerging threats to health has been identified as priority 3 for 2022-23.

3.2 Environmental hazards

3.2.1 Air Quality Management Areas

Priority 3 from 2018-19 report: Support the development and implementation of all the Air Quality Action Plans in B&NES

RAG: Green

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) where concentrations of nitrogen dioxide breach the annual objective. Where an AQMA is designated, an Air Quality Action Plan (AQAP) describing the pollution reduction measures must then be put in place in pursuit of the achievement of the objectives in the designated area.

B&NES Council currently have 5 declared AQMAs; in Bath, Keynsham, Saltford & Temple Cloud & Farrington Gurney. In June each year the Council reviews air quality throughout B&NES as part of its Annual Status Report; the report is peer reviewed by DEFRA and is published on the Council website.

3.2.1.1 National Air Quality Plan

In view of on-going exceedances of nitrogen dioxide in and around Bath, B&NES Council was served with a Ministerial Direction by the Joint Air Quality Unit - JAQU (a unit which combines Department for Environment, Food and Rural Affairs and Department of Transport) in 2017 to produce a Clean Air Plan that leads to compliance with nitrogen dioxide (NO2) levels in Bath the shortest time possible, and by 2021 at the latest.

To comply with this Direction, the Council launched a charging Class C Clean Air Zone in March 2021, the first outside of London.

Drivers of all higher emission vehicles – excluding cars and motorbikes – are charged to drive in the city centre. A suite of exemptions, concessions and additional supporting measures, such as financial help in the form of grants and interest free loans, have also been introduced to lessen the impact of the zone, especially on

businesses, the economy and vulnerable individuals; and to encourage greener modes of travel.

After over a year of the scheme's operation, the annual mean nitrogen dioxide concentration for 2021 within the zone **is 21% lower than in 2019**. **This is an average reduction of 7 µg/m-^{3}.** This demonstrates significant progress in reducing pollution and protecting the public health of our local residents and businesses. The lowering of NO_2 concentrations took place in the context of traffic levels returning to close to pre-pandemic levels at around 1% to 5% below the pre pandemic baseline by August 2021. We await to hear the outcome of JAQU's assessment of our progress in achieving compliance with the Ministerial Direction due in Autumn 2022. Further information on the achievements of the scheme can be found in our monitoring reports at https://beta.bathnes.gov.uk/policy-and-documents-library/baths-clean-air-zone-monitoring-reports

3.2.2 Bath Air Quality Action Plan

The National Air Quality Plan supersedes any local plans, and as such becomes the Bath Air Quality Action Plan.

3.2.3 Keynsham and Saltford Air Quality Action Plans

Air Quality Management Areas (AQMA) were declared in Keynsham in 2010 and in Saltford in 2013. Following the implementation of their respective Air Quality Action Plans, the monitoring data shows the air quality objective continues to be met (since 2017/2018) in both locations and there is a downward trend in concentrations (figures G1 and G3). As such, in line with national guidance, it is recommended that the both AQMA's are revoked.

Figure G.1 – Long-term trends in Annual Mean NO2 Concentrations Measured at Diffusion Tube Monitoring Sites – Keysham (1)

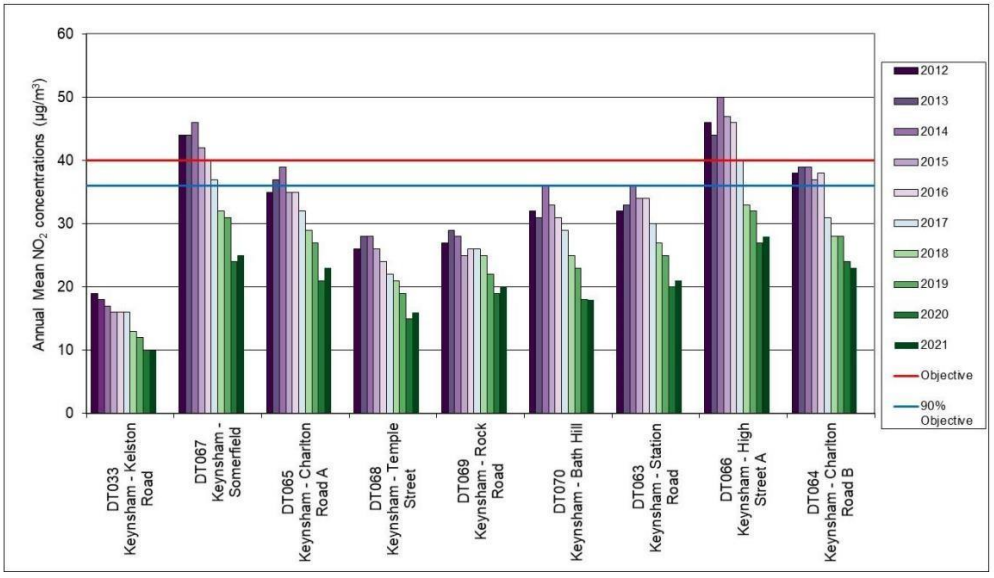
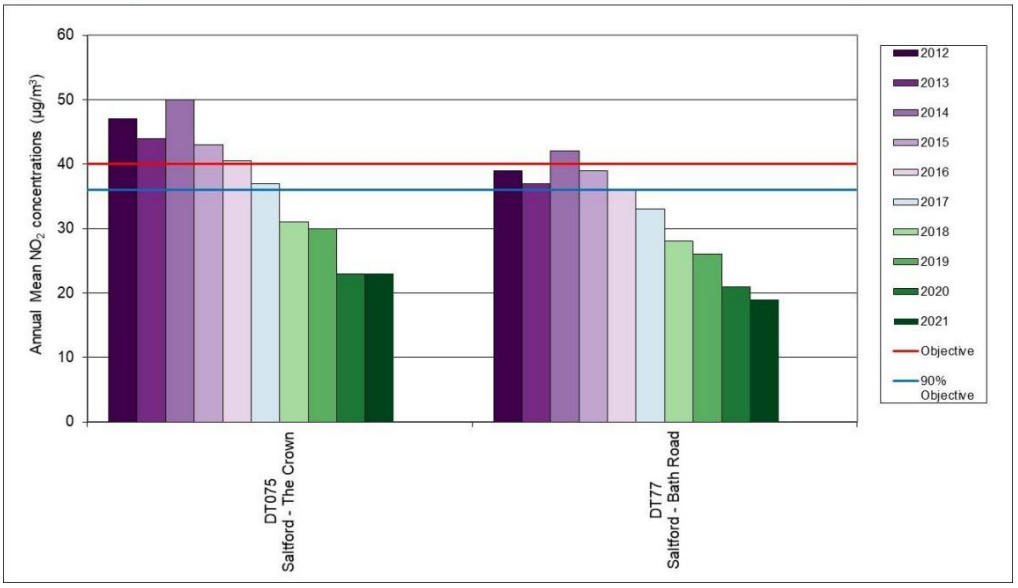


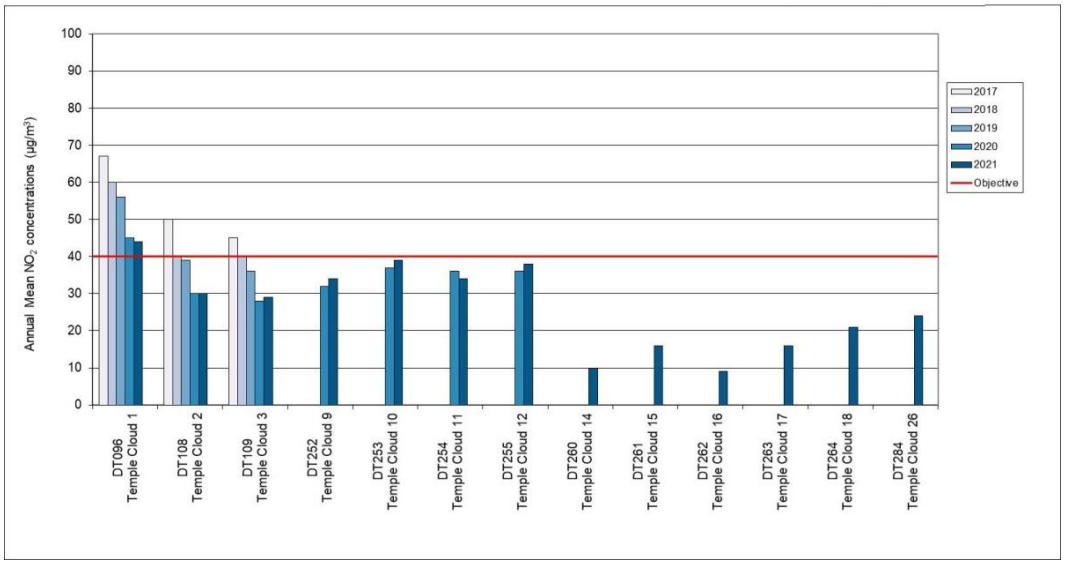
Figure G.3 - Long-term trends in Annual Mean NO2 Concentrations Measured at Diffusion Tube Monitoring Sites – Saltford



3.2.4 Temple Cloud and Farrington Gurney Air Quality Management Areas

Monitoring has been continuing in various locations along the A37 between Whitchurch to the north and Farrington Gurney to the south. There are some areas along the A37 which do not comply with the National Air Quality Objectives for nitrogen dioxide and as a result, an Air Quality Management Area was declared to cover Temple Cloud and Farrington Gurney in 2018. The Air Quality Action Plan will be adopted in 2022. Between 2018 and 2022 several actions contained within the draft AQAP and a reducing nitrogen dioxide trend has been observed (fig A20).

Figure A.20 – Trends in Annual Mean NO_2 Concentrations Measured at Diffusion Tube Monitoring Sites –Temple Cloud



3.2.5 Priorities identified for 2022-2023 – Priority 4:

Support the development and implementation of clean air projects and plans in B&NES has been identified as priority 4 for 2022-23.

4 The Covid-19 pandemic, health emergency planning resilience & response

Emergencies, such as road or rail disasters, flooding or other extreme weather conditions, or the outbreak of an infectious disease, have the potential to affect health or patient care. Organisations therefore need to plan for and respond to such emergencies.

4.1 Addressing emergency planning risks

The inability to respond to emergencies long term and the absence of a formal out of hours provision for the Council's Public Protection Team have remained on the Board's risk log throughout 2019-2022. However, the best endeavour out of hours system that Public Protection operate has been tested a number of times and has worked, therefore the risk is being tolerated.

An insufficient Rest Centre Plan has also been on the risk log for some time. The Rest Centre Plan has been reviewed and simplified. The next step is to train on-call officers and HCRG Directors. Following that an exercise will take place to test the plan during October 2022.

A large volume of work has gone into mitigating the risk of not being able to respond to an emergency long term and as such the likelihood of this occurring has been greatly reduced.

This is a summary of some of the work which has taken place to reduce the risk:

- Mutual aid arrangements with surrounding Local Authorities, Local Resilience Forum (LFR), Local Health Resilience Partnership (LHRP) and voluntary organisations have been strengthened
- On-call directors rota
- On-call Loggist rota and training for Loggists
- All Directors and Heads of Service have received silver and tactical training, the Chief Executive Officer & Directors received strategic and gold training.
- Regular desktop exercising of plans, collation of lessons learned and implementation of actions.
- Training emergency management volunteers

The pandemic period has also provided staff with the opportunity to become skilled in key aspects of emergency planning, through participation in the Council, wider system and LRF response.

4.2 Covid-19 Pandemic and B&NES Living Safely and Fairly with Covid-19 Plan 2022-24

The Covid-19 pandemic has been an unprecedented challenge for our health and care system and has had far reaching economic and social impacts. Whilst the risk of further waves of infection and localised outbreaks remains high, two years on from the start of the pandemic, the UK has moved to a situation where the majority of national measures to control the spread of the virus have been removed, and we are learning to live safely with the virus.

The Local Outbreak Management Plan has been updated with the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24. This new plan provides a framework for how we will live safely with Covid-19 in Bath and North East Somerset. It builds on what we have learnt over the past two years and sets out how, within the new national context, we will prevent and protect, respond to localised outbreaks and any national resurgence of Covid-19, communicate and engage with our communities, and utilise surveillance and monitoring information.

The full plan is contained in Appendix 1c.

The Council have held both Covid-19 ‘look back’ and ‘look forward’ exercises with internal and external partners and have undertaken evaluations of key Covid-19 Health Protection Board workstreams. As well as informing the B&NES Living Safely and Fairly with Covid-19 Plan, these have been used to inform an action plan to ensure delivery of the Plan, which will be monitored by the Health Protection Board.

4.2.1 Priorities identified for 2022-2023 – Priority 5:

Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation has been identified as priority 5 for 2022-23.

5 Health care associated infection (HCAI) & reducing antimicrobial resistance (AMR)

Evidence shows that improved public awareness around IP&C can lead to a reduction in infections. NHS Bath & North East Somerset, Swindon & Wiltshire Clinical Commissioning Group (BSW CCG), now NHS BSW Integrated Care Board (ICB), continuously strives to improve infection prevention and control practice in collaboration with provider organisations and other stakeholders including NHS England, UKHSA and Local Authorities to ensure that there are robust IP&C plans, policies and capacity to reduce Healthcare Associated Infections.

The Covid-19 pandemic has posed unprecedented challenges, with safe infection prevention and control (IP&C) practices being more important than ever.

During the last three years there has been a need for continuous review and a sustained focus on IP&C standards in a rapidly changing environment, with the requirement for IP&C expertise and guidance being crucial to supporting safety within our population.

BSW ICB has a responsibility to ensure that systems and processes are in place to support the management, prevention and control of Health Care Associated Infections (HCAI) across the BSW healthcare system. The BSW ICB Nursing and Quality Team aims to support the delivery of clinically effective, safer healthcare and to drive improvements.

The ICB supports system wide compliance in relation to IP&C requirements and seeks assurance on commissioned providers' contribution towards continuous improvement workstreams for IP&C practices. In pursuit of zero tolerance to HCAI, the ICB agrees and systematically monitors and reviews surveillance data against nationally set objectives for specific organisms and other locally agreed indicators. Learning identified from post-infection reviews (PIR) or root cause analysis of incidents is used to inform key improvement areas and address potential risks.

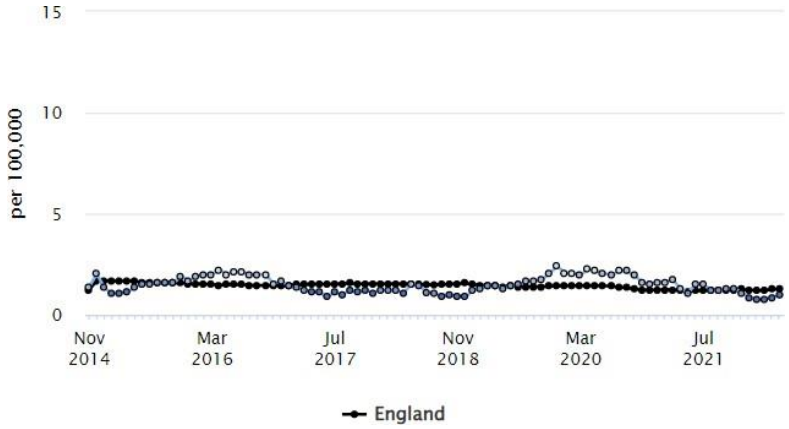
5.1 MRSA bacteraemia blood stream infections (BSI)

In April 2013 NHS England launched a Zero Tolerance Approach to MRSA BSI. The Post Infection Review Toolkit was introduced to support commissioners and providers of care to identify how a case of MRSA BSI occurred and to identify actions that could prevent it reoccurring. The zero tolerance continues and the combination of good hygiene practice, appropriate use of antibiotics, improved techniques in care and use of medical devices, as well as adherence to all best practice guidance remains paramount.

B&NES did not achieve zero MRSA BSI in 2019/20? and had an increase in cases compared to 2018/19, with 7 cases; an increase of 6 cases compared to 2018/19. There was a rise in cases reported in the population of people who inject drugs.

Since B&NES CCG merged with Swindon and Wiltshire CCG to become BSW CCG, the data has been reported for the BSW system. The total incidence of MRSA across BSW CCG for 2020/21 was 16 cases. The number of cases for B&NES local authority area was 5, 2 less than 2019/20.

During 2021/22 B&NES local authority area achieved the zero-tolerance ambition and had no incidence of MRSA. The NHS Royal United Hospital Bath, have carried out a considerable amount of work on their invasive line care and education, however, for community rates it is unclear what has driven the reduction.



NHS BSW CCG, MRSA Bacteraemia Cases, 12 month rolling rates.

Source: Office for Health Improvement & Disparities (OHID), 2022

5.2 Clostridium difficile infection

NHSE set the threshold for each system. The *C.Diff* target for B&NES CCG remained unchanged during 2019/20.

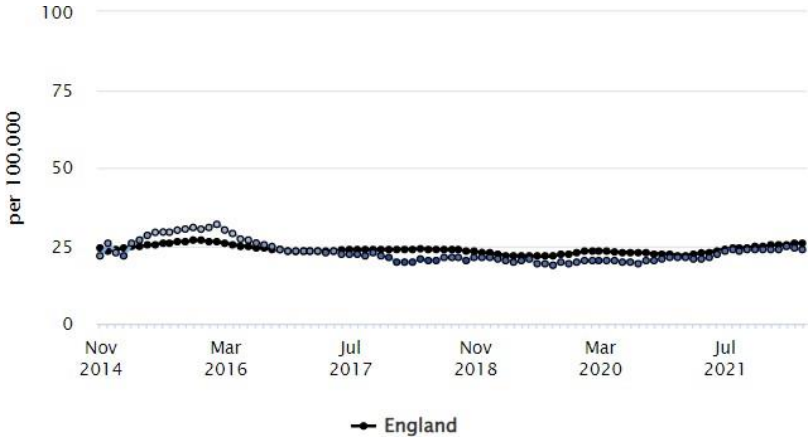
The total number of cases for B&NES during 2019/20 was 35, this was 21 less than in 2018/19. This can be party attributed to the work carried out by the Royal United Hospital who managed to significantly reduce their incidence of *C.Diff*.

BSW CCG was the best performing CCG for rates of *C.Diff* during 2020/21 in the southwest region.

B&NES local authority area had 55 cases, 20 more cases than 2019/20. Post infection reviews identified antibiotic prescribing during the pandemic as an area for improvement.

The rise in *C.Diff* infections continued throughout 2021/22, with 61 incidence of *C.Diff* identified, 6 more cases than 2020/21. This is in line with both the BSW

system, regional and national trends. BSW remain the best performing system in southwest for incidence of *C.Diff.*



NHS BSW CCG, Clostridium Difficile Cases, 12 month rolling rates.

Source: OHID, 2022

5.3 *E. coli* Bactereamia

E. coli Bacteraemia is an example of a Gram Negative Blood Stream Infection (GNBSI). Reducing healthcare associated *E. coli* blood stream infections is a UK NHS priority patient safety programme, they are the leading cause of healthcare associated bloodstream infections nationally and have now overtaken MRSA and Clostridium *difficile* in the numbers of infections that occur yearly.

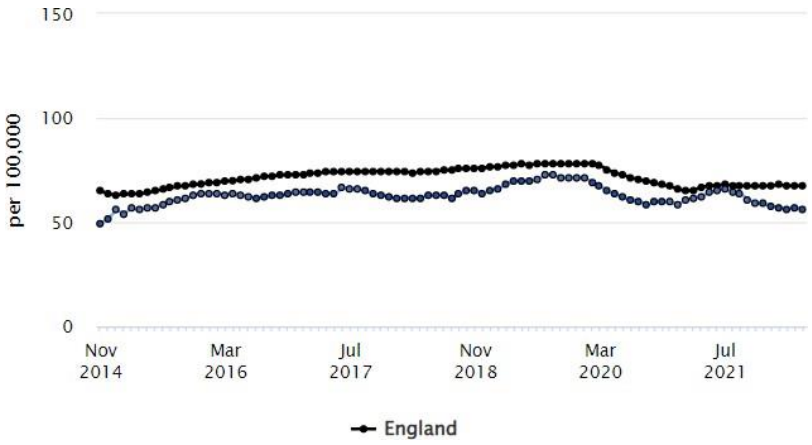
During 2019/20 the incidence of E-coli BSI decreased from 172 during 2018/19 to 144 from 2019/20, 28 less. This was below the regional and national averages.

B&NES had 128 incidences; 18 less E-coli blood stream infections compared to 2019/20. Regionally BSW are the third best performing system for E-coli and Gram Negative Blood Stream Infections. The majority of cases are community onset accounting for just under 80% of all cases across BSW. The main primary source identified through post infection reviews is Urinary Tract Infections (UTI) accounting for around 50% of E-coli BSI's.

B&NES had 124 incidences of E-coli, 4 less than 2020/21. During 2021/22 NHSE introduced a threshold for E-coli, set at 623. The BSW system had a total of 518 cases, 49 less incidence compared to 2020/21 and 17% under threshold. Community cases remain the highest proportion of all E-coli BSIs.

Urinary Tract Infections remain the highest primary source of the BSW systems E-coli cases accounting for 67.5% of the cases. This has increased compared to 2020/21.

There also remains an element of antimicrobial resistance contributing to these cases, notably in the community onset community associated cases.



NHS BSW CCG, Ecoli Bacteraemia, 12 month rolling rates.

Source: OHID 2022

5.4 Reducing HCAI's

BSW ICB are taking a collaborative approach across the system to identify opportunities for improvement and good practice. There is a continued focus on learning from cases to establish themes and trends in relation to the delivery of care which may have contributed to the case along a patient's journey. The BSW System will also be looking at wider health inequalities and social determinants of health to understand the impact these may have on BSW population and health care associated infections.

5.4.1 Priorities identified for 2022-2023 – Priority 6:

Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings has been identified as priority 6 for 2022-23.

6 Sexual health

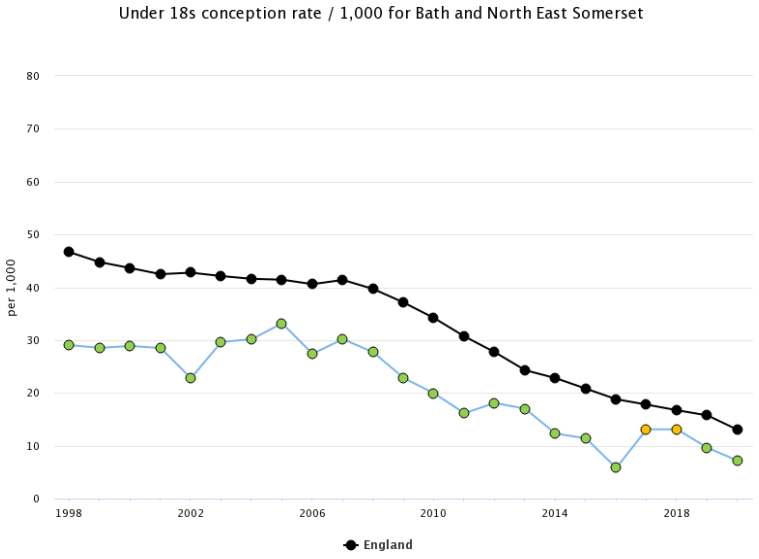
Sexual health is an important part of physical and mental health and is a key part of our identity as human beings. The B&NES Sexual Health Board supports the World Health Organisation's (WHO) universal definition of sexual health and adds our own view that additional elements of good sexual health are equitable relationships and sexual fulfilment, with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

6.1 Sexual health action plan & key performance indicators

The Sexual Health Board has developed an annual B&NES sexual health action plan for 2019/20, 2020/21 and 2021/22. Each action plan grouped actions into four thematic areas: prevention and promotion; intelligence and research; service improvement; and governance and contracting.

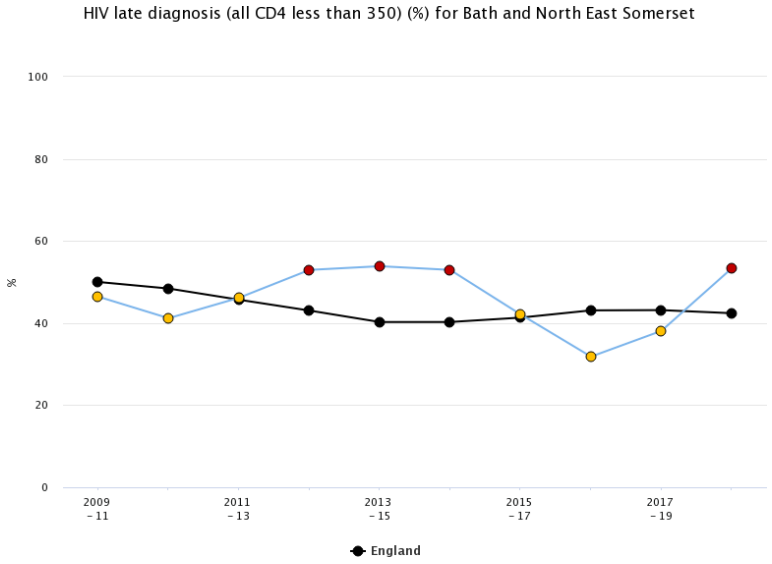
In developing the action plans and in helping to assess progress, the Sexual Health Board utilises an outcome indicator set that helps assess the overall sexual and reproductive health of the population of B&NES. The Board also reviews the indicator set regularly to understand sexual and reproductive health issues and scan for any emergent problems. The Health Protection Board uses two of the outcome indicators; the *under 18 conception rate, per 1,000 women aged 15-17*; and the *percentage of adults (aged 15 or above) newly diagnosed with a CD4 count <350m2.*

Throughout 2019/20 to 2021/22 the under 18 conception rate in B&NES remained low, and below the England average. It is likely that the pandemic impacted the rate as particularly in the early phases of the pandemic, young people had to participate in lockdowns and reduce their contact with others, alongside the general population.



Source: OHID 2022

Throughout 2019/20 to 2021/22 the percentage of adults (aged 15 or above) newly diagnosed with a CD4 count <350m2 (meaning that HIV has weakened the immune system and may be making people ill) fluctuated somewhat and increased in the last reporting period. It should be noted the number of new late diagnoses each year is very small. Small changes in small numbers can appear more significant than they are, because a small absolute change in the number can result in a large percentage change.

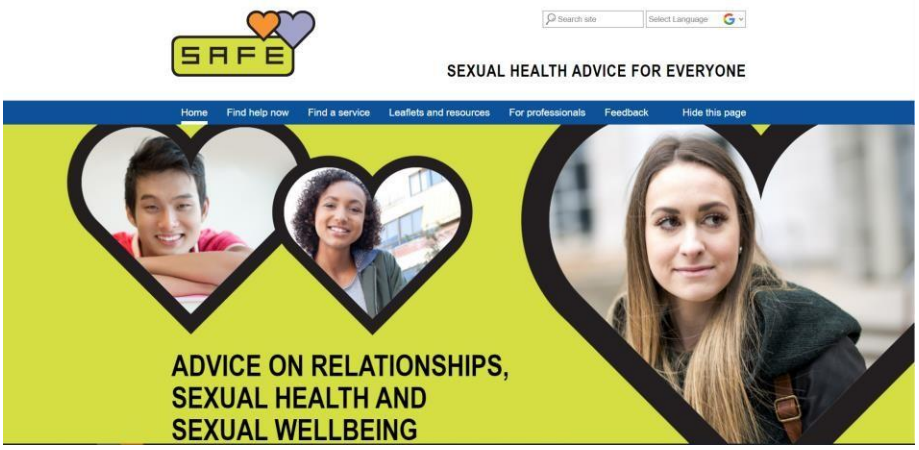


Source: OHID 2022

6.2 Achievements during 2019/20 to 2021/22

Throughout 2019/20 to 2021/22 there were a number of achievements including:

- Continued low rates of sexually transmitted infections (STIs)
- Continued high rate of Long Acting Reversible Contraception (LARC) provision, especially through general practices
- The redesign and relaunch of www.safebanes.com, our young persons-focused website providing information, advice and details on local services



- The formal contractual integration of the former genitourinary medicine (GUM) and contraception and sexual health (CaSH) budgets into one budget to comprehensively fund Riverside Clinic
- The rollout of HIV Pre Exposure Prophylaxis (PrEP) treatment for vulnerable groups
- The launch of targeted outreach services focused on the sexual and reproductive health needs of young people with substance misuse issues, rough sleepers and teenage parents.

  In 2021 the Clinic in a Box service won the *Nursing Times Nursing in the Community Award 2021* for their delivery of the service to vulnerable young people during the Covid-19 pandemic. Additionally Riverside Clinic won the *RUH Team of the Month* award because of their tireless work to maintain the service during the Covid pandemic.

6.3 Challenges during 2019/20 to 2021/22

2019/20 to 2021/22 also brought a significant number of challenges. By far the biggest was the impact of Covid-19. Services had to radically change their operating processes to move away from an open access model to a triage model to help prevent Covid-19 transmission. This was a challenge not just for services, but also for patients who were used to accessing services in a very different way. Another challenge was that our sexual health training programme had to be moved completely online instead of being face to face; this presented a number of issues for both the trainers and delegates so that the quality of the training could continue to be maximised. Finally, all services reported an increase in patients accessing their services as Covid-19 restrictions reduced, but services continued to be under pressure with staff absence and sickness due to Covid-19. Management of these issues, ensuring the most vulnerable people could be seen as quickly as possible whilst maintaining staff health and wellbeing and avoiding burnout, has been and continues to be a significant challenge.

7 Substance Use (Drug & Alcohol)

During 2019/20, the Drug & Alcohol (D&A) treatment service was remodelled. Specialist and community services were integrated via a new commissioning arrangement with the prime provider, Virgin Care (now HCRG Care Group). The integrated model continues to deliver a highly accessible, locality and asset-based treatment system which promotes recovery and improves the health and wellbeing of clients, their families, and the wider community affected by the misuse of substances, with an increased focus on prevention and early intervention.

A community development and reintegration approach (CDR) supports clients from an early stage to address their housing, education/employment/training and financial needs in addition to brokering wider community support, including clients not engaged in structured treatment who will also be supported by CDR to address the wider determinants of recovery.

From April 2020, Virgin Care commissioned the entirety of the integrated treatment service to Developing Health and Independence (DHI) with additional specialist support, through a subcontract arrangement, from DHI to the Specialist Drug and Alcohol Services (SDAS-AWP). During the Covid-19 pandemic, ways of working were adapted to accommodate the new circumstances whilst prioritising engagement into treatment and the prevention of harm.

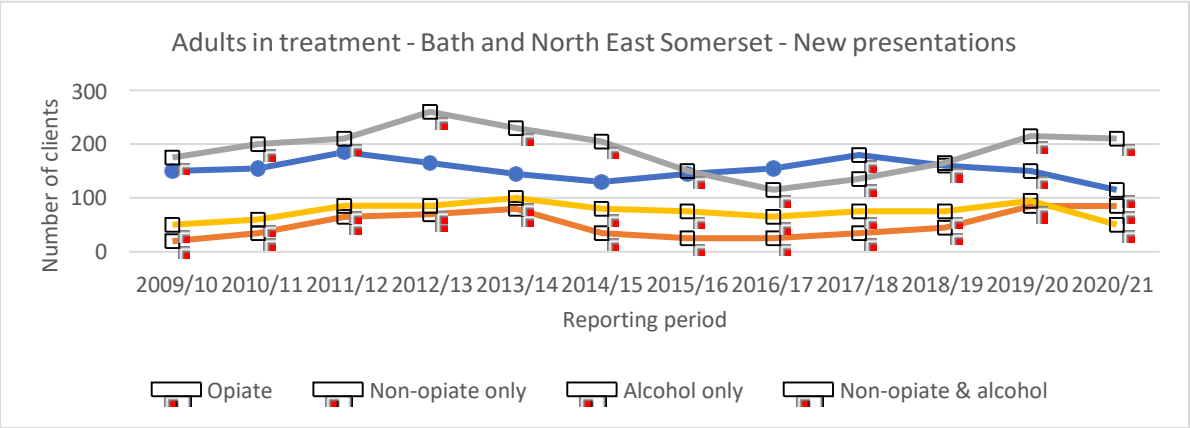
In 2021, Dame Carol Black's independent review of drugs highlighted the all-time high drug related death rate and the impact the disinvestment has had in D&A treatment, the cost of crime and wider drug impacts. This review was the foundation for the national policy 'From harm to hope: A 10-year drugs plan to cut crime and save lives' launched by government in December. Attached to the strategy there have been different funding streams available and a real focus on treatment planning to achieve:

1. Increase in treatment and harm reduction capacity, including inpatient detoxification and residential rehabilitation
2. Enhance treatment quality
3. Enhance and develop the Drug and alcohol workforce
4. Reduce drug related deaths and improve access to mental and physical health care
5. Develop a recovery orientated system of care, including peer-based recovery support services

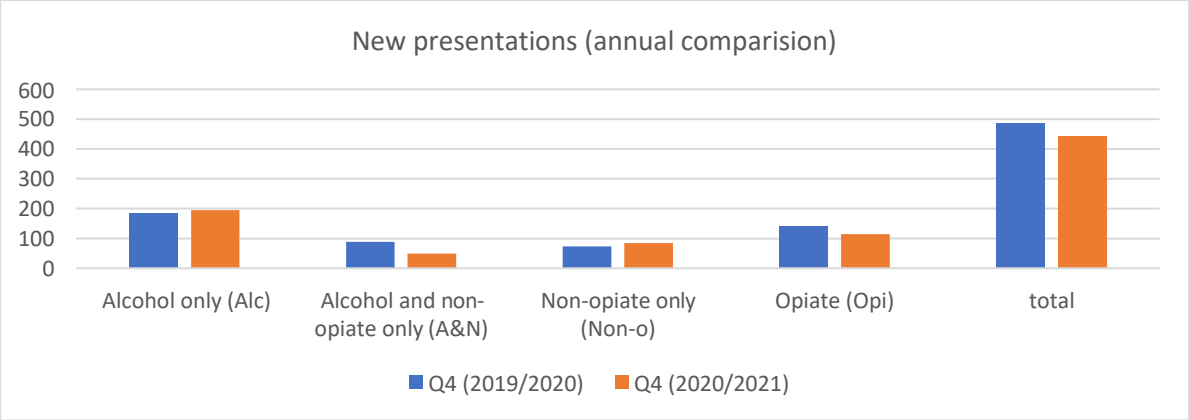
Furthermore, the public health team are working with partners to finalise a local drug and alcohol strategy which will shape work in B&NES over the next 5 years.

7.1 Access to services

During 2018/2019 B&NES drug and alcohol treatment services saw 445 new presentations, the majority of these were opiate (36%) and alcohol only (37%) clients. The number of presentations increased to 545 in 2019/20, yet there was a reduction in the proportion of opiate clients entering treatment (39%). This decrease of opiate clients continued in 2020/21. However, the number of new presentations increased to 518. This is due to the upwards trend in alcohol and/or non-opiate presentations.



Number of new presentations in treatment in B&NES

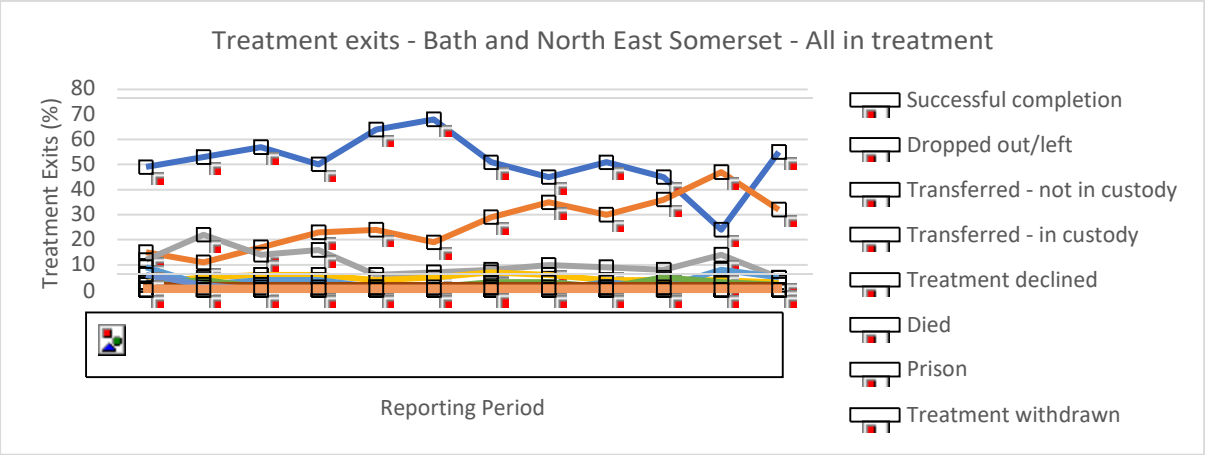


New presentations into treatment cumulative report for Q4

7.2 Outcomes for clients

During 2018/2019, 45% of opiate clients successfully completed treatment and 35% of opiate clients reported abstinence in treatment at the 6-month review with a further 29% reducing their use. Successful completions during 2019/2020 reduced to 24% with the highest proportions of clients dropping out/leaving treatment (47%). This was reflected by a reduction in the improved substance use of opiate and alcohol clients and abstinent rates in alcohol clients. This is likely to be an implication of the

Covid-19 pandemic as treatment moved remotely, however, further research is required to support this.



Proportion of treatment exits for all clients in treatment in B&NES

After a reduction in successful completion in 2019/2020 there was a substantial increase in the proportion of successful completions in 2020/2021. Exceeding rates of the 5 prior years. The rate of successful completions in 2020/2021 in B&NES (55%) was above national value (50%). 33% of opiate clients become abstinent and 50% reduced their opiate use whilst 44% of alcohol clients become abstinent and 16% reduced their use.

7.3 Blood Borne Viruses

Clients entering treatment services in B&NES are more likely to be at risk of Blood Borne Viruses (BBV) compared to national as we have higher numbers injecting: 42% in 2018/19, almost double the national average of 25%; with a reduction to 35% in 2019/2020 and 2020/2021 continuing above national average of 22% (2020/2021).

During 2021 the BBV pathway for B&NES was reviewed and updated with a new pathway approved by the Health Protection Board in 2022.

Picture right: workshop to finalise the pathway.

After Covid, and to ensure that BBV testing and Hep B vaccination were effectively targeting higher risks clients, the service prioritised current and previous IV users before the scope of the offer was widened to include clients who had been exposed to other risks. This strategy has been largely effective, and interventions are now back to being offered more widely at all stages of treatment.

Reporting changes have taken place meaning comparisons between date sets are limited for this time period.

Tracking performance from 2019 into 2022 has seen a reduction and then re-increase in the number and proportion of clients offered and accepting Hep C testing, overall, a reduction from 22% in 2019-2020 to 16% in 2021-2022. During this time there has been an increase in the number of clients reviewed and an increase in the proportion of clients who are assessed as not appropriate to offer from 47% to 59% and 68% respectively. Positively, between 2019 and 2022 there has been a reduction in the number of clients offered and refusing the test from 28% to 7%.

During this period there has also been a reduction in the proportion of clients offered and accepting Hep B vaccination from 17% in 2019-2020 to 11% in 2021-2022, although it is important to note that there was an increase in clients assessed and an increase in clients identified as not appropriate to offer. There has been a decrease in the number and proportion of clients who have been offered and refused, from 82 (17%) in 2019/2022 to 56 (11%) in 2021/2022. Due to reporting changes from 2019/2020 into 2021/2022 we are unable to definitively state there has been an increase in vaccination completion, however in 2019/2020 18% of clients completed their vaccination course in 2021/2022 45% completed their vaccination course, so it is reasonable to assume that there has been an improvement in vaccination completion for Hep B.

8 Screening & immunisations

Immunisation remains the safest and most effective way to stop the spread of many of the most infectious diseases. If enough people in the community are immunised, the infection can no longer spread easily from person to person.

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. These people are then offered information, further tests, diagnosis and (where needed) treatment. There are six NHS England national screening programmes.

For further information on the national screening programmes and vaccines that are routinely offered to everyone in the UK free of charge on the NHS please visit the NHS website: www.nhs.uk and search screening or vaccinations.

The pandemic did affect some of our screening and immunisation programmes. There are no major concerns about the performance of any of our local screening programmes or immunisation programmes in place across B&NES at the moment, however investigating inequalities in uptake and implementing interventions to improve inequalities in uptake, remains a priority of the Health Protection Board. For performance data please visit the Office for Health Improvement & Disparities website: http://tinyurl.com/y9c9tby8 and search under indicator keywords.

Priority 5 from 2018-19 report: Improve the uptake of flu vaccinations in identified eligible groups, and maintain high rates of childhood vaccinations

Amber

8.1 B&NES Immunisation Group

The B&NES Immunisation Group was established in July 2015 and continues to take a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur. The group reports to the Health Protection Board and whilst meeting less frequently during the pandemic, met to ensure a focus on the challenges and risks that the pandemic posed to the programme.

The terms of reference were refreshed in November 2021 and the Group continues to meet three times per year. The development of a new action plan is underway and improving uptake of childhood vaccinations will remain a priority. The Terms of Reference are available on request .

8.2 Seasonal flu vaccination programme

8.2.1 Vaccination of eligible groups

The Covid-19 pandemic had an impact on flu vaccination coverage. For most population groups vaccination coverage increased, as vulnerability and the importance of vaccination against infectious disease was highlighted during the pandemic. Those most vulnerable to the effects of flu were prioritised and these included those in care homes and the housebound.

Reductions in uptake were however seen in pregnant women and children, this reduction was also seen nationally. It is not known why these reductions occurred, however it thought to be related to school attendance linked to the Covid-19 pandemic and the Covid-19 vaccination programme delivery being priortised before flu vaccination delivery in some of our schools, so some children were offered it later in the season. Community prevalence of influenza was low during 2021-22 and this usually means that demand and uptake is lower than years where there is a lot of cases and community transmission. There were some changes in guidance related to Covid-19 vaccination for pregnant women and this is likely to have impacted on women's decisions about having the flu vaccination. Some women may have also been concerned about having too many vaccinations.

8.2.2 Winter Advertisements Vaccination Campaign

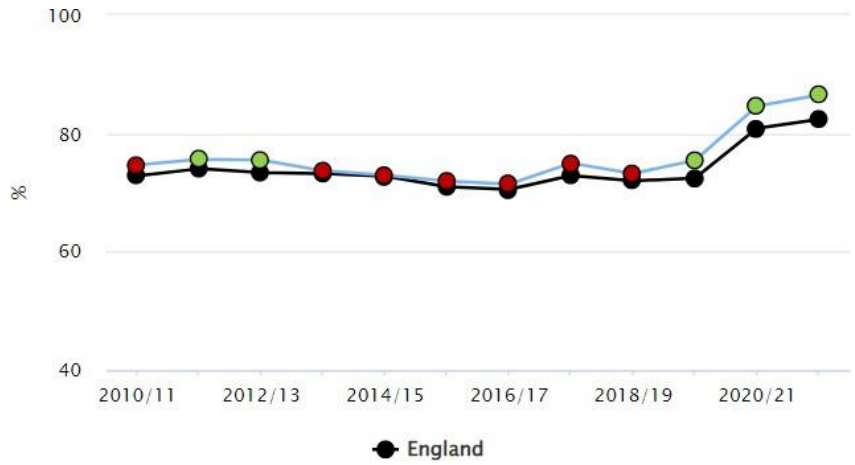
During winter 2021-22, B&NES Council launched a winter vaccinations advertisement campaign to:

A) Urge people to get vaccinated for COVID-19 and flu to protect themselves, others and the NHS.
B) Raise awareness of who is eligible for COVID-19 and flu vaccination.

The campaign targeted all adults over 16, particularly pregnant women and 18-30 year olds, as these two groups had the lowest uptake of the COVID-19 vaccination. The campaign involved placing a series of digital and physical advertisements (see below) around Kingsmead in cinemas, buses, car parks and bus shelters. Kingsmead was particularly targeted as this area had been flagged nationally as having one of the lowest COVID-19 vaccination uptake rates in England.

8.2.3 B&NES Population Vaccination Coverage

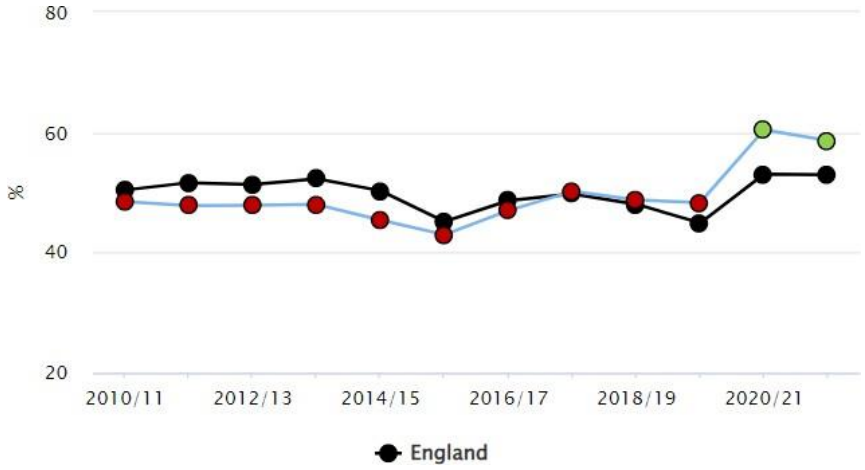
8.2.3.1 65+ year olds



B&NES Population Vaccination Coverage 65+ year olds

Source: Office for Health Improvement & Disparities (OHID), 2022

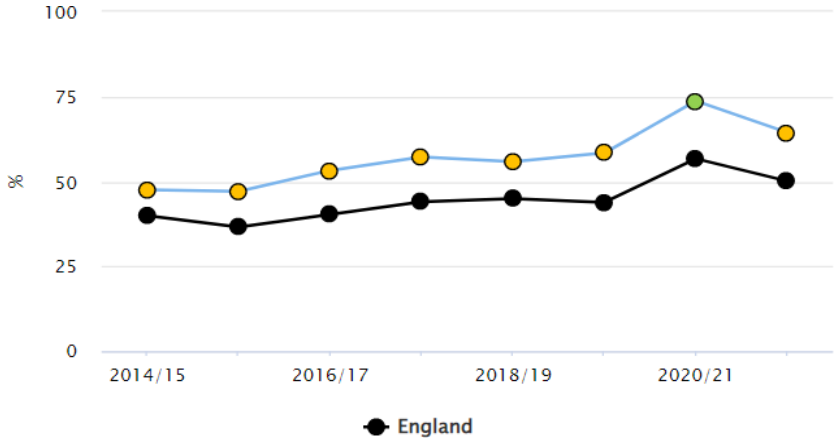
8.2.3.2 Under 65s at risk



B&NES Population Vaccination Coverage Under 65s at risk

Source: Office for Health Improvement & Disparities (OHID), 2022

8.2.3.3 2 & 3 year olds



B&NES Population Vaccination Coverage 2 & 3 year olds

Source: Office for Health Improvement & Disparities (OHID), 2022

8.2.3.4 50-64 year olds

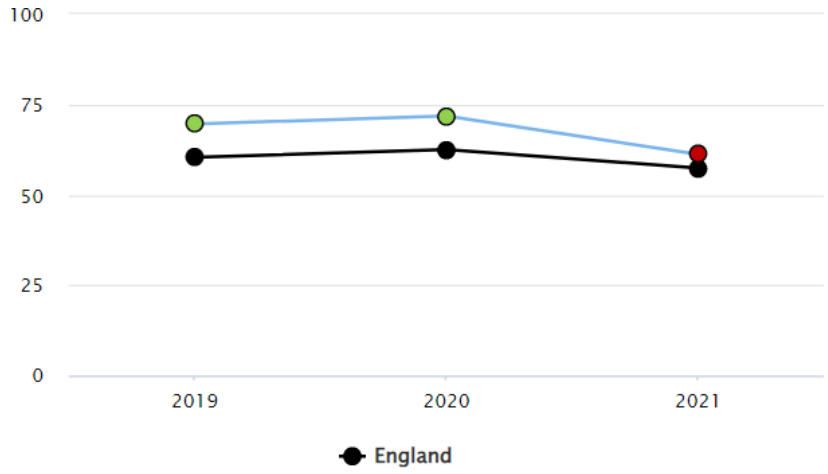
	Year	Adults aged 50-64
BSW CCG	21-22	72.2%
BANES CCG	20-21	52.5%
	19-20	N/a
	18-19	N/a

B&NES Population Vaccination Coverage 50-64yr olds

20-21 was the first year that 50-64yr olds were first offered the vaccination and this was late in the season (Nov) hence the lower uptake.

Source: BANES CCG & BSW CCG [B&NES only data for 21-22 is not available since the CCGs merged]

8.2.3.5 Primary school children



B&NES Population Vaccination Coverage primary school children

Source: Office for Health Improvement & Disparities (OHID), 2022

2021-22 data not currently available.

8.2.3.6 Secondary School Children

	Year	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11
B&NES LA	2021-22	62.8%	57.1%	57.2%	61.7%	56.3%
	2020-21	64.0%	-	-	-	-

B&NES Population Vaccination Coverage

Secondary School Children

Source: Gov.uk

[data for Yr8-Yr11 2020-21 is unavailable]

8.2.3.7 Pregnant Women

	Year	Pregnant women
BSW CCG	21-22	46.9%
BANES CCG	20-21	50.2%
	19-20	44.4%
	18-19	52.1%

B&NES & BSW Population Vaccination Coverage Pregnant Women

Source: Immform

[B&NES only data for 21-22 is not available since the CCGs merged]

8.2.4 Flu Vaccination Programme 2022-23

Eligibility for NHS flu vaccination during 2022-23 largely remains the same as last year, with a few exceptions. During the 2020-21 and 2021-22 flu seasons, an expanded offer was made which enabled those aged 50 to 64 years not in clinical risk groups to receive the flu vaccine as part of an NHS funded programme. This offer will continue for this age group for the 2022- 23 programme. However, as the priority is to vaccinate those in clinical risk groups, those aged 65 years and over and pre-school and primary school aged children, the offer to healthy 50 to 64 year olds will begin later, from mid-October 2022.

For the past two flu seasons, the childhood flu vaccination programme was extended to include, as a temporary measure, children in secondary schools. During 2020-21, children in year 7 were eligible and in 2021-22 children in year 7 to year 11 were eligible. For the 2022-23 flu season, flu vaccine will be offered to all children aged 2 or 3 years on 31 August 2022, all primary school aged children (from reception to year 6) and later in the season to secondary school children in years 7, 8 and 9. Any remaining vaccine will then be offered to children in years 10 and 11, subject to vaccine availability. Children from 6 months of age in clinical risk groups will continue to be offered flu vaccine.

The national and local uptake ambitions are to achieve and ideally exceed uptake in all groups, with a focus to improve uptake in clinical at risk groups, pregnant women and children aged 2 and 3.

The BSW Integrated Care Board, has an annual flu plan 2022-23, which all partner organisations in B&NES have fed into. The ICB will ensure that opportunities to co-promote and co-administrate will be maximised (e.g. Covid-19, flu and pneumococcal vaccines) and there is a health inequalities plan in place to support uptake in underserved groups.

8.2.5 Priorities identified for 2022-2023 – Priority 7:

Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups has been identified as priority 7 for 2022-2023.

8.3 Reducing health inequalities in screening & immunisation programmes

Priority 6 from 2018-19 report: Continue to reduce health inequalities in bowel screening

Amber

8.3.1 Bowel Cancer Screening Programme in B&NES - Social Marketing Plan 2019

Bowel cancer is the second most common cause of cancer death in England after lung cancer. The rate of bowel cancer is much higher in men and the majority of cases are amongst those over 50.

The earlier bowel cancer is diagnosed the more effective treatment will be. In England, screening is offered every 2 years for men and women aged 60 to 74.

In B&NES screening uptake has improved year on year since 2015. However uptake varies considerably by age, gender, and socio-economic status. National studies also show ethnicity and marital status are also factors and there is lower uptake amongst vulnerable groups and those with a learning disability.

Men aged 60 – 64 who live in the most deprived areas of Banes, Swindon and Wiltshire had the lowest uptake of screening at 33.2% in 2015.

The consequences of this are likely to be widening health inequalities through increases in late diagnosis of bowel cancer and lower survival rates amongst men, in particular those in lower socio-economic groups in B&NES.

PHE has a target of 75% of eligible people taking up invitations for bowel cancer screening, as part of the Cancer Taskforce Review

A working group was set-up to put into place a social marketing campaign and focused primary care support. A comprehensive literature search was undertaken, and the following recommendations were made:

Recommendations

- It is recommended that a B&NES wide multi media campaign is implemented to uplift the national PHE campaign raising awareness of the new FIT test to run from September 2019 - March 2020
- This should include a range of strategies including outdoor advertising, face to face events in key geographies of B&NES linked to social housing clusters/ lower socio economic groups, targeted face book adverts, workplace promotion, radio adverts and video content where possible.
- It is recommended that the considerable partner assets identified above are used to facilitate access to the male population. In particular engaging partner

organisations to identify health champions/celebrities and spokespeople to advocate for testing where possible

- It is recommended this campaign is supplemented with a primary care arm which would include both awareness raising training for local health and social care professionals, as well as a targeted, personalised approach to addressing specific sections of the target audience. Priority should be given to those men who are 'first timers' i.e. 'rising 60's' as influencing this group is likely to improve overall uptake in future years.

The campaign was due to be launched during April 2020, just after the Covid-19 pandemic started. Unfortunately, the campaign was postponed and is due to re-commence during autumn 2022.

8.4 Covid-19 Vaccinations

Vaccinations are our first line of defence against Covid-19. To ensure our communities, particularly those who are most vulnerable, are protected against the virus, B&NES Council have worked extensively with the NHS and wider partners to implement a comprehensive outreach Covid-19 vaccination programme across B&NES. The Covid-19 vaccination outreach programme for the boating community is one example of the services which have been provided, others include, homeless, travellers, deprived and low uptake communities such as Twerton, and lower uptake groups such as students.

8.4.1 Covid-19 vaccinations for the boating community

To help vaccinate and protect our most at-risk communities, a Covid-19 canal boat outreach vaccination service was quickly set up for the boating community across B&NES and Wiltshire. As well as working with key statutory organisations like Public Health Wiltshire and the BSW Integrated Care Board, Julian House and the Canal Ministries also played an invaluable role in mobilising the service and offering valuable insights into the barriers faced by boaters when accessing healthcare. The drop-in vaccination clinic was held on a canal boat for three two-week periods to

offer 1st doses, 2nd doses and booster vaccinations. Covid-19 testing, first aid kits and wellbeing information were also given out.

The service was a huge success with 782 vaccinations given in total. The canal boat clinic was also invaluable in enabling boaters to ask a health professional questions about the Covid-19 vaccine and seek advice for wider health and wellbeing concerns. We are looking forward to incorporating wider health services as part of a more regular clinic.

8.4.2 Priorities identified for 2022-2023 – Priority 8:

Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening has been identified as priority 8 for 2022-23.

9 Recommendations

The Health Protection Board is committed to improving all work streams. The recommended priorities for 2022-2023 have been agreed by the Board as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The process of reaching the recommended priorities has been informed through monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with the UKHSA and BSW ICB.

9.1 Recommended priorities:

1. Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

2. Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards

3. Continue to ensure that the public are informed about emerging threats to health

4. Support the development and implementation of clean air projects and plans in B&NES

5. Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation of key interventions

6. Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings

7. Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups

8. Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening

10 Appendices

10.1 Appendix 1b: Health Protection Board Risk Log

10.2 Appendix 1c: B&NES Living Safely & Fairly with Covid-19 Plan 2022-24

END