BATH AND NORTH EAST SOMERSET HEALTH PROTECTION BOARD REPORT 2022-23

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 Areas

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

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Executive summary

1.1 Purpose of the report

This report documents the progress made by the Health Protection Board during 2022-23 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 covered 2019-2022.

1.2 Progress on the priorities that were implemented during 2022-2023

In the last Health Protection Board report (2019-2022) the Health Protection Board committed to improving all work streams and identified eight 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 further detail of the progress made against 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 clean air projects and plans in B&NES**	**Green**
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**	**Green**
6	**Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings**	**Amber**
7	**Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups**	**Amber**
8	**Continue to reduce health inequalities, including in cancer screening programmes e.g., bowel and cervical screening**	**Amber**

1.3 Priorities for 2023-2024

The Health Protection Board remains committed to improving all work streams within available resources. The following six priorities have been agreed for 2023-2024 by the Health Protection Board as priority issues to be addressed.

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	Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work
5	Contribute to the BSW system wide quality improvement projects, which aim to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections
6	Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW

Introduction

The Health Protection Board (HPB) 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 2022-2023 the HPB continued to provide a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action. The HPB enables strong relationships between all agencies to be maintained and developed to provide a robust health protection function in B&NES. Please refer to Appendix 1b for the Board's Terms of Reference:

Appendix 1b BNES Health Protection Boa

During 2022-2023 the HPB monitored 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, with mitigating actions established for each one, and these are referred to and discussed throughout the report. Please see Appendix 1c for the HPB Risk Log:

Paper 3 HP Board Risk Log Sept 2023.xl:

Priority 1 from 2019-22 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 established, which ran alongside the usual Health Protection Board. During 2020-2021 and 2021-22 the HPB met periodically throughout the pandemic, but not as frequently. The HPB 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 that were faced.

In June 2022 the Covid-19 Health Protection Board and the substantive Health Protection Board merged and now meets four times (increased from three times) per year. The membership of the HPB also increased to include both Universities, NHS Royal United Hospitals Bath, Adult Social Care, and third sector representation (3SG and Curo). The HPB's Terms of Reference have been refreshed, please see Appendix 1b above.

2.1 Priorities identified for 2023-2024 – 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 2023-24.

Sections 3 to 9 of this report describe the performance, risks, challenges and priorities in each of the 6 specialist health protection areas detailed on the front page.

The HPB agenda is planned to ensure that all specialist health protection areas are reviewed and discussed in HPB meetings throughout the year, which then enables members to seek assurance on their status and the progress made in managing issues and risks. Assurance is achieved through a combination of in-depth discussion on specific agenda items and through the performance monitoring section of the meeting.

2.2 Resources to support past and future HPB priorities

Whilst there was 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. At the same time, UK Health Security Agency's (UKHSA's) budget allocations to support Covid-19 related activities has reduced significantly. Since March 2023, we have been working within a context of reduced health protection resources. This has been noted on the HPB's risk log (Appendix 1c). The B&NES Living Safely & Fairly with Covid-19 Plan and associated plans, including a surge plan are in place to help mitigate risks.

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.

Examples of how this has been achieved to date include the use of final Control Outbreak Management Funding (COMF) (which LAs were informed in December 2022 could be caried over until end of March 2023) for a fixed-term infection and prevention control officer to support IP&C work in care home and community settings, and use of NHE England funding for a fixed term post to support Covid-19 and flu vaccination uptake, and particularly in under-represented groups. Other examples of developing health protection resilience include work with agencies, third sector organisations and communities to maintain and develop community resilience, with a community resilience day planned for September 2023.

Communicable disease control

Priority 2 from 2019-2022 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 and heat waves. Human-produced hazards are mainly related to pollution of the air, water, and soil.

1.1 Confirmed or probable cases of infectious disease during 2022-2023

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.

Infectious diseases in B&NES, rates per 100,00, 2020-2023 by quarter **(Source UKHSA, 2023)**

	Rate per 100,000 population												Trend	Comparison to 2022-1**
Infection	2020-2	2020-3	2020-4	2021-1	2021-2	2021-3	2021-4	2022-1	2022-2	2022-3	2022-4	2023-1		
Scarlet Fever	0.5	0.0	0.5	0.0	0.0	0.0	0.0	0.5	1.0	9.2	26.0	80.0		↑
Invasive group A streptococcal infection	0.5	0.0	0.0	1.0	0.0	0.0	0.5	0.5	0.5	2.0	3.1	2.0		↑
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→
Mumps	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→
Pertussis	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		→
Meningococcal infection*	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.5	1.0				↕
Campylobacter	14.8	25.5	20.9	19.9	30.6	29.5	30.0	19.4	27.5	26.0	19.4	15.8		↓
Cryptosporidium	0.5	1.0	1.5	1.0	1.0	3.1	4.1	1.5	2.0	2.5	0.5	1.0		↓
Escherichia coli STEC	0.0	1.0	1.0	0.0	0.0	1.5	0.0	0.5	0.5	0.5	0.5	0.5		→
Giardia	1.0	1.5	2.5	1.0	1.5	2.0	2.5	2.0	1.5	2.5	1.5	1.0		↓
Salmonella Enteriditis	0.0	0.0	0.5	0.0	0.0	0.5	0.0	1.5	0.0	0.5	2.5	0.5		↓
Salmonella Typhimurium	0.0	0.5	1.0	0.0	0.5	1.0	0.5	0.0	1.0	1.0	1.0	0.0		→
Shigella	0.0	0.0	0.0	0.0	0.0	0.0	1.5	1.0	0.0	0.5	0.0	0.0		↓

*Data for the latest quarter is currently undergoing validation and is therefore not yet available.

**For meningococcal infection this comparison is between quarter 3 2021 and quarter 3 2022

Tuberculosis†

† Quarterly rates are not available. Annual rates are presented.

	Rate per 100,000 population									Trend	Comparison to 2019
Infection	2012	2013	2014	2015	2016	2017	2018	2019	2020		
Tuberculosis	6.2	5.0	10.5	6.5	2.7	1.6	2.6	4.1	0.0		↓

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 generally not higher than the South West average and are as expected for our population size and demographics.

1.2 Covid-19 and flu situations

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

The UKHSA South West Health Protection Team supported 74 outbreaks and clusters of Covid-19 and 1 outbreak of flu in various settings between 1 April 2022 and 31 March 2023.

B&NES Council Public Health (IP&C Officer) and Adult Social Care provided additional support to many of these settings during the outbreak or cluster.

1.3 BSW Local Health Resilience Partnership Communicable Disease Plan

The Bath & North East Somerset, Swindon & Wiltshire (BSW) Local Health Resilience Partnership (LHRP) Communicable Disease Plan has been reviewed and developed. The plan outlines the expected operational response to communicable disease situations, outbreaks and complex case management and provides a pre-determined multi-agency response to communicable disease incidents/outbreaks that occur across BSW.

The plan has been signed off by all three BSW Health Protection Boards, BSW LHRP, and has been shared with Wiltshire & Swindon and Avon & Somerset Local Resilience Forum (LRF). It has also been shared with other Local Authorities as a good practice example by the UKHSA South West team.

Local training and exercising have taken place on the Plan. In B&NES, Exercise Horse Chestnut was delivered as a higher/further education meningitis exercise.

The next step is to embed the plan during communicable disease incidents and outbreaks to reduce vaccine preventable diseases and reduce transmission of winter illnesses.

1.3.1 Communicable Disease Gap Analysis Action Plan (GAAP)

A GAAP tool was developed by the Health Protection Frontline Services Steering Group (with multi-agency representation)to support integrated care systems (ICSs) and partners to identify gaps in the delivery of their frontline health protection services and develop an action plan to address those gaps.

A working group was established to work on several gaps and challenges that were highlighted across the BSW ICS, these were:

- Ensuring that all key partners are accessing the most up to date versions of documents and pathways, particularly during out of hours.
- Addressing the lack of a local stockpile of swabs (for flu) to avoid the 2-day delay that there is currently with ordering swabs via the national channel.
- Further work on BSW swabbing pathway (swabbing in the community).
- Need to confirm Anti-Viral pathway for a large outbreak.

The gaps and actions identified through this workstream informed the development of the BSW LHRP Communicable Disease Plan (see above).

1.3.2 Sector led improvement (SLI) exercise

All local authority health protection teams in the South West were tasked with revisiting a sector led improvement (SLI) exercise that was conducted in 2018 and were asked to produce a refreshed status update.

The findings have been discussed across the South West Health Protection Network to understand common themes and issues that could be addressed collectively. This work will be taken forward during 2023-2024.

1.3.3 Priorities identified for 2023-2024 – Priority 2 & 4:

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 2023-2024.

Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work has been identified as priority 4 for 2023-2024.

Environmental hazards

4.1 Air Quality Management Areas

Priority 4 from 2019-22 report: Support the development and implementation of clean air projects and plans in B&NES RAG: Green

4.1.1 Air Quality

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.

4.1.1.1 National Air Quality Plan

In March 2021, the Council launched a charging Class C Clean Air Zone (CAZ) to comply with Ministerial Direction served by the Joint Air Quality Unit (JAQU) in view of on-going exceedances of nitrogen dioxide (NO2) in and around Bath.

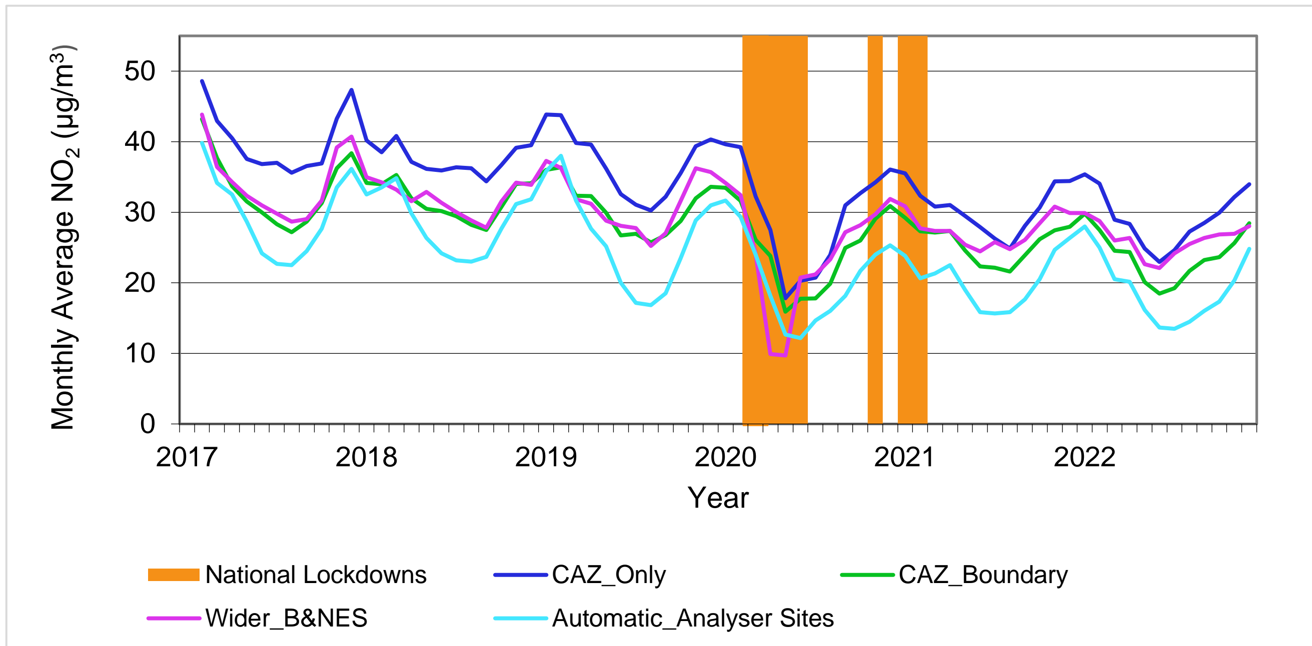
To comply with this Direction, drivers of all higher emission vehicles (excluding cars and motorbikes) are charged to drive within the CAZ, situated in Bath's city centre.

To mitigate the impacts of charges, and further support air quality improvements, exemptions, and additional supporting measures in the form of a Financial Assistance Scheme (FAS) were introduced. The FAS offered grants and interest free loans to businesses and individuals wishing to replace non-compliant, chargeable vehicles with cleaner, compliant ones.

During the second year of the scheme's operation, annual mean NO_2 concentrations within the CAZ have decreased 26% in 2022 when compared to a 2019 baseline, representing an average reduction of 8.5 $\mu g/m^3$. A further reduction of 27%, or 7.1 ug/m^3, has also been found in the urban area outside of the zone (the CAZ_Boundary).

As seen below, there has been a general downward trend in average monthly NO_2 concentrations since 2017, likely due to the natural replacement of older, more polluting vehicles with cleaner, compliant ones. The aim of the CAZ is to accelerate the natural replacement rate to rapidly improve fleet compliance. The graph below also demonstrates the clear seasonal variations in NO_2, with concentrations typically much higher in winter, as seen towards the end of 2022.

The CAZ Only category refers to sites that are situated within the CAZ. The CAZ Boundary uses sites that are within the urban area of Bath (including Batheaston and Bathampton), but outside of the CAZ. The Wider B&NES area refers to sites that are outside of Bath, Batheaston and Bathampton, but are within the rural areas and district-wide areas of the authority.



Overall, there has been significant progress in reducing concentrations of NO_2 and protecting the public health of residents and businesses from air pollution. The Council awaits the publication of JAQU's Progress Report which will provide an update on the progress made by local authorities implementing measures as a part of the NO_2 programme. The progress report is likely to indicate that Bath's CAZ is achieving success, with there being an expectation for these successful NO_2 concentrations to be maintained.

Further information on the achievements of the scheme can be found in the monitoring reports at:
https://beta.bathnes.gov.uk/policy-and-documents-library/baths-clean-air-zone-monitoring-reports

4.1.1.2 Bath Air Quality Plan

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

4.1.1.3 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 2018) in both

locations and there is a downward trend in concentrations (figures A.1, A.2 and A.3). As such, in line with national guidance, it is recommended that both AQMA's are revoked.

4.1.1.4 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 was adopted in 2023. Between 2018 and 2022 several actions contained within the adopted AQAP were actioned upon and a reducing nitrogen dioxide trend has been observed (fig A.4).

4.2 Clean Air Community Engagement Project in Temple Cloud and Farrington Gurney

The Council carried out a Clean Air Community Engagement Project between April and November 2022. The project sought to engage with residents on steps they could take to reduce their exposure to poor air quality, including through small behaviour change steps such as opening windows at the back of houses and walking alternative routes to school/work. This approach was informed by a literature review, which led to the recommendation that "Through a range of communications methods, it is hoped that we can raise awareness of the issue to the population and provide them with way to change their behaviour and protect themselves from additional pollutant exposure".

Target groups engaged with were residents that are more vulnerable to the negative health impacts of poor air quality (i.e., elderly, those with respiratory conditions, those in the areas with poorest air quality readings), school children, teaching staff and parents/carers, local business, and commuters.

Through the project a range of resources were developed, and initiatives achieved:

Examples of children's posters that we developed through the work with schools and that were used in community displays:

A presentation was made to the HPB at the December 2022 meeting to provide an update on the project and its impact, which highlighted the following outcomes:

1. Health and social care professionals working in the area will have greater awareness of the impact of poor air quality and will feel confident supporting and advising those they work with who are at greatest risk.

2. Local vulnerable residents will be more aware of the harmful effects of poor air quality and take steps to protect themselves and reduce their risk.

3. Raising the profile of air quality issues will increase awareness of causes and consequences of poor air quality leading to some behaviour change among the local community, which in the long term will contribute to improvement in air quality and reduce the risk for those most susceptible to poor health attributable to it.

Whilst the focus of the project was on reducing people's exposure to poor air quality, rather than reducing the pollutants causing poor air quality, some components of the project such as encouraging people to turn off their vehicle engines while waiting/stopping rather than "idling" do encourage a reduction in air pollution.

The learning from this project has been documented and shared with other forums and including the Sustainable Communities Leadership Group.

4.3 Affordable Warmth

The Council's Public Health & Housing Standards teams worked with the Engagement and Outreach Lead at Bath & West Community Energy (Bright Green Homes) to deliver briefing sessions on affordable warmth to health and social care (including Voluntary Community Sector) frontline staff.

Five sessions were held between October and December 2022 directly reaching over 70 participants across adult/child health and social care workforce. These were held over Teams and recorded and shared more widely.

The sessions covered the impact of cold homes and fuel poverty on health and wellbeing, identifying at-risk groups and those most vulnerable, professional curiosity, looking for the signs, raising the issue and taking a MECC approach, familiarity with *Energy at Home* for signposting and support and specific grants such as Bright Green Homes and signposting to CSE, Warm Spaces, CWH and other support.

In addition, flyers were produced promoting awareness and signposting to energy @ home in print and digital form and were widely disseminated.

4.4 Priorities identified for 2023-2024 – Priority 3:

Continue to ensure that the public are informed about emerging threats to health has been identified as priority 3 for 2023-2024

5 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.

5.1 Addressing emergency planning risks

The risk of not having the emergency planning and health protection capacity to respond to emergencies long term, and the absence of formal out of hours provision for the Council's Public Protection Team, have remained on the HPB's risk log throughout 2022-2023. However, the best endeavour out of hours system that Public Protection operate has been tested several times and has worked, and therefore the risk is being tolerated.

Work has been ongoing to mitigate 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. A summary of some of the work that has taken place to reduce the risk is as follows:

- Mutual aid arrangements with surrounding Local Authorities, Local Resilience Forum (LFR), Local Health Resilience Partnership (LHRP) and third sector organisations have been strengthened.
- Review and refresh of Major Incident Plan and other key local plans.
- Numerous training and exercises and including a Rest Centre and Major Incident Plan exercise. Collation of lessons learned and implementation of actions.
- On-call directors rota
- On-call Loggist rota and training for Loggists
- All directors and heads of service received silver (tactical) training.
- Chief Executive Officer and Corporate Directors received gold (strategic) training.
- Training for emergency management volunteers
- Building community resilience, including through events with communities, the third sector and local businesses

The pandemic period provided staff with the opportunity to become skilled in key aspects of emergency planning, through participation in the Council, wider system and LRF response, and many of the actions above seek to maintain and develop knowledge and skills required in an emergency response.

More recently, the risk of the Council's Communication Team not having a formal out of hours provision for communications has been added to the risk log. Following the review of the Major Incident Plan, the Council's Corporate Management Team agreed there should be an on-call rota for the Council's Communications Team. Liaison with the communications team is currently on-going to put this in place.

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

Priority 5 from 2019-22 report:

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

RAG: Green

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, three 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 superseded by 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 three 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 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 during 2002/23 and will inform health protection and emergency planning plans and projects.

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

Priority 6 from 2019-2022 report: Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings

RAG: Amber

NHS Bath & North East Somerset, Swindon & Wiltshire Integrated Care Board (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 and BSW ICS is committed to supporting its' population in developing and maintaining personal responsibility for infection prevention and control.

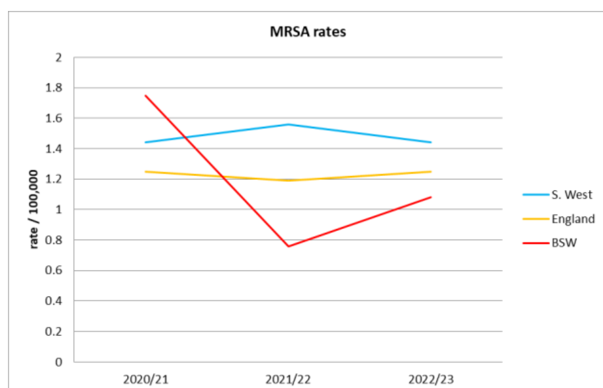
BSW ICB works in collaboration with all stakeholders across the ICS to ensure that there are robust IP&C plans, policies, and capacity to reduce HCAIs. The ICB supports system wide compliance in relation to infection prevention and control (IP&C) requirements and seeks assurance on commissioned providers' contribution towards continuous improvement workstreams for IP&C practices. In pursuit of zero tolerance to healthcare associated infections 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.

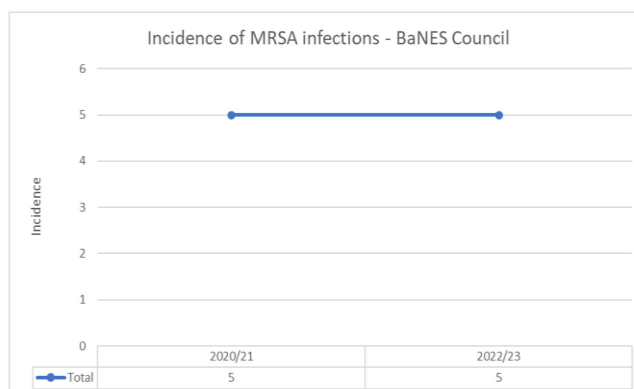
6.1 MRSA bacteraemia blood stream infections (BSI)

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.

During 2022-2023 BSW ICB did not achieve zero cases of MRSA, with a total of 11 cases. This was 4 more cases than 2021-22. B&NES locality did not achieve zero MRSA BSI in 2022-2023, there were 5 cases of MRSA BSI compared to zero the previous financial year. Four of these cases were community acquired and one case was healthcare acquired. Skin and soft tissue were the primary cause of the MRSA cases, with one relating to the person who inject drug population.

NHS BSW ICB, MRSA Cases, 12 month rolling rate & MRSA Bacteraemia incidence





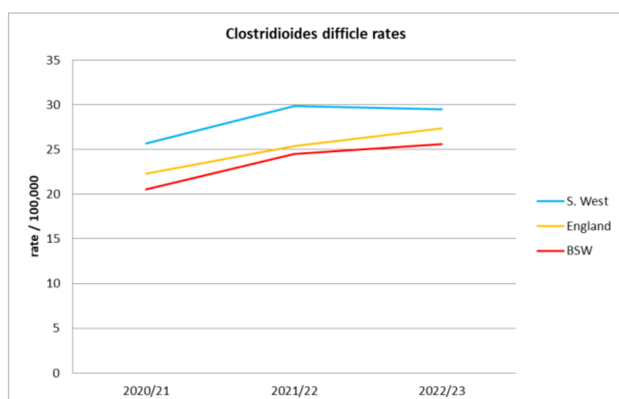
Source: UKHSA DCS, BSW ICB data 2020/21-2022/23

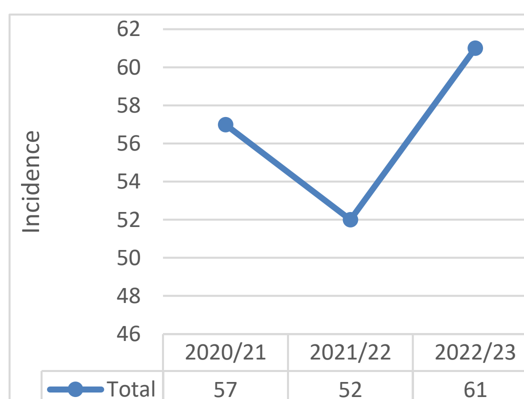
6.2 Clostridiodes *difficile* infection

NHS England (NHSE) set the threshold for each system. The *C.Diff* target for BSW ICB for 2022-2023 was 217. BSW ICB had a total of 238 cases, and breached the threshold set by NHSE. In the B&NES locality there was a total of 46 cases. 22 were hospital onset, healthcare associated, 10 were community onset, healthcare associated, 7 were community onset, community associated and 6 were community onset, indeterminate association. This is 15 less than 2021-2022 for the B&NES locality. BSW ICB was the second best performing ICB for rates of *C.Diff* during 2022-2023 in the southwest region.

Through post infection reviews it has been identified that prescribing associated with skin and soft tissue and hepatobiliary concerns may be a contributory factor alongside long-term health conditions such as diabetes. Further work is required to investigate this in greater detail, which the BSW HCAI collaborative will be taking forward during 2023-2024.

NHS BSW ICB, Clostridium Difficile Cases, 12 month rolling rate & Clostridium Difficile incidence





Source: UKHSA DCS, BSW ICB data 2020/21-2022/23

6.3 *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.

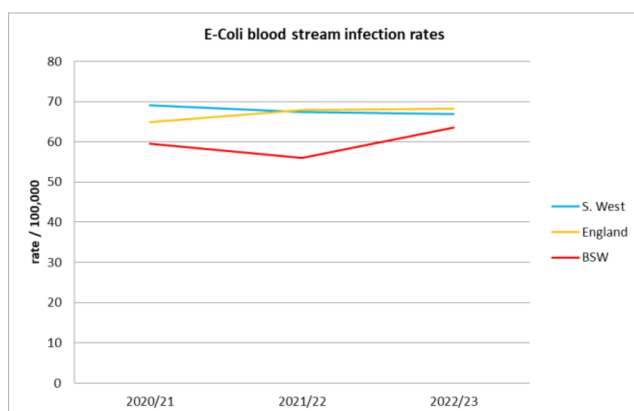
During 2022-2023 the total incidence of E-coli BSI was 585, NHSE set a threshold of 516, the total incidence was 67 more cases than 2021-2022. B&NES had 106, 18 less incidences of E-coli than 2021-2022.

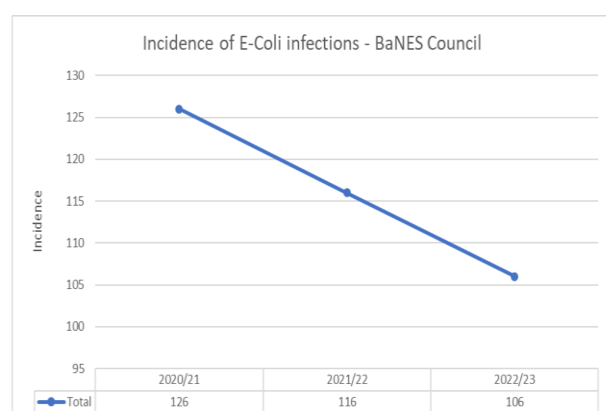
Urinary Tract Infections (UTIs) remain the highest primary source of the BSW systems E-coli cases. A quality improvement project was commenced during 2022-2023 that continues into 2023-2024, including a project on hydration in B&NES which aims to reduce UTI's in men and women over 65 years of age. The overarching aim of the project is to reduce the number of E-coli cases by at least 10% by 2024/25.

The Quality improvement project has three workstreams:

- Correct management and judicial use of antibiotics for lower UTI's
- Increase hydration within the over 65 population across BSW and increase public awareness for prompt recognition of UTI's
- Catheter management

NHS BSW ICB, E-coli blood stream cases, 12 month rolling rates & Ecoli infections incidence





Source: UKHSA DCS, BSW ICB data 2020/21-2022/2

6.4 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. There are several key areas for improvement across IP&C within the BSW ICS.

There are three overarching principles that align to the ICS objectives:

- Ensure that the BSW system informs, promotes, creates and sustains evidence-based IP&C practice to create a health and social care system where no person's health and wellbeing is harmed by a preventable infection.
- Work together as a BSW system to support maximising the impact of collaborative work across health and social care systems to reduce the overall burden of infections on the BSW population, prevent infections and manage infection to prevent poor outcomes.
- Continue to build on relationships built through the peer network to share learning and provide a network of support across the system for all stakeholders and develop the IP&C workforce.

6.5 Priorities identified for 2023-2024 – Priority 5:

Contribute to the BSW system wide quality improvement projects, which aims to reduce the incidence of E-coli blood stream infections and Clostridium has been identified as priority 5 for 2023-2024

7. Sexual Health

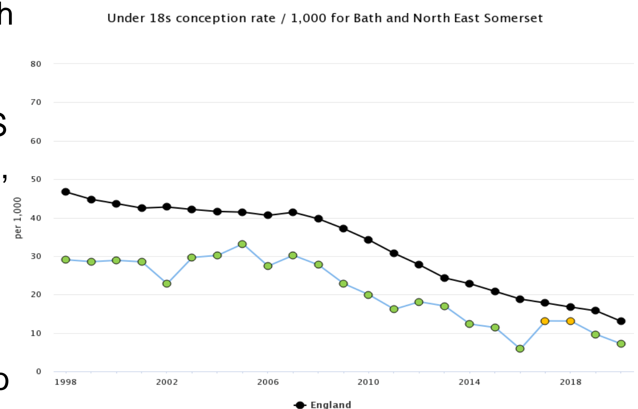
Sexual health is an important part of physical and mental health and is a key part of our identity as human beings. The B&NES Sexual Health Board supports the World Health Organisation (WHO) universal definition of sexual health and adds our own view that additional elements of good sexual health are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

7.1 Sexual health action plan & key performance indicators

The Sexual Health Board developed an annual B&NES sexual health action plan for 2022-2023. The action plan groups actions into four thematic areas: prevention and promotion; intelligence and research; service improvement; and governance and contracting.

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 Sexual Health Board also reviews the indicator set regularly to understand sexual and reproductive health issues and alert us to any emergent problems. The Health Protection Board uses two of the outcome indicators to seek assurance; 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 (which indicates late diagnosis of HIV).

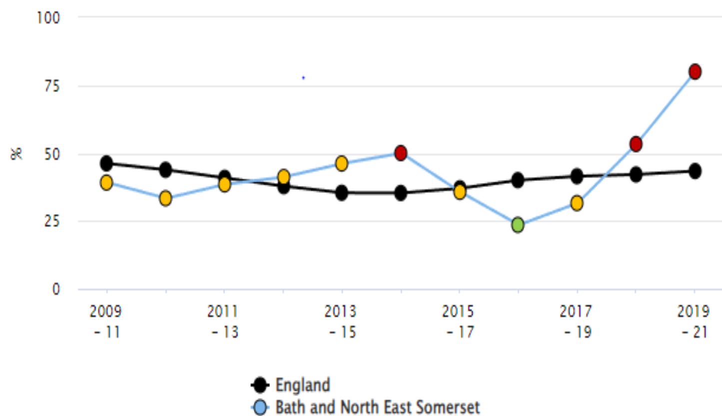
Since 2008, the under 18 conception rate in B&NES has experienced a marked decline and remains low, below the England average. The most recent *preliminary* data (covering 2021 and not detailed in the chart below) indicates a continuation of this downwards trend. It is likely that the Covid-19 pandemic also impacted the rate during 2021 due to lockdown participation and reductions in contact with others.



Source: OHID 2023

During 2019 to 2021 we saw a significant increase in the percentage of people aged 15 or above newly diagnosed with a CD4 count <350m2 (meaning that HIV has been diagnosed late, and therefore more significantly weakened the immune system with the risk that people are more unwell). It should be noted the number of new late diagnoses each year is very small (less than 10), but this increase continues to follow an upwards trend from previous years.

Percentage of HIV late diagnoses in people first diagnosed with HIV in the UK, 2009-11 to 2019-



Source: OHID 2023

Several actions are being undertaken around the increase in the late diagnoses of HIV. Working jointly, Riverside Clinic and the Public Health team have undertaken a look back exercise, identifying the core demographics of those diagnosed. An analysis has also been carried out on potential missed opportunities for an earlier diagnosis and individual patient risk factors in those diagnosed late. Some detailed recommended actions have been suggested to the B&NES Sexual Health Board following the lookback exercise including increasing awareness of HIV and association of clinical indicator conditions amongst GPs and secondary care; encouraging offering of routine testing of those with risk factors; providing triggers for testing and increasing public awareness.

These actions are currently being discussed by the B&NES Sexual Health Board and will be incorporated into the 2023/23 sexual and reproductive health action plan for B&NES.

7.2 Achievements during 2022/23

During 2022-2023 there were a number of achievements including: Low rates of diagnoses of sexually transmitted infections (STIs); Continued high rates of Long-Acting Reversible Contraception (LARC) prescribing, especially through general practices; Abortion rates were lower than the South West and England rates and stable in terms of growth; The development of internet-based testing for STIs (as a pilot) via the Riverside Clinic website and the development of the virtual Ccard allowing young people to access a Ccard electronically via their phone and mobile devices.

7.3 Challenges in 2022-2023

2022-2023 also brought challenges. One of the biggest was the emergence of Mpox. Mpox (previously known as Monkeypox) is a rare infection most commonly found in west or central Africa. There has recently been an increase in cases in the UK, but the risk of catching it is low. Genitourinary and other sexual and reproductive health clinics were at the forefront of testing and treatment. Coming so soon after the Covid-19 pandemic, this represented a significant challenge for our local service in managing this programme, but they did a superb job with rapid identification of those most requiring vaccination resulting in very few cases being diagnosed in B&NES residents. To date there have been 8 Mpox cases in B&NES residents.

During the latter part of 2022/23 we also began to see an outbreak in gonorrhoea across the South West with B&NES also seeing a significant increase. At the time of writing, we

continue to see relatively high rates of gonorrhoea particularly amongst people aged 19-24. Work is ongoing to deal with this including increased testing, media campaigns and communications to the groups most affected.

8. Substance Use (Drug & Alcohol)

8.1 Current picture

The integrated model for substance use 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. Furthermore, the Public Health team worked with partners to finalise a local drug and alcohol strategy which will shape work in B&NES over the next 5 years.

The core vision is to work together to enable people from B&NES to grow up and live free from the harms of substance use and the core aim is to focus on prevention alongside early intervention, and support those that experience difficulties with substance use by having an effective treatment and recovery support system.

8.2 Priorities for the local strategy

Priority 1: Reduce demand for substances in the B&NES population.

Priority 2: Support more adults and young people to access and benefit from treatment and recovery services.

Priority 3: Prevent and reduce harms from drugs and alcohol, including preventing drug and alcohol-related deaths.

Priority 4: Support the health and social needs of adults and young people with complex lives.

8.3 Measures of recovery

The proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months are above the year two target for non-opiate and are rated Green on DOMES, exceeding both the year 3 target and the national average.

Alcohol outcomes in relation to treatment completion are considerably better than the national average with success factors including a downward trend of representations each quarter over past 12 months. The treatment offer for Non Opiate & Crack User (NOCU) and

Alcohol clients is working well, including the introduction of 'Changing my drinking' last year and the pathway into community detox.

The year two opiate treatment completion target is below national and below the end of year projection of 3.2%. DHI have an Opiate Plan in place and the HCRG commissioner has requested that this is developed within a Service Development Improvement Plan.

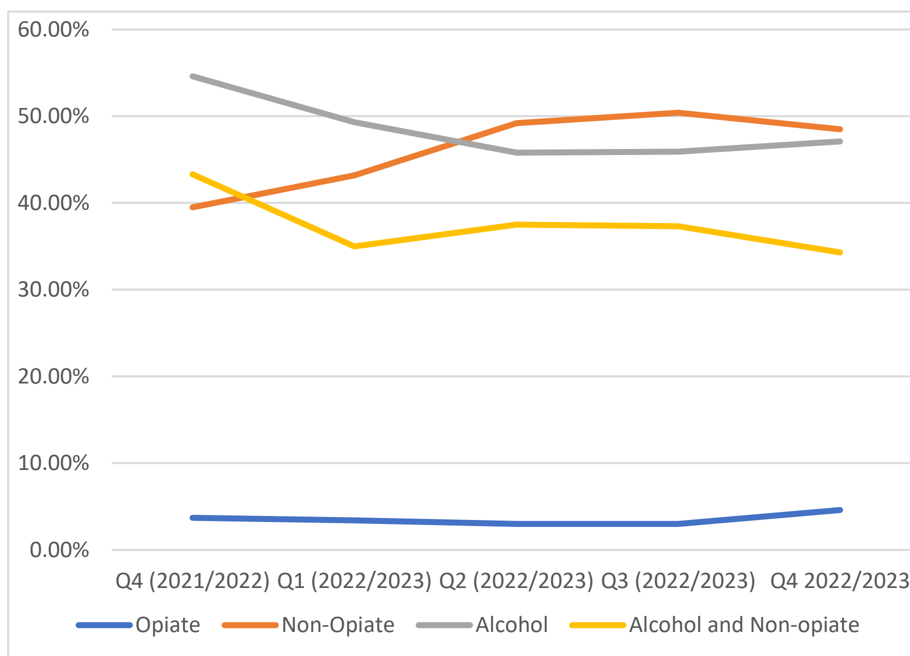
The Criminal Justice team has been established from the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) funding and a good pathway established from the prison through to Burlington Street to support with increased engagement. Successful completions for criminal justice are increasing, with opiates, non-opiates and alcohol successful completions all being above the national average and improved since Q1 of 22-23.

A new 'Problem Solving Court' is being developed. Development Health & Independence (DHI) will be a key partner in this initiative.

8.4 Outcomes for clients

Opiate successful completions as a proportion of all in treatment

Opiate successful completions have seen an improvement (from 3% to 4.6%) and are above the 4% target. For non – opiates, outcomes are in the top quartile and significantly improved outcomes from Year 1 with quarter-by-quarter improvements over 12 months. For alcohol and alcohol and non-opiate, successful completions are within the top quartile, but below year one.



8.5 Blood Borne Viruses

Progress towards the World Health Organisation (WHO) target of eliminating Hep C by 2030 is being monitored through the stakeholder group. Nationally, the UK is set to achieve the target 5 years ahead of this date. The Hep C Drug Treatment Providers have agreed micro elimination measures which services and commissioners will be using to assess progress towards Hep C elimination within Drug and Alcohol services.

9. 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 B&NES 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 7 from 2019-22 report:

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

RAG Rating: Amber

9.1 B&NES Immunisation Group & BSW Maximising Immunisation Uptake Group

A new BSW Maximising Immunisation Uptake Group (MIUG) has been established to provide strategic leadership for immunisations across BSW. The BSW MIUG has 3 main priorities:

- Vaccine coverage of two doses of MMR above 95% by the time the child is 5
- Vaccine coverage of 4-in-1 pre-school booster above 95% by the time the child is 5
- Increasing vaccine coverage for practices identified as within the 20% most deprived areas

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, did continue to meet 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 Vaccination Implementation Plan was completed in May 2023 following a multi-partner stakeholder workshop. Improving uptake of childhood vaccinations will remain a priority and supports the work of the BSW Maximising Immunisation Uptake Group.

9.2 Seasonal flu vaccination programme

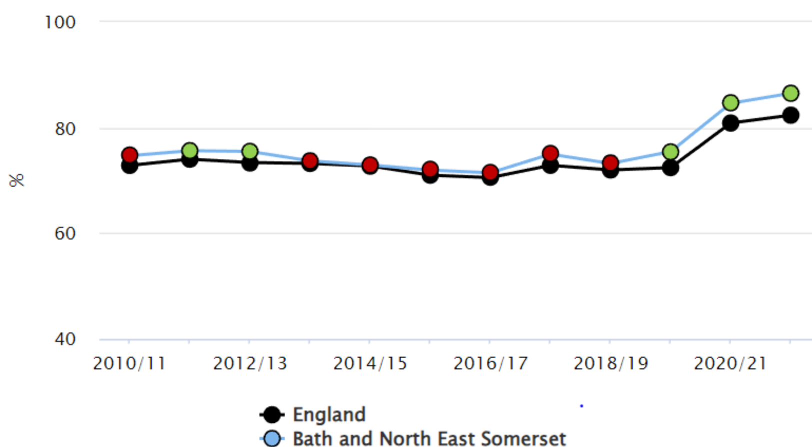
9.2.1 Vaccination of eligible groups

For all population groups except the over 65s, vaccination coverage decreased in 2022-2023 compared to the previous year, though for all groups remains above pre-Covid levels with the exception of pregnant women. During the pandemic vulnerability and the importance of vaccination against infectious disease was highlighted and coverage increased. Those most vulnerable to the effects of flu were prioritised and these included those in care homes and the housebound.

Community prevalence of influenza was low during 2021-22 and this usually means that vaccination demand and uptake is lower than years where there is a lot of cases and community transmission. There have been 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.

9.2.2 B&NES Population Vaccination Coverage

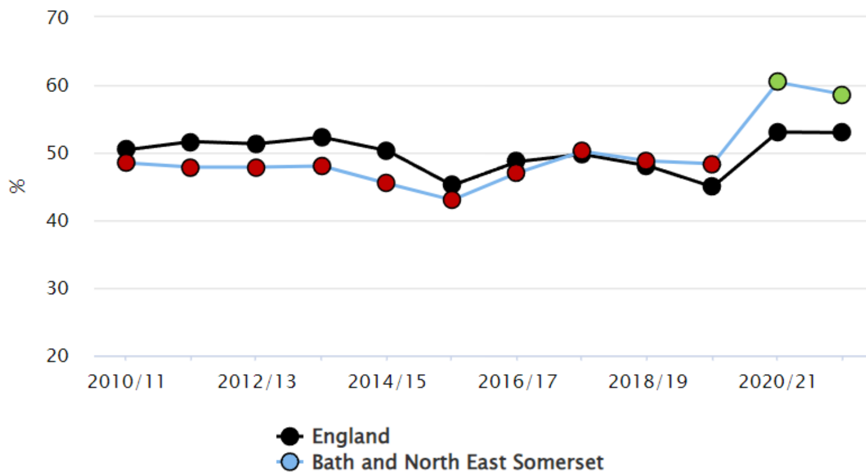
9.2.2.1 65+ year olds



B&NES Population Vaccination Coverage 65+ year olds (2010-2022)

Source: Office for Health Improvement & Disparities (OHID), 2023

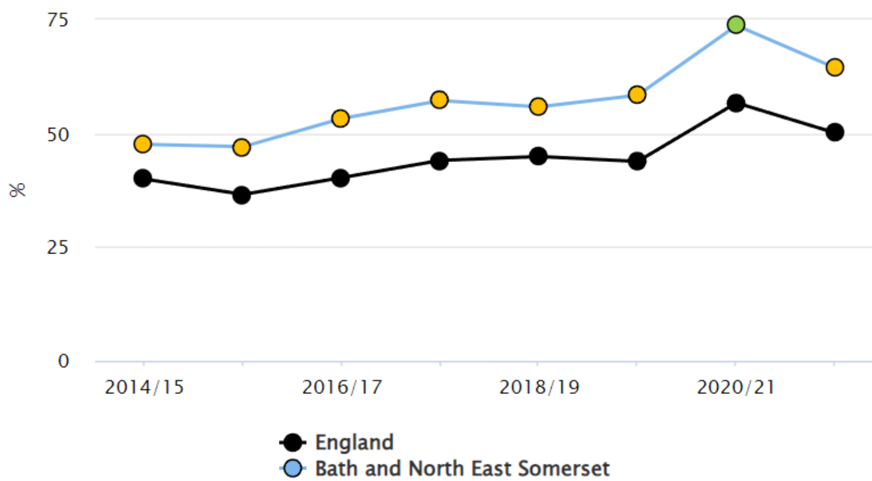
9.2.2.2 Under 65s at risk



B&NES Population Vaccination Coverage Under 65s at risk (2010-2022)

Source: Office for Health Improvement & Disparities (OHID), 2023

9.2.2.3 2 & 3 year olds



B&NES Population Vaccination Coverage 2 & 3 year olds (2010-2022)

Source: Office for Health Improvement & Disparities (OHID), 2023

9.2.2.4 50-64 year olds

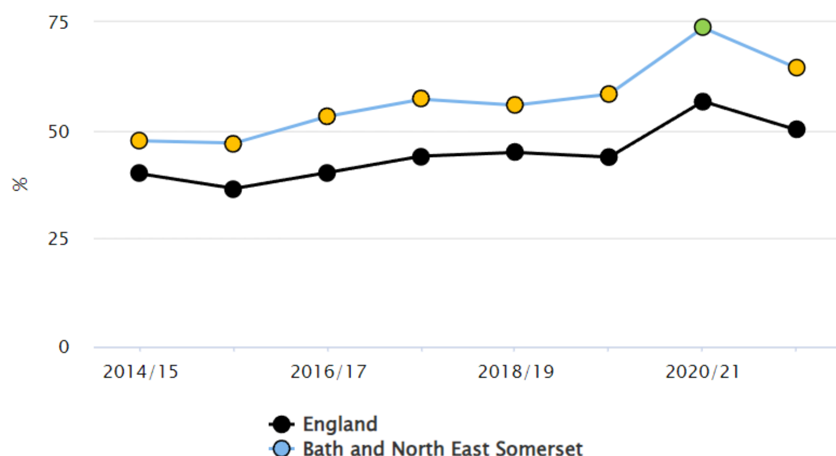
	Year	Adults aged 50-64
BANES LA	22-23	57.5%
BSW CCG	21-22	72.2%
BANES CCG	20-21	52.5%
	19-20	N/a
	18-19	N/a

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]

9.2.2.5 Primary school children



B&NES Population Vaccination Coverage primary school children (2014-2022

Source: Office for Health Improvement & Disparities (OHID), 2023

9.2.2.6 Secondary School Children

	Year	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11
	2022-23	57.4%	53.7%	54.6%	-	-
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: IMMFORM

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

9.2.2.7 Pregnant Women

	Year	Pregnant women
BANES LA	22-23	49.8%
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]

9.2.3 Flu Vaccination Programme 2023-24

Eligibility for the NHS flu vaccination during 2023-24 remains largely the same as last year 2021-22, however healthy 50-64 year olds are not eligible for the vaccination this year. Eligibility includes:

- those aged 65 years and over
- those aged 6 months to under 65 years in clinical risk groups (as defined by the Green Book, chapter 19 (Influenza))
- pregnant women

- all children aged 2 or 3 years on 31 August 2023
- primary school aged children (from Reception to Year 6)
- those in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

The BSW Integrated Care Board, has a winter plan 2023-24 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) and there's health inequalities plan for all underserved groups.

9.3 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 continues to be provided for boating community, homeless, travellers, deprived and low uptake communities such as Twerton, and lower uptake groups such as students. During 2022-2023 this model was extended to include a backpack roving model, where clinicians and public health specialists 'dropped in' at a variety of community organisations and groups offer vaccination. An evaluation has been completed of this roving model approach and it is hoped that it will continue to be funded by NHS England beyond 2022/23.

Covid-19 vaccination coverage for B&NES can be found here: https://tinyurl.com/3vyzet2k

9.4 Priorities identified for 2023-2024 – Priority 6 :

Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW has been identified as priority 6 for 2023/24

9.5 Reducing health inequalities in screening & immunisation programmes

Priority 8 from 2019-22 report:

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

RAG Rating: Amber

9.5.1 B&NES Bowel Cancer Screening Awareness Campaign

The risk of bowel cancer increases with age, with over 80% of bowel cancers arising in people who are 60 years or over. The chances of surviving bowel cancer are much higher when it is found at an early stage1. Good coverage and uptake of NHS bowel cancer screening can support early diagnosis of bowel cancer in people with no symptoms, when treatment is likely to be more effective.

A bowel cancer screening awareness campaign launched in B&NES on 10 October and ran until 28 November 2022. The campaign aimed to address local inequalities in NHS bowel cancer screening uptake by increasing the participation of men aged 56 –74yrs, as they became eligible for their first screen. The campaign supported the ambitions of the BSW Inequalities Strategy 2021-2024 and the early diagnosis of cancer. B&NES council public health team led the campaign with the support of Cancer Research UK (CRUK), BSW ICB, NHS England Screening and Immunisations team and Bowel Cancer West.

Key challenges in effectively delivering this project and assessing the impact of the campaign included lack of detailed data with demographic breakdown at LA and GP practice level. There was not sufficient evidence to conclude that the campaign was effective in raising awareness which in turn translated into increased uptake of screening in the target group. However, we can assume that there will have been some effects as the campaign was evidence-based building on the learning from the two successful campaigns in 2017.

System pressures on health service professionals including primary care colleagues cannot be underestimated. While the risk of primary care teams not engaging with the project was identified as a risk it is disappointing that we do not have any evidence to suggest that they were able to support the campaign through sharing text messages.

It is also worth considering other opportunities for promoting and discussing screening opportunistically with the target group e.g., when doing targeted lung health checks to

smokers aged over 50years. There is also scope for a future project looking at sending SMS reminders to those who have not responded to previous screening invites.

A key learning point from the campaign was the importance of working closely with ICB colleagues and across BSW. The support of the ICB cancer commissioning lead through linking directly with practices and Primary Care Networks (PCNs), sharing information about the campaign and approaching the target practices directly was invaluable. The campaign has been shared at the BSW Bowel Screening Inequalities Subgroup and has been replicated and delivered in Swindon Borough Council using the same approach, resources and assets.

The subgroup has also been a helpful forum to begin to identify common priorities including the need for better data to help identify and address inequalities at place level. Going forward the BSW subgroup will provide opportunities for joint working and sharing learning including best practice on raising awareness of the importance of uptake of NHS bowel cancer screening with those groups less likely to participate in screening including those with learning difficulties, BAME groups and those living with severe mental illness.

Examples of the communication methods for the bowel cancer screening campaign:

9.5.2 Promoting Cervical Screening in eligible women with learning disabilities in B&NES

Women and people with a cervix between the ages of 25 and 64 years are invited for regular cervical screening through the NHS cervical screening programme. Coverage is defined as the percentage of individuals eligible for screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those aged 50 to 64).

According to the Improving Health & Lives (IHAL) Report (2015) “Making Reasonable Adjustments to Cancer Screening”, women with a learning disability have an uptake of 29% at cervical screenings when eligible compared to the 69% of the general population. However, 75.2% of patients with a learning disability in 2020-21 had a Learning Disability Health Check in 2020-21, a statistically significant increase from 56.3% in 2016-17.

In 2021-2022, there were 143,298 women registered with a GP across BSW, who are identified via their GP records as eligible for cervical screening due to being between the ages of 25-64 and registered as learning disabled.

During 2022-2023 a project initiation document was developed with the project aim of increasing uptake and coverage of cervical screening in women with learning disabilities.

This work will be taken forward during 2023-2024 and is intended to be a joint piece of work between the ICB, HCRG Care Group, B&NES Council and B&NES Enhanced Medical Services (BEMS).

10. Recommendations for 2023-2024

The Health Protection Board is committed to improving all work streams. The following 6 recommended priorities for 2023-2024 have been agreed by the HPB 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.

10.1 Recommended priorities:

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. Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work.

5. Contribute to the BSW system wide quality improvement projects, which aims to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections.

6. Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW.

11. Appendices

Appendix 1b: B&NES Health Protection Board ToR (see embeded document)

Appendix 1c: Health Protection Board Risk Log (see embeded document)

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