

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD 24TH MARCH 2022

HEALTH PROTECTION REPORT 2021-2022

REPORT OF DIRECTOR: HEALTH & WELLBEING (STATUTORY DIRECTOR OF PUBLIC HEALTH)

LEAD CABINET MEMBER: CLLR KELLY MIDDLETON

HEALTH & WELLBEING BOARD CHAIR: CLLR ANGELA MCCLEMENTS

PART A) – SUMMARY REPORT

1. SUMMARY

Introduction

- 1.1 A key priority of the Health & Wellbeing Board's current Health & Wellbeing Strategy is to 'ensure we protect people's health as much as possible from infectious diseases and other threats'. The Covid Pandemic has highlighted the importance of partners working together to protect our residents health and has made this work very prominent.
- 1.2 Since April 2013, when Directors of Public Health (DPHs) were transferred to Local Authorities they have held an assurance role with regard to health protection issues including outbreaks and emergency preparedness and response. However, depending on the scale and specific outbreak, DPHs have provided local leadership, expertise and advice and possibility management. The Covid Pandemic has highlighted the role DPHs and their teams have and will continue to take in Covid and other significant outbreaks of infectious diseases. Existing environmental health teams within local authorities continue their statutory role to support health protection systems working locally, regionally and nationally.
- 1.3 DPHs also have an assurance role in providing scrutiny of screening and immunisation programmes.
- 1.4 From October 2021, the UK Health Security Agency (UKHSA) became responsible for planning, preventing and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level, as well as on the global stage. UKHSA ensures the nation can respond quickly and at greater scale to deal with pandemics and future threats.
- 1.5 The oversight of Health Protection arrangements in Telford & Wrekin sit with the Shropshire, Telford & Wrekin Health Protection Covid Board that meets quarterly and has representatives from Local Authority, UKHSA and the NHS. The STW Health Protection Board seeks assurances on the following:

- Immunisation programmes (including childhood immunisations, flu and Covid)
- Outbreaks and communicable diseases
- Infection Prevention & Control update
- Covid
- Regulatory Interventions
- NHS Screening programmes

1.6 The Board is chaired by the Telford & Wrekin DPH and reports to the ICS Quality & Safety Committee and each Local Authority's Health & Wellbeing Board. The Health & Wellbeing Board will receive a report annually from the Health Protection Covid Board unless matters need to be escalated by exception.

1.7 The terms of reference can be found in Appendix 1. This annual update will focus on Covid and Local Authority Health Protection functions.

2. **RECOMMENDATIONS**

The Health & Wellbeing Board is asked to:

1. Approve the Terms of Reference for the STW Health Protection Assurance Board and
2. Note the contents of this annual update.

3. **SUMMARY IMPACT ASSESSMENT**

COMMUNITY IMPACT	Do these proposals contribute to specific Council priorities?	
	Yes	<ul style="list-style-type: none"> • Every child, young person and adult lives well in their community • Everyone benefits from a thriving economy • All neighbourhoods are a great place to live • Our natural environment is protected, and the Council has a leading role in addressing the climate emergency • Community-focussed, innovative council providing efficient, effective and quality services.
	Will the proposals impact on specific groups of people?	
	No	
TARGET COMPLETION/ DELIVERY DATE	This is an assurance report that covers Health Protection activity up until March 2022	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	There are no financial implications arising from the recommendations contained in this report. RP-14.3.22

		The legal basis for the Council’s work in this area and any potential implications are set out within the body of the report. Regular legal advice is taken on an ongoing basis from Legal Services. RP 14.03.22
LEGAL ISSUES	Yes	<p>The Director of Public Health [DPH] is appointed under Section 73A of the National Health Service Act 2006. The DPH is, amongst other duties, responsible for the exercise by the local authority of any of its functions that relate to planning for, or responding to, emergencies involving a risk to public health.</p> <p>The DPH must prepare an annual report on the health of the people in the area of the local authority under Section 73B</p> <p>Public Health England [PHE]’s pandemic response role moved to the UK Health Security Agency [UKHSA] The remainder of PHE’s public health functions transferred to the Department of Health & Social Care’s Office for Health Improvement and Disparities. PHE closed on 01.10.2021.</p> <p>KF 16.03.2021</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	

PART B) – ADDITIONAL INFORMATION

4. BACKGROUND INFORMATION

- 4.1 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for Telford & Wrekin is responsible under legislation for the discharge of the local authority’s public health functions.
- 4.2 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:
- The Secretary of State’s public health protection functions
 - Exercising the local authority’s functions in planning for, and responding to, emergencies that present a risk to public health
 - Such other public health functions as the Secretary of State specifies in regulations

- Responsibility for the local authority’s public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications
- A duty to ensure plans are in place to protect their population including through screening and immunisation.

4.3 Within Telford & Wrekin, the Health Protection Service delivers the local Health Protection function working with other partners across the system. The service area all sit under the Service Delivery Manager for Health Protection and consists of the following teams:

- Food, Health and Safety Team (FH&S)
- The Health Protection Hub (HPH)
- Internal Health & Safety (IH&S)
- Civil Resilience

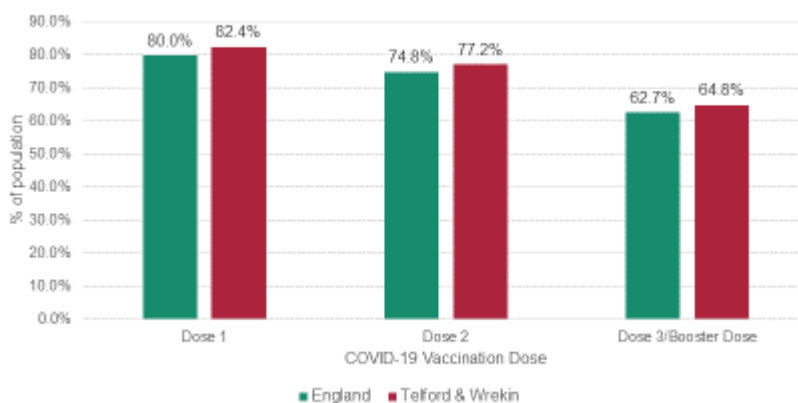
Additionally Public Protection deliver functions relating to animal diseases and air pollution.

Health Protection Update

Covid Immunisation

4.5 As at the 24th February Covid vaccination coverage within the borough is slightly better than the national average but there are just over 29,000 people aged 12+ who remain unvaccinated (i.e. no doses).

Vaccination Coverage Comparison



Dose 1 and Dose 2 coverage calculated on population 12+
Dose 3/Booster Dose calculated on population 18+

4.6 Omicron Vaccine Campaign

From mid December 2021 the Council worked with the NHS and other partners as part of the vaccine “sprint” campaign, this involved the following elements:

- Deployment of Betty the Vaccine Bus to locations where vaccine uptake was lowest i.e. in our most ethnically diverse and social deprived communities
- Customer Contact Centre SMS text invitations to residents living near next day's Betty location:
 - ✓ 28,774 text messages sent to local residents
 - ✓ 2,666 outbound phone calls and many 1,000s VM messages left
- Targeted communication – Facebook and Instagram adverts sent to community groups and chats the day before Betty arrived in their neighbourhood:
 - ✓ adverts shown more than 300,000 times, viewed by 63,000 residents (cost £1.5k)

The campaign has narrowed the gap in first dose vaccination uptake between our most deprived and affluent parts of the borough. In detail:

- **1st dose uptake @ 12 Dec 80.7% increased to 82.2% on 26 Jan (1.5% improvement)**
 - 2,771 1st doses – 500+ at Betty & pop ups
 - 1st doses increased at regular Betty locations by 3% - 5%
 - 1st dose deprivation gap narrowed (to 15.1% from 15.8% - most deprived v most affluent quintile)
 - 1st dose ethnicity gap narrowed by 1% (to 12.2% from 13.3% - white v all BAME groups)
 - 1st dose uptake increased by 2% in all BAME groups (compared to 1% in white group)
- Since 12 Dec increase in the vaccines delivered for **1st, 2nd & booster doses was greater overall in those areas targeted, compared to those areas not targeted:**
 - **First dose vaccination coverage** was below 70% in 12/108 LSOAs (2 below 60%) as @ 12 Dec. All these LSOAs were targeted and by 26 Jan 7/108 LSOAs were below 70% (zero below 60%)
 - **1st dose vaccinations** - in targeted areas increased by 2.5% compared to 1.7% in those that were not
 - **2nd dose vaccinations** increased by 3.9% in targeted areas compared to 3.5% in other areas
 - **3rd or booster dose vaccinations** increased by 54.5% in targeted areas compared to 41.8% in those that were not

Communicable Disease Control and Outbreaks

Covid

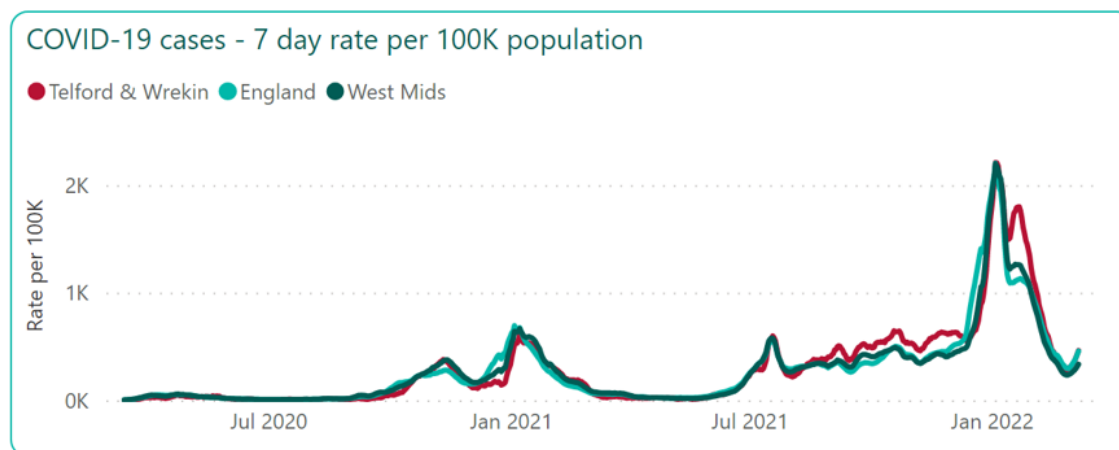
- 4.7 In response to the Covid Pandemic Telford & Wrekin set up the Health Protection Hub (HPH). The Health Protection Hub established originally in June 2020 continues to be the team that provides front line management of outbreaks and cases within the

Borough. This team has however been considerably scaled back in response to the Government's 'Living with Covid' plan.

- 4.8 The existing Local Outbreak Management Plan describes how the Council works with our communities and key partners, the NHS Test and Trace programme, UKHSA West Midlands in the pandemic. There is alignment with the Shropshire Council and the Shropshire and Telford & Wrekin NHS system footprint. We are awaiting UKHSA guidance around the future management of outbreaks.
- 4.9 The STW Health Protection Covid Board, Member-led Outbreak Engagement Board has provided governance and oversight for the plan.
- 4.10 The Telford & Wrekin Health Protection Hub has provided a well-embedded operational response through local and enhanced contact tracing, coordination and management of local outbreaks, situations and complex cases and relationships with high-risk settings.
- 4.11 Since the start of the pandemic there have been more than 55,500 positive cases recorded for residents of Telford and Wrekin. At 30,701 cases per 100,000 population, the rate has been higher than that for England as a whole (29,046 per 100,000).

There have been three distinct peaks in Covid cases during the pandemic (once community testing was established):

- January 2021 – Delta variant
- July 2021 – following the easing of restrictions
- January 2022 – Omicron variant



Sadly as at 10 March 2022, 346 borough residents have died within 28 days of testing positive for Covid. This equates to a rate of 191 deaths per 100,000 population, which is below the England rate of 250 per 100,000.

Throughout the pandemic the Council's Insight Team have supported the Director of Public Health and the Health Protection Hub with a range of intelligence products including:

- Daily dashboards giving oversight of cases, emerging variants, testing and vaccination coverage.

- Detailed analysis of cases relating to outbreaks to support the work of the Hub in outbreak management and contact tracing.
- Weekly Covid report shared with borough residents informing them of the latest information on the virus and encourage testing in areas of low take up.
- Working with NHS colleagues to provide the intelligence for the targeted vaccination campaign.

Following the removal of Covid restrictions and the ceasing of free public testing, the Insight Team will continue to analyse the available data to monitor levels of infection and vaccination coverage. We are still awaiting precise details of what this will contain.

4.12 Since June 2020, the HPH has contact traced over 24,058 cases:

Time period	Number of Cases
2020 Total number	3466
2021 Total number	13424
2022 Total number	7168

The team have supported care settings, educational establishments and workplaces providing advice on cases, outbreaks and control measures. The team dealt with 994 outbreaks across all setting types – with some in care homes lasting many weeks. Incident Management Team (IMT) multiagency meetings comprising of partners including UKHSA, NHS Infection prevention Control, Department of Education and the management of the outbreak setting, chaired by managers of the HPH were held for the most complex outbreaks. In excess of 80 IMT's were held during the period June 2020 – February 2022.

4.13 The Health Protection Hub has comprised of Environmental Health Officers (EHOs), Public Health nurses, contact tracers, business support officers. Officers were either already employed, contractors or seconded from other council teams. This has enabled the team to meet the changing demands of the Pandemic. The size of the Health Protection Hub is now much smaller and comprises of officers who will deal with cases and outbreaks in high-risk settings, manage significant outbreaks in other settings and respond to Variants under Investigation or Variants of Concern as required. This team will also deal with other notifications of infectious diseases.

4.14 The reduced size of the HPH reflects recent significant changes to the management of Covid in England. On 21st February the Government published, its Covid 19 Response Living with Covid policy. This policy included the repeal of the legal requirement of the need to self-isolate following a positive Covid test from the 24th February, and the contact tracing of cases and contacts from the same date. Access to testing for all but high-risk settings and the vulnerable will end on 30th March.

4.15 The HPH will continue to focus on outbreaks and cases in high risk settings such as older people residential care settings and SEND schools.

4.16 The HPH ensured that Government run testing sites were deployed from the autumn 2020. We were well served having a Regional Testing site at Ironbridge Park and Ride, a Mobile Testing site at Rundle Lorry Park, which was later moved to Harper Adams University. The walk in testing sites known as 'Local Testing Sites' were then

introduced into the community. Four sites were set up –Madeley, Wellington, Oakengates and Donnington. We also deployed ‘surge’ testing across the borough for organisations who were in an outbreak situation with Variants of concern (VOCs) or Variants under investigation (VUIs).

4.17 Lateral flow testing (LFT) was introduced at the end of 2020 and we took the opportunity to set up Local Authority led asymptomatic Assisted Testing Sites at the theatre at The Place, Cosy Hall Newport and The Anstice in Madeley. These sites were closed in July 2021 and Lateral Flow self-testing distribution sites for the public were opened in Southwater, Newport, Madeley and Wellington Libraries as well as continuing distribution at The Place. In addition to this distribution took place at Granville alongside the PPE store and at Darby House for council front line staff. The total number of people tested at assisted testing sites are as follows: (up to Feb 2022)

- The Place
163 positive, 21,345 negative & void, **21,508 total**

Cosy Hall
14 positive, 2,211 negative & void, **2,225 total**

- The Anstice
27 positive, 2,207 negative & void, **2,234 total**

The Lateral Flow testing programming changed its focus in August 2021 to a Targeted community approach to encourage people in areas of deprivation to test where health outcomes were poorer. By working with community engagement teams, we were able to reduce the disparity in testing for these groups from 3% to 1%. The total number of LFD kits distributed at council sites is in excess of 30,000 kits.

4.18 All testing sites and provision will be stood down on March 30th 2022. Lateral flow testing for care home and NHS staff is expected to continue in some capacity, but at the time of writing this report the details of the schemes have not been made public. It is also expected that nationally a small number mobile testing units (MTU's) will be available to deploy if needed.

4.19 The Food, Health & Safety Team have delivered Covid secure visits in premises across the borough throughout the pandemic. Additional funding allowed for contractors to increase the size of the team to ensure that business as usual activities could continue alongside the Covid secure work. In excess of 731 Covid secure visits were undertaken at businesses across the borough to ensure that they were operating in a Covid secure way in 2021.

Notifiable Infectious Diseases

4.20 Local Authorities are empowered to take action in relation to the control of notifiable diseases within their boundaries. They are required to appoint a “proper officer” for this function.

- 4.21 In Telford & Wrekin Consultants in Communicable Disease employed by UKHSA are appointed as the proper officer.
- 4.22 Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer' at their local council of suspected cases of certain infectious diseases.

Table 1: List of Notifiable Diseases

Table 1. List of notifiable diseases	
Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010	
Acute encephalitis	Malaria
Acute infectious hepatitis	Measles
Acute meningitis	Meningococcal septicaemia
Acute poliomyelitis	Mumps
Anthrax	Plague
Botulism	Rabies
Brucellosis	Rubella
Cholera	Severe acute respiratory syndrome (SARS)
Diphtheria	Scarlet fever
Enteric fever (typhoid or paratyphoid fever)	Smallpox
Food poisoning	Tetanus
Haemolytic uraemic syndrome (HUS)	Tuberculosis
Infectious bloody diarrhoea	Typhus
Invasive group A streptococcal disease	Viral haemorrhagic fever (VHF)
Legionnaires' disease	Whooping cough (pertussis)
Leprosy	Yellow fever
Report other diseases that may present significant risk to human health under the category 'other significant disease'	

- 4.23 The Health Protection service has the function for communicable disease control. The service area have a wide range of duties that cover many aspects of Health and

environmental protection and the control of infectious diseases. The roles and responsibilities of the Local Authority and UKHSA (formally PHE) is contained in the Roles and Responsibilities for Investigation of Infectious Disease - West Midlands Protocol.

- 4.24 The Food, Health and Safety team have duties that include the registration, inspection and investigation of food premise, food and water sampling, investigation of food borne illness and disease, labelling and allergens, food fraud, legionella and water system safety, health and safety, skin piercing registrations and private water supplies. These activities are all designed to ensure that food and water sold and consumed within the borough is safe to eat and drink.
- 4.25 Legal powers of providing a range of enforcement powers including the ability to prohibit and prosecute exist to support this function.
- 4.26 From 1st April 2022, the HPH will receive notifications of the all-infectious diseases (NOIDS). They will investigate single cases and outbreaks. The Food, Health and Safety Team will continue to support with onsite investigations and sampling. During the pandemic, there has been a decrease in the number of NOIDS as shown in Table 2.
- 4.27 The HPH will also deal with norovirus outbreaks in schools and care settings.

Table 2: NOIDS Notifications 2019-2021

Organism	2019	2020	2021
Campylobacter	195	119	87
ECOLI 0157	0	0	1
Salmonella	23	15	18
Cryptosporidium	5	7	4
Giardia	1	2	1
Shigella	1	1	0
Clostridium Perfringens	1	0	0
Legionella	2	0	0

Winter Preparedness

- 4.28 To ensure that the Local Authority and NHS partners had the pathways in place to cope with outbreaks of Winter Flu and Norovirus in schools and care homes, the DHSC asked that we complete a survey on winter plans and undertake a winter preparedness exercise.
- 4.29 A system wide exercise took place in early November. The exercise tested a scenario of a flu and Covid outbreak in a residential care setting.
- 4.30 In addition, as it is important to remind schools and care settings about the prevention of infectious diseases other than Covid, toolkits for both residential care homes and schools have been developed and circulated.

Regulatory Interventions

Food Health & Safety

- 4.31 As discussed above the Food Health & Safety Team have a variety of statutory health protection functions. The Food Standards Agency (FSA) is the government department that has oversight over food safety and the [Framework Agreement on Official Feed and Food Controls by Local Authorities](#) sets out what the Food Standards Agency expects from local authorities in their delivery of official controls on feed and food law.
- 4.32 During the past two years, food inspections have not taken place at the frequency required by risk assessment. The FSA has recognised that lockdowns' and the redeployment of EHO's to other roles (i.e. the HPH) has affected the food program and so have provided local authorities with a recovery plan. The FH&S Food Law delivery plan details how the team will meet the FSA targets. The FSA are also requiring local authorities to submit "temperature check" returns to monitor progress against the recovery plan. By March 31st 2022 the FH&S team will have inspected all not yet rated (new) businesses and all category A's B's and C's. This is 6 months ahead of the FSA target.

Table 3: FSA Food recovery Plan



4.33 Local Authorities have a duty to establish and implement a food-sampling program. The samples can either be proactive i.e. as part of a national food study or reactive e.g. samples taken because of a suspected food poisoning. Due to Covid, no sampling was undertaken in 2020; however, a sampling program resumed in November 2021.

Table 4 Food sampled from Nov 2021 – February 2022

Food Sampled	Type of analysis	Number taken	Number satisfactory	Number unsatisfactory
Ice	Microbiological Proactive	19	18	1

from Commercial premises				
Homemade Pate Pubs/ Restaurant's	Microbiological Proactive	5	5	0
Pork Scratchings National Study	Microbiological Proactive	9	9	0

Private Water Supplies

- 4.34 There are 153 private water supplies within the Borough. A private water supply is any water supply, which supplies one or more properties that is not provided by a water company. The water could be provided by a well, borehole or spring.
- 4.35 The FH&S team has a legal duty to risk assesses each private water supply in the borough (except for supplies to single non-commercial dwellings). The team are also responsible for arranging that private water supplies in their area are monitored for bacterial and chemical parameters to determine compliance with the drinking water standards and to take appropriate action to ensure that the defects are rectified.
- 4.36 An annual statutory return is required by the Drinking Water Inspectorate.

Table 5: PWS sample results 2021

Year	Total number samples taken	Reg 9's (Commercial supplies)	Reg 10's (Domestic supplies more than 2 properties)	Failures	Notices Served
2021 – TWC (Jan – Dec 2021)	1063	600	463	38	4
2022 – TWC (Jan – Feb 22)	119	112	7	1	2

Gross Alpha contamination of PWS supply

Following routine Private Water Supply Sampling in January 2021, results identified that a Borehole supply in the district had failed due to gross alpha particles in the supplies as defined by the EU water Directive.

This was of considerable concern, as the supply had not failed for this parameter previously.

The failure led to extensive research by officers to see whether the levels seen were of a public health significance.

Having received advice from PHE Centre for Radiation, Chemicals and Environmental Hazards an extensive investigation took place involving the Council, Severn Trent, a private water supply specialist and Nuclear Environmental Laboratory.

Officers took a considerable amount of water samples from the supplies over a four-month period, which were analysed, for a suite of nucleoids by a specialist lab to calculate the total indicative dose (TID) of the water that would determine whether the supply was safe to drink.

The TID calculated from the results showed the levels identified were **not of a public health significance and the supply was safe to drink**

Air Quality

- 4.37 Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas.
- 4.38 The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion.
- 4.39 Since December 1997, each local authority in the UK has been carrying out a review and assessment of air quality in their area. This involves measuring air pollution and trying to predict how it will change in the next few years.
- 4.40 The aim of the review is to make sure that the national air quality objectives will be achieved throughout the UK by the relevant deadlines. These objectives have been put in place to protect people's health and the environment.
- 4.41 If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area there. This area could be just one or two streets, or it could be much bigger. Telford & Wrekin does not currently have any AQMA's
- 4.42 The responsibility for undertaking these reviews sits with the Environmental Protection team in Public Protection. Currently Nitrogen Oxide (NOx) is monitored at 21 locations across the borough.
- 4.43 The annual status report can be found here [Air quality progress reports - Telford & Wrekin Council](#)

4.44 A review of the existing local air quality strategy (AQS) is currently been undertaken. This will mean reviewing the AQS and the current monitoring stations with the aim to develop a new AQS for the Borough, identifying priority measures to support ongoing reductions in pollutant emissions and feeding into the Borough's plans to achieve zero carbon emissions and address public health inequalities.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

6. PREVIOUS MINUTES

None.

7. BACKGROUND PAPERS

None.

Report prepared by Nicky Minshall Service Delivery Manager Health Protection Helen Onions, Consultant in Public Health

Email: Helen.Onions@telford.gov.uk nicky.minshall@telford.gov.uk

Appendix 1

Shropshire Telford & Wrekin Health Protection Assurance (including Covid) Board

DRAFT TERMS OF REFERENCE

1. Introduction

Directors of Public Health (DPH) in Local Authorities (LAs) have been responsible for improving the health of their population since 1 April 2013. DPHs have an assurance role in health protection issues including outbreaks and emergency preparedness and response (Appendix 1). However, depending on the scale and specific outbreak, DPHs will provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

DPHs also have an assurance role in providing scrutiny of screening and immunisation programmes.

From October 2021, the UK Health Security Agency (UKHSA) became responsible for planning, preventing and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level, as well as on the global stage. UKHSA ensures the nation can respond quickly and at greater scale to deal with pandemics and future threats.

The Secretary of State continues to have overall responsibility for improving health – with national health protection functions delegated to UKHSA, an executive agency of the Department of Health and Social Care. The most important functions of UKHSA are to protect the public from infectious disease outbreaks and provide surveillance, epidemiology and expertise in outbreak management.

Overall, the health and social care system together with Local Government has a shared responsibility for the management of outbreaks of COVID-19 in the Shropshire Telford & Wrekin.

Local Directors of Public Health are responsible for producing Covid Local Outbreak Management Plans (working through Health Protection Boards) and will be supported by System-wide partners. Directors of Public Health also have a role in providing assurance and response for local health emergency planning through the Local Health Resilience Forum.

2. The objectives of this STW System wide Health Protection Board

- Provide assurance to the ICS Quality & Safety Committee and Health & Wellbeing Board’s that there are safe and effective plans in place about management of outbreaks and other health protection incidents;
- Agree the system wide framework for Local Outbreak Management Plans for Covid 19;
- Provide multi-agency and multi-professional input into development of Local Outbreak Management Plans and elements of the plans including testing, treatment, PPE;
- Oversee assurance of effective immunisation programmes;
- Oversee assurance of effective screening programmes;
- Provide multi-agency input into the development of system wide Infection Control processes across health and social care sector
- Monitor Healthcare Associated Infections and antimicrobial prescribing and resistance in the community and acute health care settings.
- Oversee assurance of wider infectious disease response.

3. Membership

Members of the Board will be:

Title	Organisation
Director of Public Health*	Telford & Wrekin Council
Director of Public Health	Shropshire Council
Consultant Health Protection	UKHSA
Executive Director of Quality	Shropshire, Telford & Wrekin CCGs
Acting Senior Infection Prevention and Control Lead	Shropshire, Telford and Wrekin CCG
Director of Planning	Shropshire, Telford & Wrekin CCGs
Deputy Chief Operating Officer (SaTH) & SRO Covid Immunisation Programme	SaTH

Consultant Clinical Scientist, Microbiology	SaTH
Consultant in Public Health	Telford & Wrekin Council
Consultant in Public Health	Shropshire Council
Health Protection Service Delivery Manager	Telford & Wrekin Council
Screening and Immunisations Manager for Shropshire and Staffordshire	NHSE/I – Screening/Immunisation Lead

*Chair

Other individuals may be invited to any meeting as and when appropriate. Members may nominate a relevant substitute if they are unavailable to attend a meeting.

The composition and terms of reference of the Board will be reviewed by the Board no less frequently than once every 12 months.

The Board will be chaired by the Director of Public Health Telford & Wrekin; if the Chair is not present at any of the meetings of the Board then the Director of Public Health Shropshire will chair the meeting. In the event that neither Director are present to chair the meeting, a chairperson will be elected from the remaining members.

4. Support

Telford & Wrekin will provide administrative support to the Board.

5. Frequency of Meetings

The Board shall meet bi-monthly until the TOR are reviewed.