

Walsall Health Protection Annual Report 2017/18



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Contributors

Dr. Barbara Watt, Director of Public Health, Walsall MBC

Dr. Uma Viswanathan, Consultant in Public Health, Walsall MBC

Mandy Beaumont, Nurse Consultant in Health Protection, Walsall MBC

Dr. Paulette Myers, Consultant in Public Health, Walsall MBC

Dr. Claire J. Heath, Senior Public Health Intelligence Officer, Walsall MBC

Adrian Roche, Head of Social Inclusion, Walsall MBC

David Neale, Programme Development and Commissioning Manager - Substance Misuse, Walsall MBC

David Walker, Programme Development and Commissioning Manager - Sexual Health, Walsall MBC

David Elrington, Regulatory Services Manager, Walsall MBC

Lorraine Boothman, Regulatory Services Manager, Walsall MBC

Dr. David Kirrage, Lead Consultant in Communicable Disease Control, Public Health England

Dr James Chipwete, Consultant in Communicable Disease Control, Public Health England

Dr. Ash Banerjee, Screening and Immunisation Lead, NHS England

Sharon Grant, Health Protection Practitioner Emergency Planning, Walsall MBC

Louise Fox, Lead Infection Prevention and Control Nurse, Walsall Healthcare NHS Trust

Joanne Taylor, Head of Infection Prevention and Control and TB Services, Walsall Healthcare NHS Trust

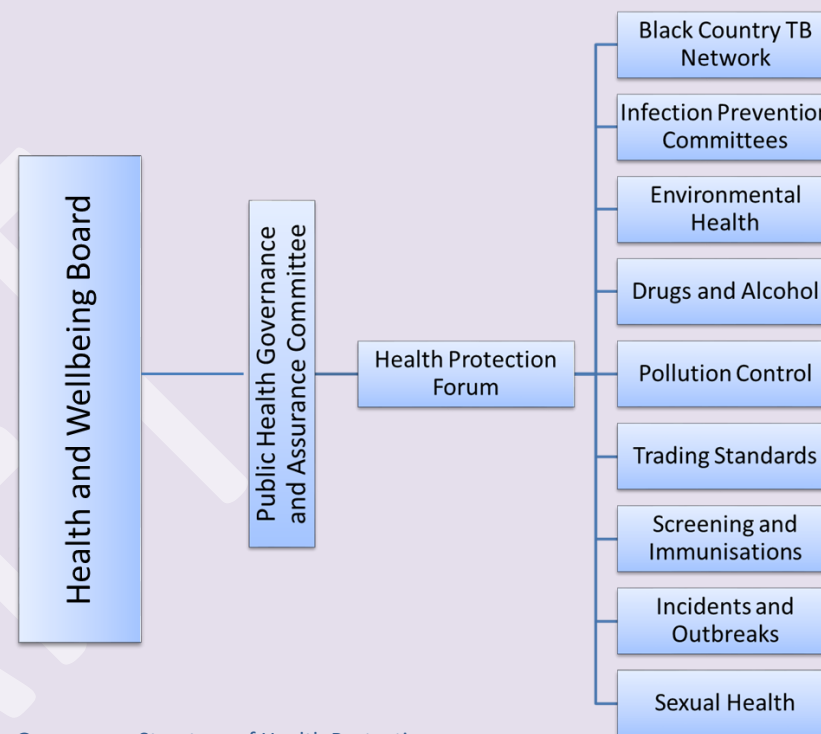
Susan Hughes, Health Protection Practitioner, Health Care Acquired Infections, Walsall MBC

Executive Summary

This is the third health protection annual report of the Walsall Health Protection Forum.

This report has been designed to achieve a number of objectives:

1. Present the current situation and analysis of health protection issues in Walsall during 2017/18.
2. Provide an overview of the health protection work undertaken in Walsall by all agencies attending the Health Protection Forum. Each section demonstrates some of the achievements during 2017/18, plans for 2018/19 and any associated risks that could impact on the proposed work streams.
3. Review the recommendations from 2016/17 and report on the progress made.
4. Provide a summary of joint plans for 2018/19



Governance Structure of Health Protection

Health Protection is a term used to encompass a set of activities within the Public Health function. It involves: Ensuring the safety and quality of food, water, air and the general environment. Preventing the transmission of communicable diseases whilst also managing outbreaks and the other incidents which threaten the health of the public.

In 2016/17 the Walsall Health Protection Team consisted of a Consultant in Public Health, a health emergency planner, an intelligence officer and a nurse consultant in health protection. The larger health economy wide health protection team met on a quarterly basis at the Health Protection Forum chaired by the Director of Public Health. Members of the group include representatives from the CCG quality team, Environmental Health and Trading Standards, Pollution Control, Public Health England Consultant in Communicable disease Control, NHS England Screening and immunisation, Sexual Health, Drugs and Alcohol and the local TB service and Infection Prevention and Control Teams from the acute services

Drugs and Alcohol Services

Lead Name: Adrian Roche

Following the implementation of the Health and Social Care Act (2012) the responsibility for commissioning drug and alcohol misuse treatment became one of local government's new public health responsibilities. Although drug and alcohol treatment is not a mandated service, local authorities must pay regard to the need to improve the take up, and outcomes from, its drug and alcohol treatment services.

Current Situation and Achievements

	Rate per thousand of the population		
	Opiate and Crack Users	Lower 95% CI	Upper 95% CI
Walsall	11.12	10.15	12.99
West Midlands	9.57	9.10	10.33
England	8.57	8.49	8.86

There are estimated to be 2227 opiate and crack cocaine users in Walsall. The rate of use is higher than the regional and national average.

Table 1. The rate of opiate and crack cocaine users in Walsall.

As illustrated in Figure 1, in 2016/17 the proportion of drug treatment service users who are currently injecting with opiates has increased since the previous year, and is now the same as the West Midlands regional rate, but lower than the National rate for England. However, the rate of clients who were previous injectors has continued to decline since 2014/15 and is similar to the regional, and lower than the national rate.

Needle Exchange

Two types of needle exchange programmes operate in Walsall; a specialist exchange run by, and from, The Beacon - Walsall's specialist drug treatment provider, and a pharmacy needle exchange service. Thirty three pharmacies are accredited to exchange kits containing ten needles per kit. Historically, a large amount of discarded drug injecting paraphernalia has been an issue in and around Walsall town centre. In order to address this, two pharmacies have been accredited to exchange kits containing one needle, which has proven useful in reducing the town centre drug injecting paraphernalia litter.

Specialist Needle Exchange April 2017 – March 2018

- 488 individual clients accessed the specialist needle exchange making 1743 visits which is approximately. 34 visits per week
- Approximately 78,000 needles were issued through the specialist needle exchange, (7% increase on the previous year), which equates to approximately 6500 per month or 1500 per week.

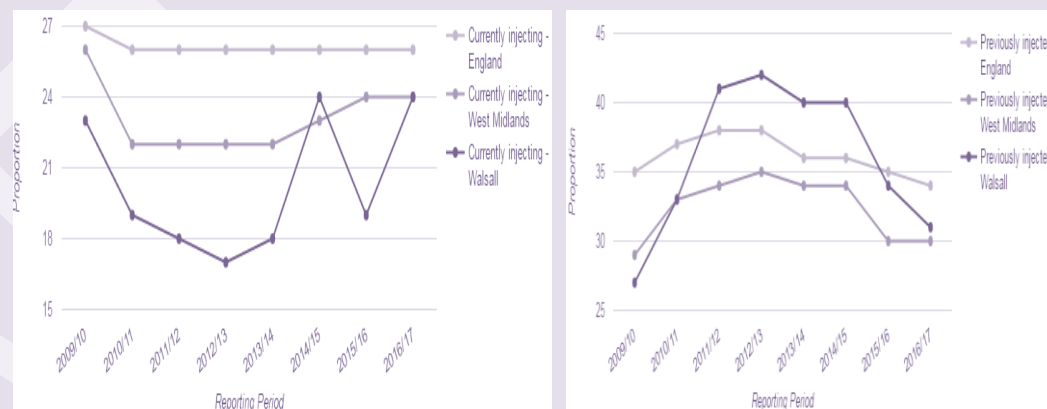


Figure 1. The proportion of drug treatment service users that are currently (a) or who have previously (b), injected with opiates.

Pharmacy Needle Exchange, July 2017 – June 2018

- The 33 pharmacies issuing 10-needle kits undertook, on average, 750 exchanges per month, or approximately 184 per week.
- Five pharmacies account for 67% of all exchanges in Walsall
- Of the two pharmacies that can issue the 1-needle kits, only 1 is active in the scheme. On average, that pharmacy undertook 617 exchanges per month or approximately 151 per week.

Demand on Walsall Specialist Drug Substance Misuse Treatment Service.

A person entering treatment will receive an assessment of their drug use, social issues and health status which includes an 'opt-out' blood borne virus screening and offered a course of vaccinations. Even if someone refuses the screening there are multiple opportunities for clients to accept at a later date through key worker appointments, as well health and wellbeing assessments. The specialist treatment service is considering operating a contingency management approach as a way to encourage and motivate clients who have been screened for Hepatitis B to complete a course of vaccinations.

Annual Numbers in Treatment for all drugs	1725 (Rolling 12 months to March 2018)	
Individuals with heroin as the main drug	1017 (Rolling 12 months 2018)	
	<u>New Presentations</u> <u>(Q4) - 192</u>	<u>Active During Period</u> <u>(Q4) - 1131</u>
Previously injected	27	280
Previously shared injecting kit	2	54
Presently sharing	0	0

BBV Screening offered	Hep B -	159	831
	Hep C -	161	954
Already immunised		2	158
Refused screening	Hep B -	110	571
	Hep C -	111	562
Accepted Hep B vaccination course		49	260
Completed 3 dose course		17	286
Ongoing (1-2 dose vaccinations)		6	52
Accepted Hep C test		50	392
Hep C positive		9	54

Achievements

- Good treatment engagement and penetration of the local population of people who use drugs, including those who inject
- Accessible specialist and pharmacy needle exchange services operating in accordance with NICE (PH52) guidelines
- 47% (n=23) of those who accepted HepB vaccination have either completed or are scheduled to complete their course
- Development of robust Hepatitis C pathways between The Beacon and the Walsall Manor Hospital Gastroenteritis Team
- Development and implementation of BBV improvement plan in The Beacon

Risks

- The specialist treatment provider is observing riskier drug injecting practices, such as groin and neck injecting, compared to other neighbouring areas
- Most recent data show an increase in the proportion of people who currently inject opiates.
- Drug and Alcohol treatment services are required to make £500k savings in 19/20; this is in addition to the £463k savings made between 16/18. In total the service will experience a significant reduction in staffing numbers which will result in a considerable shrinkage in the range of services offered to Walsall people who use drugs and alcohol
- Loss of expertise in the treatment service to respond to risky injecting practice
- Of all Hep C screening undertaken by The Beacon, 18% (n=9/50) were positive

Recommendations

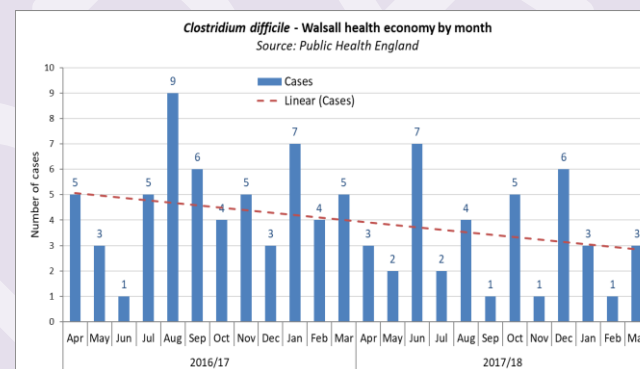
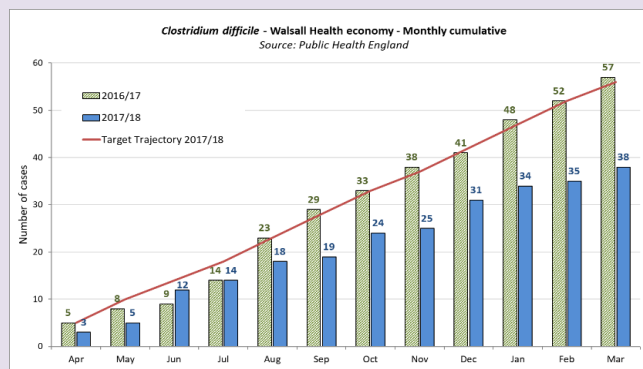
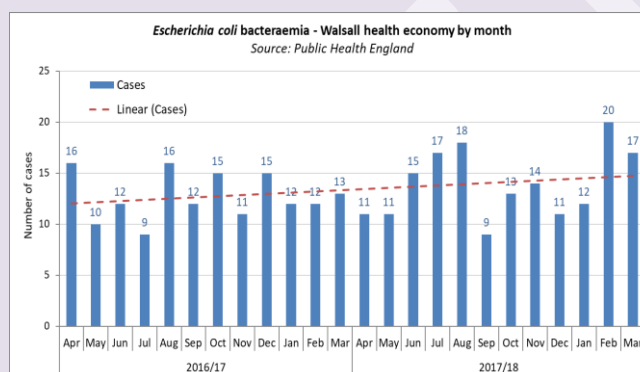
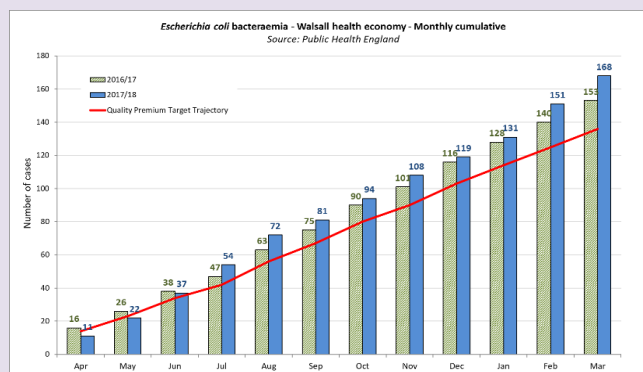
- Identify further opportunities to work with the Walsall Manor Hospital Gastroenteritis Team
- Actively contribute to the PHE West Midlands Viral Hepatitis work
- Utilise the medical room at the Glebe Centre to increase screening and vaccination coverage for BBV and TB if clinical resources allow
- Explore possibilities to train pharmacists to deliver BBV screening and vaccinations
- Identify opportunities to engage and train current and ex-service users to promote safer injecting practice amongst street-based injectors as a secondary service to improve pathways into specialist treatment
- Explore further options to introduce contingency management

Healthcare Associated Infections

Lead Name: Mandy Beaumont

Healthcare associated infections (HCAs) can develop either as a direct result of healthcare interventions, such as medical or surgical treatment, or from contact with a healthcare setting. HCAs can present a serious risk to patients, healthcare staff and the wider community. In addition they can cause significant morbidity to those infected, and incur significant costs to the NHS. Thus, infection prevention and control is a key priority for the healthcare economy.

Current Situation in Walsall Health Economy



Escherichia coli bacteraemias (blood stream infections)

The overall trend for *E. coli* bacteraemias has increased since 2016/2017. There were a total of 168 cases of *E. coli* bacteraemia in Walsall CCG in 2017/18 which was 36 cases more than the Quality Premium Target.

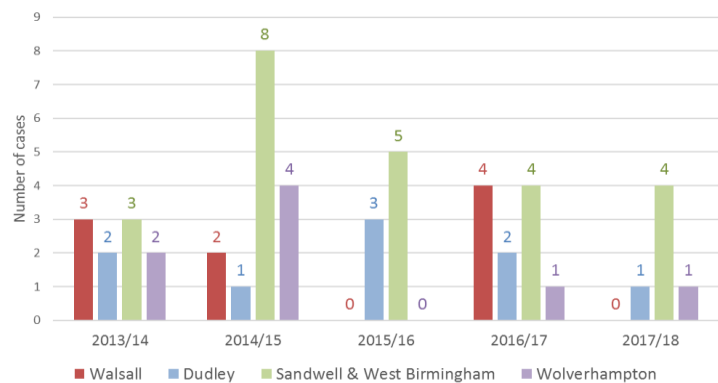
The rise in the number of reported cases of *E. coli* bacteraemias is concerning. A number of initiatives have been undertaken since 2015 to reduce the numbers of cases. This has led to Walsall having the lowest number of *E. coli* blood stream infection cases being report across the Black Country even though the numbers are increasing. The interventions include increasing surveillance and follow up and analysis of all cases, with the intention of learning what may have caused the infection and understanding whether it could have been avoided and how. Findings have shown that the majority of people who develop an *E. coli* blood stream infection have not had any dealings with health care prior to their infection. This makes prevention very difficult. However, where patients have had health or social care it has been found that urinary tract infections are the most common source of *E. coli* blood stream infection followed by chest infections. Preventative work has focused on these two areas across the health economy.

Clostridium difficile toxins found in stool samples

The overall trend for *C. difficile* infections has decreased since 2016/17.

Nationally set targets allowed Walsall health economy a maximum of 56 cases in the financial year. Walsall succeeded in achieving this target with a total of only 38 cases in 2017/18.

MRSA counts by CCG
Source: PHE



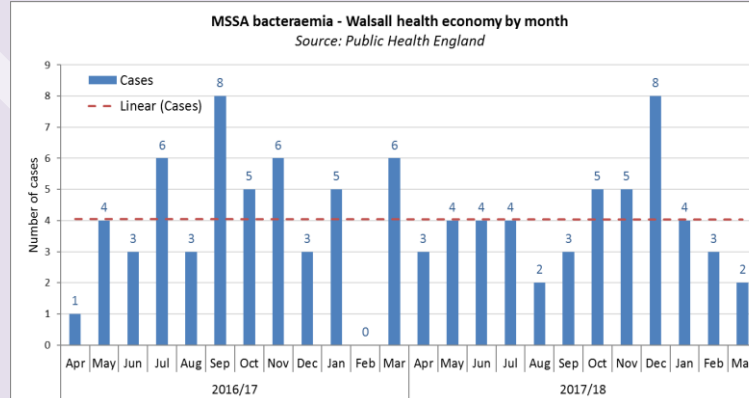
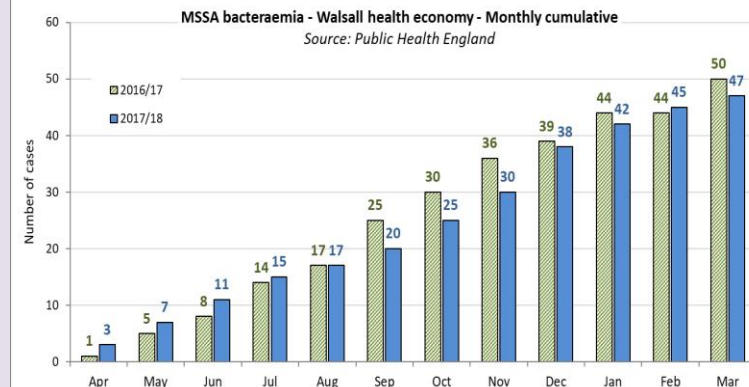
Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia

There continues to be a zero tolerance of MRSA bacteraemias in Walsall. The borough achieved this target in 2017/18.

Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia

The overall trend in cases of MSSA bacteraemia has remained stable since 2016/17.

There were a total of 47 cases in Walsall CCG in 2017/18 which is 3 cases fewer than in 2016/17.



Achievements

- The Health economy HCAI steering group continued to meet in 2017/18. In December 2017, a workshop was held to update the HCAI strategy for 2018-2023. Five steps were identified (see future work):
 - Surveillance and targeted interventions*
 - Quality improvement*
 - Informed service users*
 - Strong leadership*
 - Antimicrobial guardianship.*
- An antimicrobial resistance strategy was developed. The following themes were identified as work streams of the strategy:
 - Optimising prescribing practice*
 - Professional education and training*
 - Quality improvement*
 - Public education*
 - Infection prevention and control*
 - Data and intelligence*
- We succeed in achieving our target objective for MRSA and *Clostridium difficile* cases in the health economy.
- As part of our governance arrangements and support to the CCG, HCAI continues to be a standing agenda item on their CCG Quality and Safety Committee.
- There was a successful transition of the infection control service from WHT to Public Health, with the appointment of 2 very experienced nurses who will continue with the excellent work that was undertaken by the Trust.

Risks

- Retention of infection control staff across the health economy.
- Restructuring of pathology services
- Potential further reduction in Public Health budget.
- Current trajectory suggests that we will not achieve our E.coli bacteraemia targets in 2018/19.

Future work

- Implementation of actions from the HCAI and AMR strategies
- Maintaining low rates of *Clostridium difficile* infection and NO MRSA bacteraemia cases

Proportion of new cases by ward

This stacked bar chart displays the daily proportion of new COVID-19 cases across various wards from January 3 to April 25, 2018. The y-axis represents the number of cases (0 to 26), and the x-axis represents the date. The legend identifies the following wards and their corresponding colors:

- Ward Number 5: Orange
- Willenhall Med. Ctr.: Light Purple
- St. Giles - Walsall Hospice: Light Green
- Short St: Pink
- Rushall Med. Ctr.: Light Blue
- Occupational Health: Light Orange
- Little London Surg.: Light Blue
- Linden: Light Green
- Delivery Suite: Light Green
- Cedar: Light Green
- Accident And Emergency: Dark Blue
- 19: Teal
- 16: Purple
- 6: Green
- 7: Red
- 10: Blue
- AMU: Orange
- ASU: Teal
- 14: Green
- 4: Brown
- 3: Light Blue
- 15: Brown
- 17: Teal
- 2: Purple
- 29: Green
- 1: Brown
- 9: Purple
- total: Red line

The chart shows a significant increase in cases starting in mid-March, peaking around March 28th with approximately 25 cases. The peak is primarily composed of cases from the Accident and Emergency department, followed by the Delivery Suite and several other wards. After the peak, there is a sharp decline in cases, with a smaller secondary peak in early April followed by a return to low levels.

Number of Norovirus Outbreaks in Walsall Schools & Care Homes
Aug 2017 - Jul 2018

Number of Norovirus Outbreaks

- Care home outbreak
- School outbreak
- Care home location

Wards shown on the map: Brownhills, Alcegar North and Walsall Wood, Alcegar Central and South, Pheasey Park Farm, Streeby, Paddock, Palfrey, Black, St. Matthews, Rensall, Rensall Central, Rensall East, Rensall West, Willeslow North, Willeslow South, Short Heath, Boscley and Darlaston North, Darlaston South.

- 19 outbreaks of diarrhoea and vomiting
- 6 outbreaks of influenza
- 7 closures due to Scabies

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Current Situation in Walsall Healthcare Trust

Achievements

- WHT achieved the planned infection control activities outlined in their annual programme 2017/18.
- The Trust reported 0 case of MRSA blood stream infection during 2017-18.
- There were 11 toxin positive *Clostridium difficile* cases reported against a trajectory of no more than 18 cases. Root cause analysis (RCA) of *Clostridium difficile* cases were undertaken on all toxin positive cases. Of the 11 cases reported during 2017-18, 8 were found to have been unavoidable whilst 3 were avoidable. The three avoidable cases were deemed as such due to poor environmental cleaning and lateness in diagnosis and subsequent management.
- An Antimicrobial Management Group was formed and oversees a programme of audit of antimicrobial prescribing across the Trust with feedback directly to Medical Consultants and the Medical Director. These audits assess the appropriateness of antibiotic choice and that prescribing is within both the Trust's 'Antimicrobial Prescribing' policy and Trust medicines management guidelines.

Risks

- Staffing levels within the Infection Prevention team
- Staffing levels within the Facilities and Estates team
- Need to establish good engagement with the new leadership in the Trust
- Changes to antibiotic formulary in line with CQUIN which may lead to increased cases of *Clostridium difficile*

Future Plans

- Maintaining low rates of *Clostridium difficile* infection and NO MRSA bacteraemia cases
- Deliver a robust education programme for infection prevention across the Trust
- Continue surveillance of surgical site infections
- Keep all infection prevention policies up to date
- Plan and deliver a programme of audit across the Trust
- Focus on interventions to reduce Gram negative blood stream infections

Dudley and Walsall Mental Health Partnership NHS Trust

Current Situation

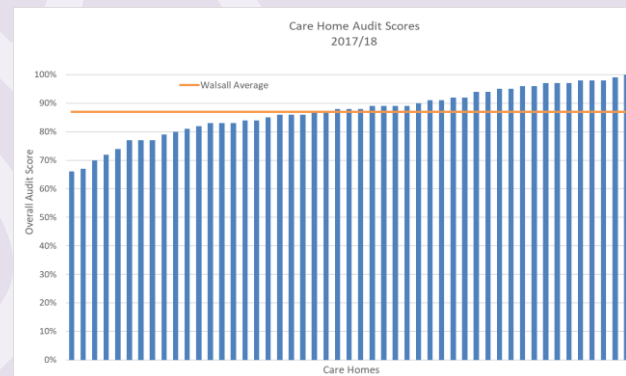
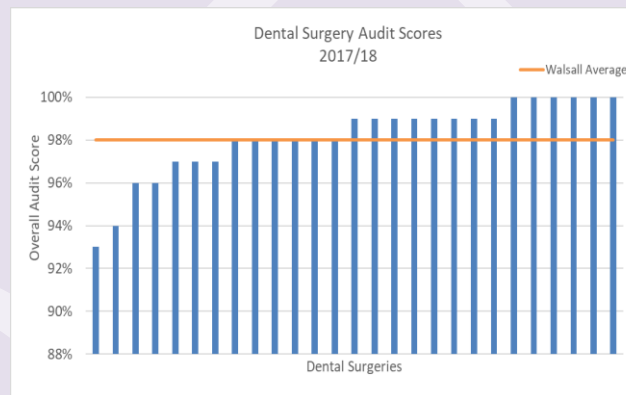
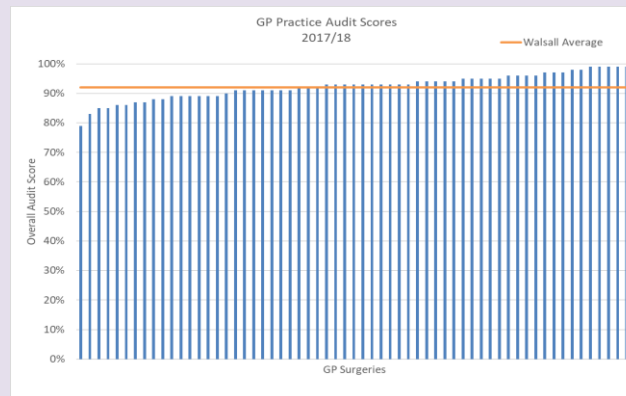
- Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT) has a small Infection Prevention and Control Team (IPCT) which supports the clinical teams to deliver and maintain patient safety, in relation to infection prevention & control. Infection prevention and control is the responsibility of every member of staff and must remain a high priority for all to ensure the best outcome for patients. The Trust has a zero tolerance approach to avoidable infections and a collective responsibility which places a duty on all staff to minimise the risk of infection at all times.
- During 2017/18 there was one outbreak of Norovirus at Bloxwich.
- The catheter passport¹ has been introduced across DWMHPT during 2017/18

Future plans

- The action plan encompasses how the Trust will meet the CQC compliance standards, with particular focus on antimicrobial work.

Risks

- Centralization of pathology services across the Black Country and further afield



Auditing

- Infection control teams performed audits of GP surgeries, dental surgeries and care homes.
- In each setting, standards of hygiene and infection control were variable between individual surgeries/homes.
- In particular, there was a high level of variation in infection prevention and control standards in care homes, with overall audit scores ranging from 66% - 100%. However, 20 homes performed self-audits and of these 18 scored $\geq 95\%$. This year all audits will be undertaken by the Health Protection Team to ensure consistency of scoring and provide a baseline to benchmark against.
- Where homes are scored poorly, additional support is provided and education is delivered through the link-worker meetings.
- In order to ensure continuity between WHT and WMBC, following infection prevention and control service level agreement change the same audit tool will be used in 2018/19.
- Audits undertaken in 2018/19 will highlight particular areas of concern, by analysing results by individual audit domains. This will identify opportunities for education and training to improve current practice to comply with national standards.

1. A Catheter Passport – a document held by the patient which informs any health or social carer the reason why the patient has a urethral catheter and the management plan for the catheter. An in dwelling catheter makes a patient far more likely to develop a urinary tract infection and they should be removed as soon as they are no longer needed. Care staff have found that by questioning why a patient has a catheter the majority of catheters are removed as an assessment shows that the patient no longer needs one.

Health Emergency Planning

Lead Name: Sharon Grant

- The Director of Public Health (DPH) through the Secretary of State has the responsibility to exercise any of its functions that relate to planning for, or responding to emergencies involving a risk to public health.
- Exercising their local authority's functions in planning for, and responding to emergencies that present a risk to public health. The DPH must ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.
- The DPH on behalf of the local authority will therefore provide advice, challenge and advocacy to protect their local population (Department of Health: Health protection and local government, 2012). This includes:
 - supporting clinical commissioning to reflect the need of the population
 - leading on health protection by ensuring appropriate arrangements are in place, escalating concerns and holding local partners to account.
 - where possible preventing threats arising and ensuring appropriate responses when things do go wrong.
 - being the lead adviser on health to the local authority and a statutory chief officer, influencing decisions across the range of the authority's business, as well as carrying out on the authority's behalf its new functions relating to public health.
 - leading the initial response to public health incidents at the local level, in close collaboration with the NHS lead.
 - having access to a range of public health expertise in their Team.

Current Situation

Walsall Health Protection Team comprises a Health Emergency Planner who works across Public Health and the CCG ensuring plans are in place and exercising them. There have been no major emergencies during 2017/18.

Achievements

- The winter of 2017/18 saw a very cold spell of weather which required business continuity measures to be activated to ensure the safety of the public and staff travelling to and from work and extended opening hours of Walsall's Homeless Shelter.
- The Cold Weather plan was updated and presented to the Corporate Management Team and Strategic Partnership Group in November. This year emphasis was placed on ensuring those people with responsibility for receiving and actioning the cold weather alerts from the Met Office were aware of their responsibility and also the need for them to identify a named deputy to take action in their absence.
- Walsall's Pandemic Flu plan was reviewed and Exercise Kumbaya was held in December 2017. This multi-agency exercise which included delegates from Walsall Hospital Trust, Walsall CCG and partners from the health economy focused on the resulting action plan from Exercise Kanagawa which was held in September 2016 and also served to identify gaps in the updated pandemic flu plan. An exercise report and updated action plan was produced and the Health Emergency Planner is working with our multi-agency partners across the health economy to ensure the recommendations made are actioned.

- The Emergency Preparedness, Resilience and Response (EPRR) service specification between Provider and Public Health for responding to Infectious Disease Outbreaks and Incidents was updated and signed off by Walsall Healthcare Trust. The Outbreak and Incident Response and Concept of Operations Plans were also updated.



- Walsall Healthcare Trust have recently appointed an Emergency Planning Lead and this will help to provide assurance to the DPH in line with the NHS Core Standards for Emergency Preparedness, Resilience and Response and national requirements, which NHS organisations and providers of NHS Funded care must meet as part of the Health and Social Care Act 2012.

• This summer we are experiencing prolonged bouts of extreme hot weather and has resulted in the Local Authority reviewing its responsibilities for the vulnerable population. This included insuring traveling communities and the homeless were provided with drinking water and ensuring public health messages relating to staying cool in hot weather and the dangers of swimming in open waters were widely circulated. See summary of these

Further Work Identified

- A consultation questionnaire has been devised to review the current Heatwave plan and will be sent out at the end September. The results of this consultation will serve to identify whether the right people are being target to receive and action weather alerts and ascertain whether they understand their roles and responsibilities for the different alert levels. The results will also help to inform the review of the Cold Weather plan and identify if there is a need to deliver awareness raising sessions for these staff.
- A joint multi-agency exercise will be arranged to test the updated Outbreak and Incident Response plans.
- Walsall will be leading on regional work to develop a pandemic Flu plan.

Risks

- The emergency planning arrangements for Health Protection risks are currently being reviewed and embedded. There is a risk that there is limited clarity over the roles across the system, responsibilities and duties of all bodies involved and accountable with the Public Health economy, both internally and externally. This could result in:-
 - reputational damage
 - increase in costs
 - should an incident arise, the mechanisms are not in place to allow the Health Protection Team to respond in a timely manner, e.g. arrangements for swabbing and prescriptions in primary care etc.
 - there is an increased threat as new organisations are brought into the health economy
- Currently there is no regional pandemic Flu plan.

Air Quality

Lead Name: John Grant

Poor air quality remains the largest environmental risk to public health in the UK, having more severe effects on vulnerable groups, for example the elderly, children and people already suffering from pre-existing health conditions. Deprived areas of Britain tend to bear disproportionate impacts in this respect.

The Committee on the Medical Effects of Air Pollutants (COMEAP) has identified that the evidence associating exposure to NO₂ with health effects has strengthened substantially in recent years. An estimate of an effect on mortality equivalent to 23,500 deaths annually in the UK has been made on the basis of NO₂ concentrations. Many of the sources of nitrogen oxides are also sources of particulate matter (PM_{2.5}).



Consequences of poor air quality may include:

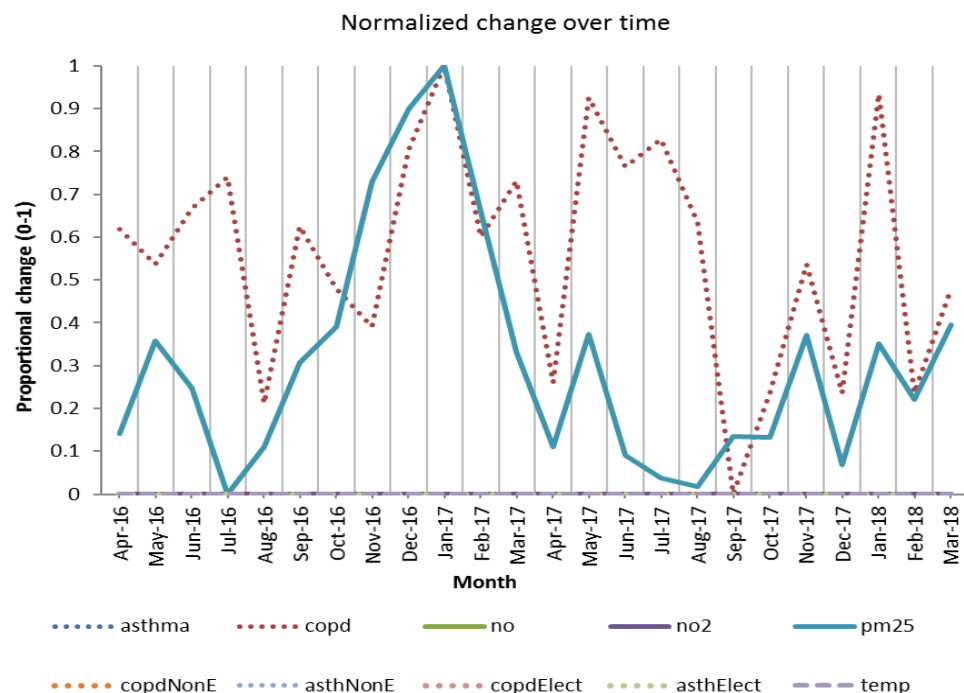
- fatalities and physical casualties, principally by compounding pre-existing health conditions
- pressure on healthcare services, particularly hospital referrals and demands on ambulances;
- economic damage
- environmental damage

[Full article available here](#)

Walsall Air Quality 2017-2018

- The West Midlands has the poorest air quality outside of London, with 6 out of 7 constituent authorities having declared whole-borough Air Quality Management Areas due to NO₂ associated with road traffic. Presently this is the only statutory air quality obligation that the UK is currently failing to meet.
- In Walsall, poor air quality arises due to road traffic, which continues to cause exceedances of the National Air Quality Objective (NAQO) for NO₂.
- During the last 12 months the council has continued to operate air quality monitoring stations across the borough as part of a strategic network. These stations run continuously and have provided data in terms of airborne concentrations of NO₂ and particle as a PM_{2.5} fraction.
- The council's Pollution Control service participates in a joint project with Public Health Walsall in regard to monitoring PM_{2.5} and assessment of the implications on human health. In particular this will encompass the incidence of respiratory, cardio-vascular and other diseases, with a view to prioritising interventions and the allocation of public health resources within the community.
- The project was initiated for the start of 2016 and is set to run until at least 2020, seeing deployment of bespoke monitoring equipment and the construction of a draft borough-wide PM_{2.5} model. The project is specifically tailored to examine road traffic emissions, focusing on areas that are known to constitute pollution 'hot-spots'.

Air Quality and Acute Respiratory Illness in Walsall



From April 2016 to March 2018, monthly PM_{2.5} levels ranged from 6.99-18.36 µg/m³, and positively correlated with COPD admissions. Peak pollutant levels, observed in January 2017, precipitated an excess of 53 admissions compared to the baseline, representing an 11.3% increase. The estimated cost to the local NHS economy of these excess admissions during this single month was £123,483, non-inclusive of the wider social and economic costs. Thus, improvement of air quality and the resulting prevention of COPD admissions, will result in significant economic benefit to the healthcare economy.

Some of the highest levels of pollutants were observed in areas of high deprivation (typified by road networks and manufacturing), which also accounted disproportionately for COPD admissions. The link between clean air and better emotional and mental well-being is well-evidenced. Therefore, reducing air pollution is imperative to achieving a healthier and fairer society, and promoting health equality.

Our current work involves expanding our data collection system and including other emission indicators to allow for verification of area and borough-wide PM_{2.5} modelling.

Robust surveillance is imperative to developing informed strategies to tackle this important Public Health issue and achieve reduction targets.

Walsall Air Quality 2018-2019

Ministerial Direction – Nitrogen Dioxide (NO₂)

The council is presently subject to a Ministerial Direction from government requiring it to conduct Technical Feasibility Studies (TFs) in regard to air quality. This relates to areas of predicted nitrogen dioxide (NO₂) concentrations which exceed the National Air Quality Objective / EU Air Quality Limit Value, as determined by the Defra/DoT Joint Air Quality Unit (JAQU) using their Pollutant Climate Mapping Model. The JAQU have provided Census ID's for road links where NO₂ is predicted to exceed 40 µgm⁻³ for the years 2019, 2020 or 2021.

Particulate Matter (PM_{2.5})

Particulate Matter (as PM_{2.5}) is a major Public Health concern. There is no evidence of a safe level of exposure or a threshold below which no adverse health effects occur. Accordingly, the Public Outcomes Framework has an indicator prescribed for PM_{2.5} relating to the fraction of annual all-cause adult mortality attributable to long-term exposure. Annual concentrations of PM_{2.5} are examined as part of trend analyses in this context

Public Health Outcomes Framework										
Overarching Indicators	Wider determinants of health	Health improvement	Health protection	Healthcare and premature mortality		Supporting information				
Indicator	Period	England	Ch-West Midlands	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
3.01 - Fraction of mortality attributable to particulate air pollution	2016	5.3	-	6.2	6.1	5.6	6.3	5.9	6.1	5.6

- Walsall's air quality monitoring work also informs new planning development and economic regeneration schemes across the borough in assessing the suitability of proposals and seeking to avoid the introduction of sensitive and relevant receptors to areas of poor air quality. Furthermore, it assists in determining where mitigation needs to be introduced through means of the planning process.
- Data concerning the state of the borough's air quality continues to be reported annually to Defra. Current statistics can also be found on [Walsall Council's Air Quality Website](#)

Risks – Current and Future

- Retention of key technical / specialist personnel to undertake air quality modeling, monitoring, appraisal and reporting duties.
- Terminal failure of extant hardware (and replacement thereof)
- Cessation of Public Health Transformation fund monies that support the PM_{2.5} programme of work.
- Potential shared service arrangements across the Black Country and West Midlands Combined Authority areas.
- Changes to central government and/or EU air quality policy and member state regulations.
- Changes to local authority statutory functions and reporting requirement.
- Changes to the Public Health Outcomes Framework Indicators.
- Implications of the Birmingham Clean Air Zone on air quality in surrounding authorities.
- Significant development of major road network may impact upon air quality.

Recommendations

- Review and verification of borough PM_{2.5} road emissions model.
- Data analysis of reported PM_{2.5} monitoring data in context of known and/or projected health impacts and incidents of disease.
- Review of needs for Public Health impacts in regard to PM_{2.5} exposure.
- Dissemination of air quality and health data with Health Care Commissioners and other parties to assist in health and social care planning and allocation of resources.
- To continue to monitor and report on NO₂ levels to ensure that these emission do not exceed recommended limits.

For Information - 2018 Government Consultations

- Air quality: reducing nitrogen dioxide air pollution in 33 local authorities (England)
- Air quality: draft Clean Air Strategy 2018
- Air quality: non-road mobile machinery and red diesel – call for evidence

Public Health England – Communicable diseases, incidents and outbreaks.

Lead Names: Dr. David Kirrage and Dr. James Chipwete.

Public Health England is an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. PHE provides government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.

In 2017/18 PHE was informed of a total of 97 situations (outbreaks/incidents) in the borough of Walsall. The nature of these are summarised in the table and chart below:

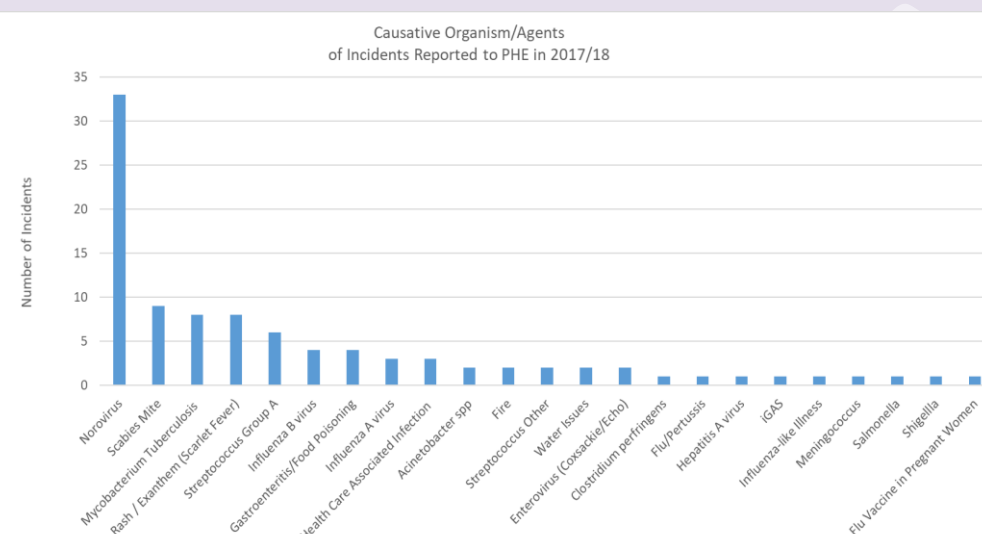


Table 1: Total incidents (exposures, issues, clusters and outbreaks)

Setting	Exposure	Issue	Cluster	Outbreak	Total
School	0	1	0	15	16
Care/nursing home	0	1	1	33	35
Hospital	0	3	1	3	7
Nursery	0	1	1	6	8
Workplace	0	3	0	0	3
Other	0	11	0	2	13

In 2017/18, the Government expected PHE to focus in particular on implementation of the following public health priorities:

PHE will support the national response to the risk and harm from infectious diseases and environmental hazards, as well as addressing global threats to public health, with a particular focus on:

- **Antimicrobial Resistance** – support the Government’s ambition to reduce Antimicrobial Resistance (AMR) by working with the NHS, in particular on reducing inappropriate prescribing (including through behaviour change); and reducing healthcare associated Gram negative bloodstream infections; as well as implementing the PHE-led commitments.
- **Local health protection** – to protect the public’s health, work with system partners to complete the audit of local health protection arrangements, including the development of a national system to collate and disseminate lessons learnt from incidents.
- **High Consequence infectious diseases incidents** – work with Government and NHS England to develop a joint programme of work and production of plans for the public health system’s response to high consequence infectious disease incidents.
- **Global Health** – as part of a strategic “one government” approach on global health, to work closely with DH to strengthen the co-ordination of global health activities on infectious disease, environmental hazards and health improvement to protect people living in the United Kingdom, support the development of public health systems, improve capacity and expertise in agreed countries, and implement the global health security agenda.

Public Health England priorities for 2018/19

- **Protect the public's health from infectious diseases and other public health hazards**
support the Government's ambition to reduce antimicrobial resistance (AMR) by working with the NHS, in particular on reducing inappropriate prescribing (including through behaviour change); and reducing healthcare associated Gram negative bloodstream infections.
- **Protect the public's health from infectious diseases and other public health hazards**
To work with other Government departments, Local authorities and the wider health community in support of the Government's ambition to reduce the burden of air pollution on public health, and in support of Government NO2 plan and new Defra Clean Air Strategy.
 - i) To have responsibility to provide 'systematic support' to those LAs required to take action under the DEFRA NO2 plan in the development of their CAZ action plans which focus on bringing NO2 air pollution levels within statutory limits in the shortest time possible.
 - ii) To support the delivery of the wider AQ agenda with LAs or LA networks working to reduce exposure to air pollution within existing or future Local Air Quality Management Areas.
- **Protect the public's health from infectious diseases and other public health hazards**
Horizon scanning of new technologies e.g. TB cluster investigation and WGS² response, increase use of PCR testing. Develop tools and prioritisation frameworks for managing workload and review implications of staffing across West Midlands as a result of the new technology.
- **Protect the public's health from infectious diseases and other public health hazards**

To maintain the generic response to Health Protection incidents and outbreaks. To make the system more resilient for whole population groups eg prisons and secondary care. To build on learning from LHRP audits and EPRR exercises Corporate Objective

Potential risks identified in delivering Health Protection function

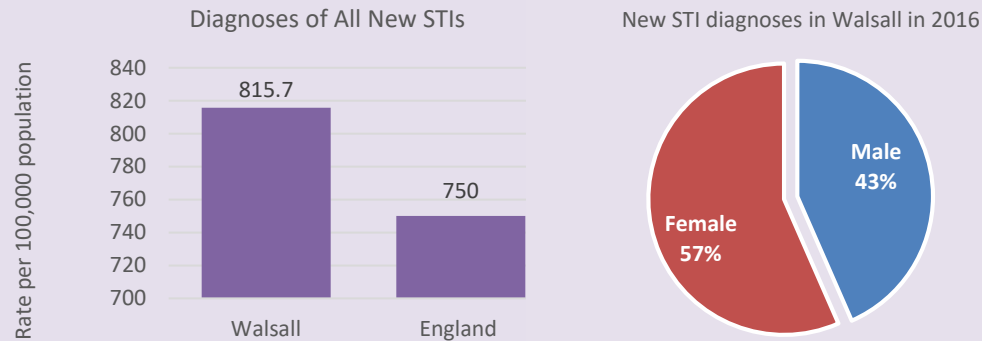
- **Ensuring the resources and capability for local health providers to deliver health protection response on the ground.**
PHE provides an advisory service but delivery of a health protection response eg collecting clinical samples and providing antibiotic chemoprophylaxis, is dependent on local health services particularly Primary Care. Discussions are underway with CCGs and LMCs on how this is best resourced
- **Ensuring emergency response capability of DsPH and LAs**
Recent major incidents such as the release in Salisbury of nerve-agents have shown the need for DPHs to deliver a Scientific and Advisory Technical Cell (STAC) Chairmanship function. Not all Local Authorities in the West Midlands currently have this capability
- **Maintaining the support to local health protection incidents**
Increasing incidence of food borne and TB outbreaks might be expected at the same time as local authorities face resource constraints mean that the support enjoyed by PHE from local health protection experts such as Environmental health Officers may be reduced
- **Preparation for future challenges**
Detailed planning will be required for planned future events such as the Birmingham Commonwealth Games in 2022 as well as unforeseen events and incidents such as a 'Flu pandemic or novel pathogens such as MERs Co-V virus. Climate change and the increased international movement of people are likely to lead to new diseases emerging over the next decade and it is important that PHE are ready to respond effectively.

² Whole genome sequencing is a new form of testing which enables identification of linked cases.

Sexual Health

Lead Name: David Walker

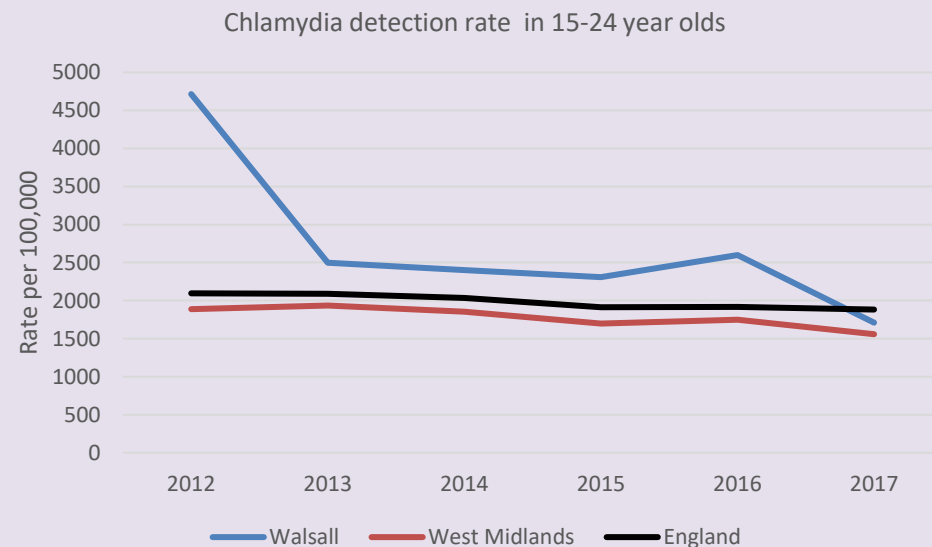
Sexually Transmitted Infections (STIs) is a term used to describe a variety of infections passed from person to person through unprotected sexual contact. STIs can have lasting long term and costly complications if not treated and are entirely preventable.



Over the last decade the rates of all STIs diagnosed in Specialist Sexual Health clinics have risen across England as a whole, and these increases have been reflected in Walsall.

In 2016/17 a total of 2,252 new STIs were diagnosed in residents of Walsall, with a significantly higher rate than the national average.

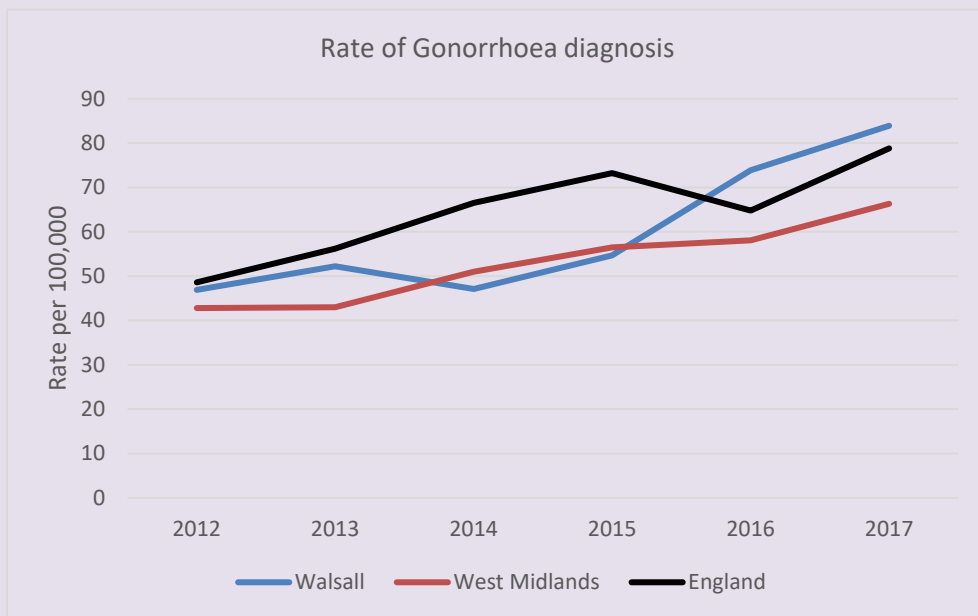
- This is partly explained by increased testing through the National Chlamydia Screening Programme (NCSP) and improvements in diagnostic tests
- Walsall has the 65th highest rate (out of 326 local authorities) in England
- Generally Chlamydia remains the most common STI in the borough of Walsall.
- Generally Burden of sexual health disease is seen in the under 25s.
- Reflects an increase in unsafe sexual behaviours



Chlamydia

The national target for chlamydia detection is >2300/100,000. Achievement of this target has fallen over the past year, attributable to a number of factors:

- Firstly, PHE have reviewed and cleansed Chlamydia screening submissions data to eliminate opportunities for the dual counting of a single sample submission; maintaining the integrity of reporting.
- Secondly, PHE have worked with providers across the region to increase the capture and reporting of postcode of residency; this has led to a reduction in screens apportioned to Walsall by default.
- Finally the redesign of sexual health services including a new integrated delivery model has seen a reduction in outreach providers.



Gonorrhoea

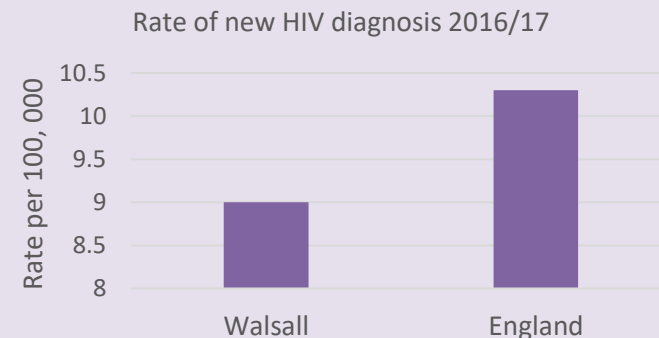
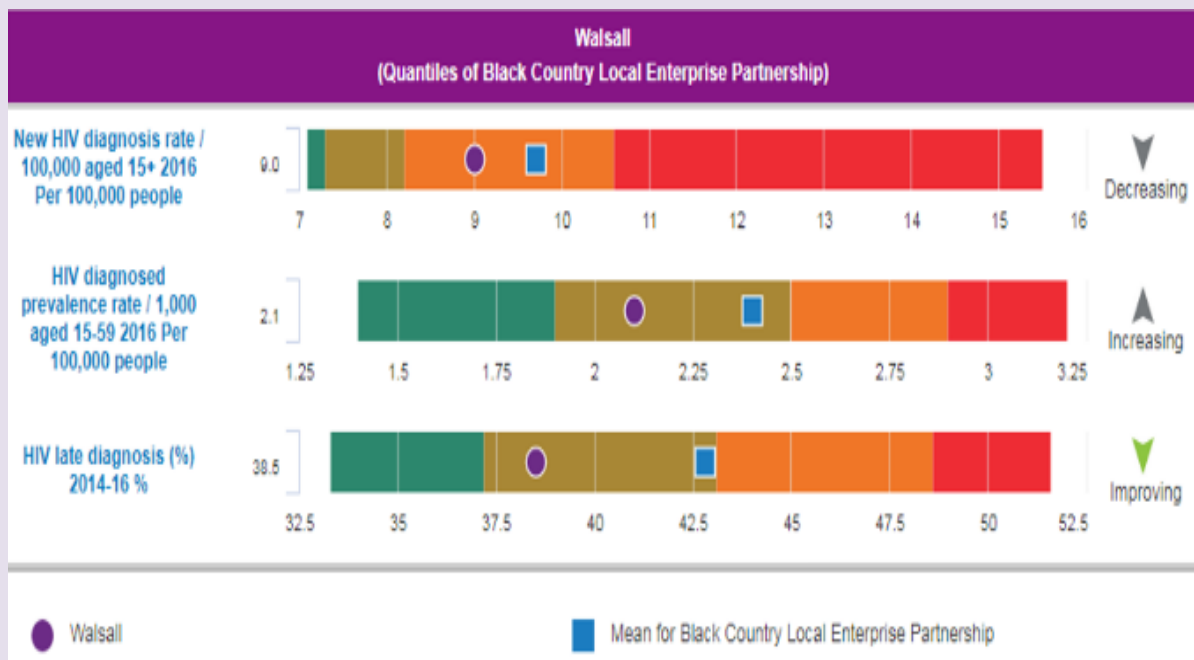
Walsall has the 43rd highest rate (out of 326 local authorities in England) for gonorrhoea, which is a marker of high levels of risky sexual activity. The rate of gonorrhoea diagnoses per 100,000 in this local authority was 83.9 (compared to 78.8 per 100,000 in England).

Reducing gonorrhoea transmission, and ensuring treatment-resistant strains of gonorrhoea do not persist and spread, remains a public health priority. Prompt diagnosis, adherence to prescribing guidelines, identification and effective management of potential treatment failures, and reducing transmission are

In efforts to reduce onward transmission of gonorrhoea Public Health Walsall have introduced a new laboratory testing platform. Testing for gonorrhoea can now be undertaken simultaneously whilst testing for chlamydia. In women, tests for gonorrhoea can be done on a urine sample or on samples taken with a swab from the vagina, mouth, throat, rectum, or the area around the cervix. More importantly testing for Gonorrhoea can be carried out via a non - invasive and self - testing technique.

HIV

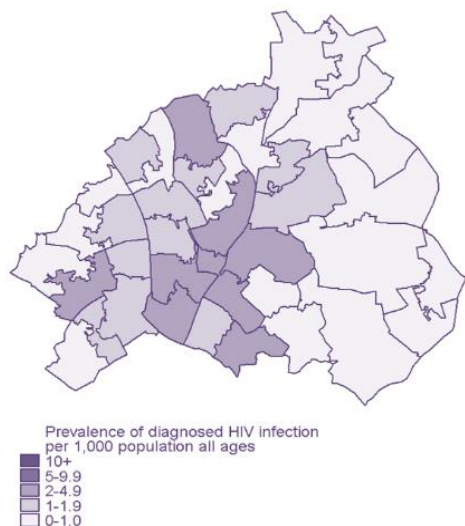
- Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition. People living with HIV in the UK can now expect to live into old age if diagnosed promptly.
- A decline in new HIV diagnoses among men who have sex with men (MSM) has been observed for the first time in the UK since the epidemic was detected over 30 years ago³. The reasons for this decline are linked to a combination of frequent testing of people at high risk of infection and rapid treatment.
- There has been a continued decline in new HIV diagnoses among black African heterosexual men and women. This decline is due to changing patterns of migration, with fewer people from high HIV prevalence countries coming to the UK.
- However, among white heterosexual men and women, new HIV diagnoses have remained relatively stable over the past decade.
- The estimated number of people with undiagnosed HIV infection has reduced in 2016/17, with most of the decline apparent in gay and bisexual men, and black African heterosexual women.
- However the number of late HIV diagnoses whilst decreasing remains high, particularly among heterosexuals.
- Nationally in 2016, only 69% of black African men and women attending sexual health services were tested for HIV, and increasing numbers of black African men and women are declining HIV tests when offered.
- In 2016, 370 people received HIV-related care within the borough of Walsall (although were not necessarily residents), representing a 47.4% increase since 2012. Of these, approximately 200 were male and 175 were female (numbers rounded to nearest 5).



In 2016/17, 20 residents of Walsall aged 15 years and above were newly diagnosed. The rate of new HIV diagnosis in Walsall is lower than the national average.

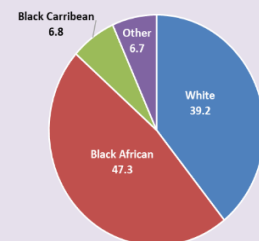
In Walsall the people living with diagnosed HIV prevalence rate was 2.1 per 1,000 population aged 15-59 years, compared to 2.3 per 1,000 in England. Twenty-one percent of the middle super output areas (MSOAs) in the local authority had a prevalence rate higher than 2 per 1,000 population (all ages).

Prevalence of diagnosed HIV per 1,000 in Walsall, all ages by MSA: 2016

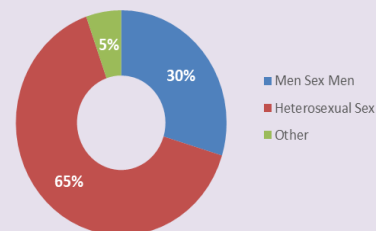


Source: HIV and AIDS Reporting System (HARS)

Ethnicity of Walsall Residents receiving HIV-related care (%)



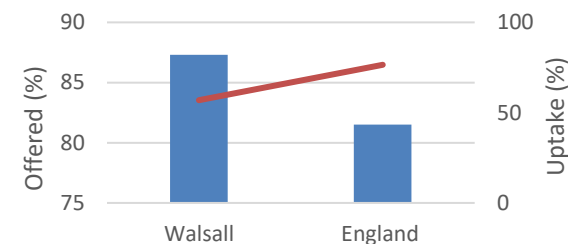
Mode of Exposure to HIV of Walsall Residents Receiving Care



Late diagnosis is the most important predictor of morbidity and short term mortality among those with HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly. A strategic priority is to decrease HIV-related mortality and morbidity through reducing the proportion and number of HIV diagnoses made at a late stage of HIV infection.

Late diagnosis HIV is a critical component of the Public Health Outcomes Framework and monitoring is essential to evaluate the success of local HIV testing efforts. In summary, Walsall in 2016/17 saw a decrease in HIV late diagnosis and is now in line with other localities across the West Midlands region.

Offer and Uptake of HIV test at eligible attendances.



³ Brown, A.E., et al., Fall in new HIV diagnoses among men who have sex with men (MSM) at selected London sexual health clinics since early 2015: testing or treatment or pre-exposure prophylaxis (PrEP)? *Eurosurveillance*, 2017. 22(25): p. 30553.

<p>Achievements</p> <ul style="list-style-type: none"> • Redesign of Walsall Sexual Health services to an integrated service model • Introduction of e Healthcare Sexual Health services • Accessible Sexual Health services for the population • Shift of asymptomatic clinic attendances to online self-management • Reduction in HIV late diagnosis • Improvement in Offer versus Uptake of HIV testing. 	<p>Risks</p> <ul style="list-style-type: none"> • There has been a reduction in the government grants to local authorities including an in year reduction in the ring-fenced public health grant and local authority budget saving. This has meant that funding available for services such as sexual health services is reduced. This is of concern given that there is increasing demand for the service and an increasing population in Walsall. • The ability to procure a service that can meet this rising demand within the financial envelop available is a challenge. • As a result of reduced budgets a reduction in the Sexual Health clinical workforce • As a result of reduced budgets a reduction clinic venues and opening times • As a result of reduced budgets a reduction in outreach health promotion work leading to an increase in STI diagnoses amongst certain sections of the population. • As a result of reduced budgets an increase in numbers of residents accessing out of area clinics • As a consequence of the HIV PReP trial³ an increase in STI diagnoses amongst certain sections of the population.
<p>Recommendations</p> <ul style="list-style-type: none"> • In collaboration with sexual health providers, Public Health Walsall will continue to work to implement early detection, successful treatment and partner notification, including promotion of safer sexual and health-care seeking behavior. Rapid, open access treatment and partner notification can reduce the risk of complications and the spread of infection. • Additionally, we have sought to sustain local and national prevention activities with a continued focus on groups at highest risk, including young adults, black ethnic minorities and MSM. • Moreover, it is an opportunity to increase the focus on prevention and address the wider determinants that impact on people's sexual health in Walsall. Through a continuance of the diverse initiatives around the prevention of HIV transmission including funding in prevention activities remains critical to reducing HIV late diagnosis. • Promotion of the following messages <ul style="list-style-type: none"> ○ Consistent and correct use of condoms ○ Regular testing for HIV and STIs as an essential activity for good sexual health ○ Early acceptance of HIV test so that if an HIV diagnosis is made, effective treatment can be started promptly. ○ Anyone under 25 who is sexually active should be screened for chlamydia annually, and on change of sexual partner ○ Black ethnic minority men and women should have a regular STI screen, including an HIV test, if having condom-less sex with new or casual partners. ○ Gay, bisexual and other men who have sex with men (MSM) should test annually for HIV and STIs and every three months if having condom-less sex with new or casual partners. 	

⁴ PReP is a trial being funded by NHS England to reduce the onward transmission of HIV

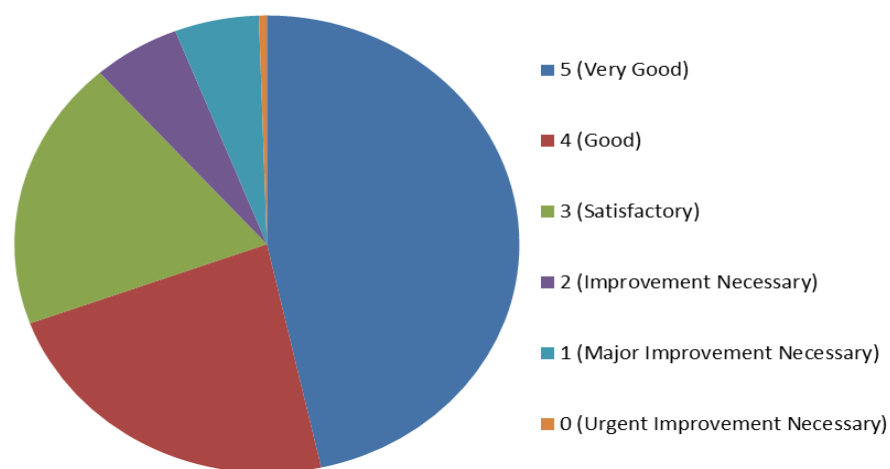
Environmental Health, Trading Standards and Licensing

Lead Name: David Elrington

Current Situation

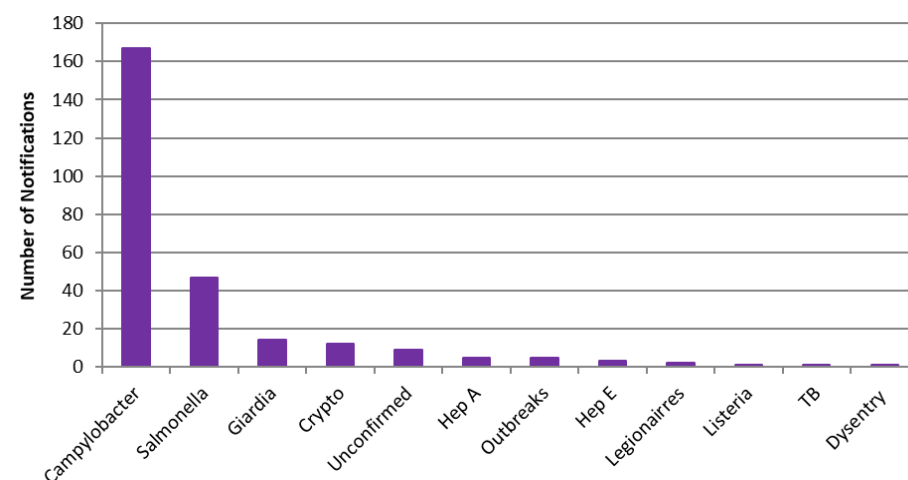
Environmental Health, Trading Standards and Licensing make a significant contribution to the protection and improvement of Public Health. The services uses the licensing regime, statutory inspection programmes, risk and intelligence based interventions and reactive response to identify and remove hazards from the food chain, environment, workplace or dwelling. All three services continue to make greater links with each other and improve intelligence and information sharing so that resources can be targeted at those premises posing the greatest risk.

Rating of food businesses in Walsall April 2018



Environmental Health visited in the region of 1000 businesses this year and have seen levels of compliance generally increasing. Where conditions are not acceptable however robust action has been taken with enforcement notices requiring improvement to or prohibition of dangerous practices being served on 48 occasions. Six businesses were formally closed for posing a risk to health such as filthy conditions or infestations by rodents 4 food business operators were served with a Simple Caution for failing to abide by hygiene regulations and a further 2 businesses prosecuted for insanitary conditions.

Infectious Disease Notifications 2017/18



Numerically Campylobacter continues to be the most frequently reported GI disease in Walsall accounting for 61% of reports. An outbreak of Salmonella in the Borough required full investigation and following assistance from the PHE & their laboratories evidence was gathered to support legal action against the alleged source of the outbreak. Salmonella accounted for 17% of all infectious disease notifications received by the service.

- The Health and Safety team visited over 200 businesses to ensure that the workplaces meet the minimum legal requirements. This year 25 Improvement Notices and 17 Prohibition notices were issued to bring about safety improvements or to stop particular activities completely where serious risks to a person's health and safety have been found. At one warehouse business officers established that there were no health and safety procedures, documentation or culture. Immediate formal action was taken by officers when they witnessed several dangerous work at height practices. The team has been involved in a number of serious accident investigations, including one. The team worked alongside the Coroner's Office to provide crucial information during the enquiries
- Trading Standards have continued their pursuit of those selling a variety of unsafe products to customers. Projects and interventions were carried out around a number of potentially unsafe products including E-Cigarettes and refill containers, children's soft toys imported for sale, incorrectly labelled cosmetic products and imported televisions that did not meet electrical safety standards. In some cases products needed to be withheld from the trader or seized while investigations were ongoing to protect public health. Regular age restricted sales exercises have been undertaken to ensure traders are not selling e-cigs, alcohol or tobacco to children. This work is intelligence led and education of businesses forms part of the drive to raise compliance levels. Educational exercises also took place in relation to illicit tobacco utilising sniffer dogs and display trailers located in different areas of Walsall at different times funded in partnership with the Black Country Tobacco Control Alliance to raise public awareness of the harms caused by illicit tobacco. The service also supported the police in visits to premises where modern day slavery was allegedly taking place as those selling illicit tobacco are often involved in this and other criminality.
- The safety of food also continued to be a major priority for Trading Standards leading to the development and implementation of sampling projects on meat substitution and traceability, allergens such as nuts in foodstuffs and foreign labelling of foods. The substitution of meat such as goat, mutton, beef and lamb continues to be an issue in this area and more work is planned to take action against persistent traders.

Achievements

- Trading Standards undertook a Zero Powered Contact Lens Project, in October 2017 where a total of 16 visits were carried out in Walsall, Bloxwich, Willenhall and Darlaston. Premises visited included general retailers; nail bars; beauty salons; hairdressers; tanning shops and craft/arts retailers. One trader was found to be selling coloured cosmetic lenses without a registered optometrist, dispensing optician, or medical practitioner on site. One Facebook user based in Bloxwich was found to be listing cosmetic contact lenses for sale, these were removed from sale before a 'cease and desist' letter was sent. Details of four further traders, based outside the Walsall area, found to be selling cosmetic contact lenses online, were sent to the General Optical Council.
- A major illicit tobacco/alcohol operation was conducted by Trading Standards alongside HMRC with support from the Police and assisted by a tobacco sniffer dog. As a result of intelligence gathered by Walsall Trading Standards 27 officers simultaneously raided 4 retail premises together with associated vehicles that were believed to be storing illicit tobacco. In total 28,010 cigarettes and 15,100g hand rolling tobacco which were either non duty paid or counterfeit in nature were seized by Trading Standards and 2632.5 litres of alcohol (mixture of wine and beer) were seized by HMRC.
- Walsall had its first Tattoo convention attended by over 80 tattoo artists and piercers and with 2000 visitors over two days. The Health and Safety team working along side the Public Health Nurse Consultant registered each artists and checked that the facilities provided met the required standards. A number of these were found to have insufficient equipment to be able to carry out the procedures safely - however, through the work done with the organisers in preparation for the event, these people were able to be satisfactorily equipped and were able to work safely.
- Walsall as part of a West Midlands working group have examined the specialist treatment procedure of microblading. Due to the serious health issues typically being found by inspecting officers during the registration process the group was tasked with setting up a set of standard guidelines for the West Midlands Authorities to enforce. The group is also approaching training centres for the microblading profession within the West Midlands to ensure that practitioners are being taught effective infection control procedures.
- The Health Switch project is commissioned by Public health and is linked to the Food Hygiene ratings of takeaway premises. It rewards takeaway premises for altering their menu choices by for example reducing salt and fat whilst increasing healthy options. The project has been very successful with 150 takeaway premises currently engaged on the programme, 63 businesses have been issued Bronze Awards, 34 have been issued Silver Awards and 16 have been issued Gold Awards.
- The Licensing Service has continued the process of writing policies and updating and consulting on conditions relating to Taxis and Private Hire Vehicles, Gambling and Street Trading. Working closely with Public Health and their Intelligence Unit the service has sought to identify and take opportunities to improve health through influencing these policies as well as individual licence consultations. It is important that this work continues across all policy development in Licensing.

Risks

- The reduction of full time equivalent staffing in Environmental Health and Trading Standards can lead to difficulties maintaining the full range of activities these services traditionally undertake. This is particularly noticeable where major incidents occur such as infectious disease outbreaks, major H&S incidents or large scale seizures of counterfeit, dangerous or illicit goods. Where detailed analytical work is required on complex issues such as food fraud, scams, safety at major events and prosecution work it can be difficult to maintain programmed and reactive work with less staff available.
- Failure to properly enforce or regulate can lead to unscrupulous persons and companies avoiding safe trading practices and placing customers, residents and staff at serious risk. It can also lead to a lack in public confidence in certain sectors of business.
- A loss of expertise in services caused by redundancies, retirement etc coupled with poorly maintained databases that do not link together may also lead to reduced levels of efficiency and customer service and also place unnecessary pressures on the service and staff members.

Recommendations

- Continue to ensure intelligence from a variety of sources is used effectively to target our limited resources at high risk sectors and practices.
- Ensure staff receive adequate support including access to training, CPD and technical or legal expertise to ensure robust cases can be prepared and taken to Court
- Continue to look for opportunities to work with partners on projects and cases to ensure greater success or to broaden the scope of what the projects are trying to achieve; in particular, to advance work on microblading, tattooing and the health switch programme.
- A task and finish group was set up which included exploring the opportunities the licensing regime provided to improve health and wellbeing in Walsall. Particular recommendations from this group and ongoing work includes:
 - Development of a RAG rating licensing toolkit to provide a systematic framework and evidence/data to support decision making on licensing applications.
 - Regulatory services to work closely with Public Health on reviews of their licensing policies, for example, taxi licensing conditions to ensure wider determinants of health and wellbeing are considered
 - Designated Public Health officer to liaise with regulatory services around consideration of wider determinants of health and wellbeing in policies.
 - The Health and Wellbeing Board to hold a workshop to look at how licensing can be used as a mechanism to improve Health and Wellbeing in Walsall.

Tuberculosis

Lead Name: Mandy Beaumont

Tuberculosis (TB) rates in England remain high and are associated with significant morbidity, mortality and costs. The onset of TB can be insidious and difficult to detect, often resulting in significant diagnostic delays. Late diagnosis is associated with poorer outcomes for the individual and in the case of pulmonary TB, with an increased risk of transmission to the public.

The Collaborative Tuberculosis Strategy for England: 2015 to 2020 published in January 2015: (<https://www.gov.uk/.../collaborative-tuberculosis-strategy-for-england>) by NHS England (NHSE) and Public Health England (PHE) sets out 10 priorities to support TB prevention, treatment and control:

1. Improve access to services and ensure early diagnosis
2. Provide universal access to high quality diagnostics
3. Improve treatment and care services
4. Ensure comprehensive contact tracing
5. Improve BCG vaccination uptake
6. Reduce drug-resistant TB
7. Tackle TB in under-served populations
8. Systematically implement new entrant latent TB screening
9. Strengthen surveillance and monitoring
10. Ensure an appropriate workforce to deliver TB control

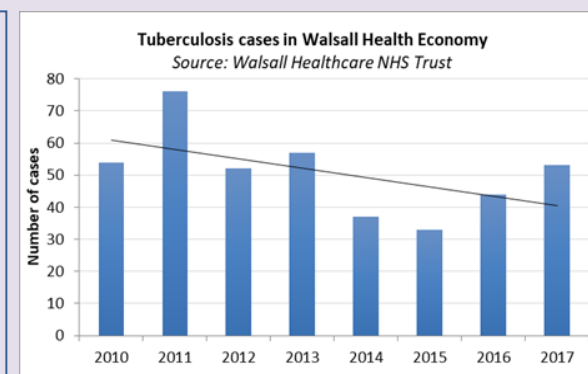
Concerns were raised by Public Health with the CCG in 2017 regarding the TB service provided by Walsall Healthcare Trust. There had been a rapid turnover of TB nurses and limited TB consultant time for TB clinics. Fortnightly TB consultant clinics are now available and 2 experienced and committed TB nurses are now in post. An external review of the TB service is planned for 2018.

Achievements

- The Black Country TB Network has become established and meets quarterly giving the TB teams across the Black Country the opportunity to share good practice, provide support to each other and to participate in joint cohort reviews to aid learning.
- A flow chart for the management of clients with no recourse to public funds has been developed by the BC TB Network and has been reviewed in Walsall where a process has been agreed.
- The latent TB infection (LTBI) screening programme has made a slow start during 2017/18. A project manager and administrative support are in post. Only 11 practices signed up to commence screening in 2017. However firm foundations have been laid last year so that this year the number of eligible patients who are offered screening will increase.

Risks

- Reduction in medical or nursing capacity and lack of contingency planning could leave the Walsall Healthcare NHS Trust TB service unable to meet future demand impacting on the management of active TB cases, conduct of quarterly cohort review meetings, reducing TB awareness raising efforts and stopping the LTBI screening programme.
- Potential for a multi drug resistant TB being identified in Walsall
- Increasing numbers of patients with complex needs



Focus for 2018/19

- Undertake the TB service review and implement the recommendations.
- Embed the LTBI screening programme and get more GP surgeries engaged and screening their eligible population.
- Develop and deliver a TB awareness raising programme
- Monitor waiting lists and continue to participate in cohort reviews both locally and across the Black Country.

Summary of recommendations and action plan

	Future plans	Lead	Progress
Public Health Drugs and Alcohol Team	Identify further opportunities to work with the Walsall Manor Hospital Gastroenteritis Team		
	Actively contribute to the PHE West Midlands Viral Hepatitis work		
	Utilise the medical room at the Glebe Centre to increase screening and vaccination coverage for BBV and TB if clinical resources allow		
	Explore possibilities to train pharmacists to deliver BBV screening and vaccinations		
	Identify opportunities to engage and train current and ex-service users to promote safer injecting practice amongst street-based injectors as a secondary service to improve pathways into specialist treatment		
	Explore further options to introduce contingency management		
HCAI	<p>Maintaining low rates of <i>Clostridium difficile</i> infection and NO MRSA bacteraemia cases</p> <p>Deliver a robust education programme for infection prevention across the Trust</p> <p>Continue surveillance of surgical site infections</p> <p>Keep all infection prevention policies up to date</p> <p>Plan and deliver a programme of audit across the Trust</p> <p>Focus on interventions to reduce Gram negative blood stream infections</p>	WHT	
	The annual action plan encompasses how the Trust will meet the CQC compliance standards, with particular focus on antimicrobial work.	DWMHPT	
	Implementation of actions from the HCAI and AMR strategies	Walsall Health Economy	

Health Emergency Planner	<p>Review the current Heatwave plan</p> <p>Deliver training on hot and cold weather plans and peoples roles</p> <p>A joint multi-agency exercise will be arranged</p> <p>Walsall will be leading on regional work to develop a pandemic Flu plan.</p>	CCG/Public Health	
Air Quality	<p>Review and verification of borough PM_{2.5} road emissions model.</p> <p>Data analysis of reported PM_{2.5} monitoring data in context of known and/or projected health impacts and incidents of disease.</p> <p>Review of needs for Public Health impacts in regard to PM_{2.5} exposure.</p> <p>Dissemination of air quality and health data with Health Care Commissioners and other parties to assist in health and social care planning and allocation of resources.</p> <p>To continue to monitor and report on NO2 levels to ensure that these emission do not exceed recommended limits.</p>	Walsall Council	
Immunisation and Screening	<p>Improve Flu uptake in 2 and 3 year olds by sending personalised invite letters via the GP scheme.</p> <p>GP engagement: produce practice level performance data, improve GP communications (newsletter, website), training audit.</p> <p>Review neonatal Hep B immunisation service delivery models across West Midlands.</p> <p>Improve MMR uptake – GP scheme, CHIS invite letters, West Midlands measles elimination group established.</p>	NHSE/PHE	
Health Protection	<p>Support the Government's ambition to reduce antimicrobial resistance (AMR) by working with the NHS, in particular on reducing inappropriate prescribing (including through behaviour change); and reducing healthcare associated Gram negative bloodstream infections.</p> <p>To work with other Government departments, Local authorities and the wider health community in support of the Government's ambition to reduce the burden of air pollution on public health, and in support of Government NO2 plan and new Defra Clean Air Strategy.</p>	PHE	

	<p>iii) To have responsibility to provide 'systematic support' to those LAs required to take action under the DEFRA NO2 plan in the development of their CAZ action plans which focus on bringing NO2 air pollution levels within statutory limits in the shortest time possible.</p> <p>iv) To support the delivery of the wider AQ agenda with LAs or LA networks working to reduce exposure to air pollution within existing or future Local Air Quality Management Areas.</p> <p>Horizon scanning of new technologies e.g. TB cluster investigation and Whole Genome Sequencing (WGS)⁵ response, increase use of PCR testing. Develop tools and prioritisation frameworks for managing workload and review implications of staffing across West Midlands as a result of the new technology.</p> <p>To maintain the generic response to Health Protection incidents and</p>		
Sexual Health	<p>In collaboration with sexual health providers, Public Health Walsall will continue to work to implement early detection, successful treatment and partner notification, including promotion of safer sexual and health-care seeking behavior. Rapid, open access treatment and partner notification can reduce the risk of complications and the spread of infection.</p> <p>Promotion of the following messages –</p> <ul style="list-style-type: none"> ○ Consistent and correct use of condoms ○ Regular testing for HIV and STIs as an essential activity for good sexual health ○ Early acceptance of HIV test so that if an HIV diagnosis is made, effective treatment can be started promptly. ○ Anyone under 25 who is sexually active should be screened for chlamydia annually, and on change of sexual partner ○ Black ethnic minority men and women should have a regular STI screen, including an HIV test, if having condom-less sex with new or casual partners. 	Public Health	

⁵ Whole genome sequencing is a new form of testing which enables identification of linked cases.

	<ul style="list-style-type: none">○ Gay, bisexual and other men who have sex with men (MSM) should test annually for HIV and STIs and every three months if having condom-less sex with new or casual partners.		
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Progress on Recommendations from Walsall's 2016/17 Health Protection Annual Report:

Organisation	2016/17 recommendations	Progress
PHE	<p>Explore impact of reconfiguration of pathology services.</p> <p>Establish arrangements for swabbing and prophylaxis in primary care.</p>	<p>A new pathology service is in the process of being commissioned.</p> <p>There is a contract with an out of hours general practice provider to undertake prophylaxis.</p>
Environmental Health and Trading Standards	<p>Continue to ensure intelligence from a variety of sources is used effectively to target our limited resources at high risk sectors and practices.</p> <p>Ensure staff receive adequate support including access to training, Continuing professional development and technical or legal expertise to ensure robust cases can be prepared and taken to Court.</p> <p>Continue to look for opportunities to work with partners on projects and cases to ensure greater success or to broaden the scope of what the projects are trying to achieve.</p>	All tasks ongoing and progress being made.
Emergency Planning	<p>Walsall Public Health to appoint an emergency planner.</p> <p>Encourage Walsall Healthcare Trust to appoint dedicated emergency planning staff.</p>	<p>Public Health emergency planner appointed and in post.</p> <p>Emergency planner for the acute trust appointed and in post.</p>
HCAI	<p>A health economy approach to infection prevention must be maintained to offer the best opportunities for success. The health economy must undertake further work to reduce the number of gram negative blood stream infections reported. This is a challenge set by the Department of Health to all CCGs that HCAI gram negative blood stream infections fall by 50% in 2020.</p>	<p>Health economy steering group in place and has now developed to encompass antimicrobial resistance. A joint HCAI strategy has been produced and been agreed by the steering group.</p>

Immunisations	<p>It is recommended that PHE/NHSE, Walsall CCG and Walsall Public Health continue to find ways to work together to increase uptake of vaccination across the Walsall population.</p> <p>Uptake of immunisation will be included on GP dashboards by the CCG</p>	Ongoing and making progress.
Air Pollution	<p>Completion of Defra air quality Annual Status Report. Review and verification of borough PM_{2.5} road emissions model.</p> <p>Data analysis of reported PM_{2.5} monitoring data in context of known and/or projected health impacts and incidents of disease.</p> <p>Review of needs for Public Health impacts in regard to PM_{2.5} exposure.</p>	<p>Report produced and monitoring is ongoing.</p> <p>Analysis being undertaken and correlation between poor air quality and respiratory illness has been shown through hospital admissions data.</p> <p>A poster detailing this analysis has been accepted for presentation at the Faculty of Public Health Conference in November 2018.</p>
Screening	<p>Work needs to continue to understand the barriers to screening. Good working relations need to be maintained across all organisations working together to improve uptake.</p> <p>Uptake of screening will be included on GP dashboards by CCG.</p>	Work in progress
Sexual Health	<p>The following modes of delivery are recommended for Walsall going forward:</p> <ul style="list-style-type: none"> • Integrated sexual health services offering 'opt out HIV testing'. • Online self-management & self-testing via 'non-invasive' testing methods. • Introduction of non-invasive STI & HIV testing kits in Primary Care ,settings such as General Practice and Pharmacies • Prevention and promotion to key groups through 3rd Sector Partnerships 	All recommendations from 2016/17 annual report completed.

Tuberculosis	<p>WHT to ensure that they have contingency plans in place for their TB team.</p> <p>Work with Walsall public health to raise awareness of TB in the local population especially underserved populations such as the homeless and drug users.</p> <p>Plan events to coincide with World TB day.</p> <p>Review the documentation and commence using enhanced case review, this will give a system to log the complexity and time the team give to some of our patients. This will then be used to ensure appropriate staffing provision.</p> <p>Look at the staffing provision to succession plan in preparation for staff retirement.</p>	<p>Some work remains outstanding:</p> <p>TB review awaited</p> <p>Limited TB awareness raising has been undertaken in 2017/18</p> <p>LTBI screening has taken a long time to implement</p> <p>TB clinical staffing has been an issue</p> <p>However:</p> <p>Communications between TB service, Drugs and alcohol team and housing in Walsall Council have been developed and multi-disciplinary team meetings are called when there are complex cases. This has led to more support to TB nurses and improved management of complex cases.</p> <p>The enhanced case review has been implemented.</p> <p>Contingency plans are in development to ensure a robust TB service</p>
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