

Health Protection Annual Report 2021-22

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Acknowledgments

Thanks also to all members of the Walsall Health Protection Forum and programme leads, all of whom have continued to support both essential health protection work at the same time as supporting the Walsall COVID-19 response.

Introduction

This annual health protection assurance report covers the period April 2021 – March 2022. The report provides an overview of the status of health protection priorities, targets and recommended actions identified by the Health Protection Forum.

This report was due in January 2022, however during this period all resources were focused on managing the COVID-19 Local Outbreak Management Plan. This impacted on both availability of the data we need to have access to complete the report and, on our capacity to produce the report.

Some key non COVID-19 health protection prevention deliverables were put on hold as the health and public health systems stood up the COVID-19 response. As we have seen through COVID-19, there is inequality in the level of risk that different individuals and groups are exposed to. Health Protection risks and issues reveal these inequalities, just as COVID-19 has done.

This report is a reminder of the range of communicable disease and environmental risks which we need to address as part of COVID-19 Recovery. Our next assurance report for the period 2022 – 2023 will focus on the following key priorities identified in the Health Protection Strategy.

These are the health protection priorities that will be addressed in the coming year in our work plan:

- Immunisations – improve the uptake of all immunisations, particularly MMR, and reduce inequalities in the uptake of immunisations
- TB – reduce delays in the presentation and diagnosis of TB, and improve the management of complex cases of TB.
- Work as a local system to reduce Sexually Transmitted Infections, and delays in the diagnosis of HIV
- Infection Prevention and Control (IPC) strategic development to bring the many streams of work together as a system (HCAI/ AMR / Primary, community and secondary care)
- Refresh pandemic preparedness plans for Walsall

The following areas of work will also be taken forward in 2022/23:

- COVID-19 – continue deliver the Local Outbreak Management Plan (LOMP) to prevent and contain COVID-19 including the vaccination programme.
- Screening – focus on inequalities, and work to catch-up with the programme delayed by the pandemic
- Continue to carry out food safety inspections to support prevention of foodborne illness and work to catch up with the programme delayed by the pandemic
- Air Quality- continue work to meet the latest air quality standards and address the inequalities experienced in air quality
- Redesign sexual health services and improve access to sexual health services

COVID-19

COVID-19 Response in 2021/22

Over the past year, the Walsall health protection team has continued to provide dedicated COVID-19 support to residents, education settings, workplaces and communities. They have:

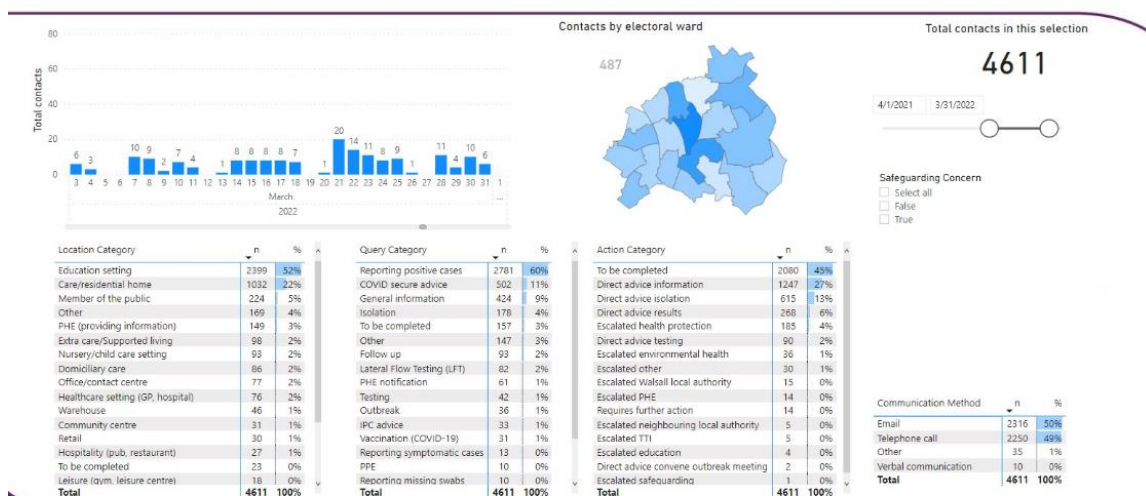
- Received over 4.600 queries and processed over 10,000 contacts
- Created a bespoke software solution to record and report data
- Provided comprehensive support for all education settings
- Build a strong partnership with Children’s Services /Head teachers to identify, inform and take necessary action to minimise disruption
- Promoted the vaccine programme
- Continued to work with community organisations and Council teams to protect vulnerable groups
- Provided guidance on managing infection control /safe use of PPE equipment /catheter care in care homes
- Engaged with national and local teams to establish, manage and deliver symptom-free testing options across the borough
- Opened thirteen supervised testing locations
- Facilitated delivery of testing kits to 4,000 families
- Supplied 25,000 tests to education setting and a further 30,000 to health and social care settings
- 40,000 lateral flow tests have been distributed to key settings

The on-call service has been managed flexibly to deflect pressures on the system and incorporated adjusting hours of service, shift patterns and number of staff in response to increasing case rates, changes of guidance, surge testing and new variants.

The on call service has been scaled back since the 1st of March 2022, but a reduced team remains in place until the end of September 2022.

Public Health On-Call Service

Source: ODCaR



Communications

Effective communications and engagement are key to ensuring guidance, advice and support messages are straightforward, targeted, personal and respectful and enhances the Council's reputation as a trusted provider of accurate information. We have dedicated public health resource to:

- Engaged with residents and encouraged conversations
- Used public health data and insight to shape and evaluate campaigns
- Worked with partners across the health and social care economy sharing and amplifying information and guidance
- Worked collaboratively to open up opportunities to reach audiences that no single organisation could reach on their own
- Engaged effectively with local and regional media to run vaccine campaigns in trains, on buses and local radio

COVID-19-19 Community Champions

Walsall Council was awarded a grant under the government's Community Champions scheme to boost vaccination uptake in under-represented communities disproportionately impacted by the pandemic.

The Walsall for All model was developed and utilised existing community networks across the borough. In total, 22 community and voluntary sector organisations were offered small grants to undertake dedicated activities and recruit Community Champions to disseminate culturally appropriate and accessible materials, support vaccination clinics and organise tailored awareness sessions, assisting in supporting the health and wellbeing needs of residents.

The Community Champions programme is currently being evaluated by the NIHR.

Priorities for 2022/23:

- Continue to maintain surveillance of COVID-19 infections in Walsall until the end of March 2023
- Continue to maintain a dedicated COVID-19 response cell until the end of September 2022
- Conduct winter planning exercises to ensure that vulnerable sections of the community such as the care sector are prepared for any possible winter surge in COVID-19 or flu infections.

Infection Prevention and Control in the Community – Walsall Public Health

Achievements in 2021/22

Nursing and Residential Care Homes

Due to the COVID-19 pandemic care homes undertook annual IPC self-audit. The results of this were as follows:

1. Between 1st April 2021 – 31st March 2022 out of 64 homes on the care home database, 61 returned a self-audit
2. RAG rating of the above of the 61 returned self-audits:
 - 54 (84.4%) were RAG green (score >90%),
 - 7 (10.93%) were RAG amber (score > or =75%)
 - 3 did not return self-audits (0.047%) RAG red (score <74%)

This gave the IPC team the space to focus on the COVID-19 response and provide IPC support and education by actively visiting care homes throughout the pandemic. We continue to conduct monthly remote link worker training sessions, but we aim to go back to in person quarterly IPC link worker training sessions.

This year, however, the IPC team will be doing a quality improvement and assurance visits to **all** care homes.

Domiciliary Care

- The domiciliary care sector has been supported initially through weekly providers meetings through 2021, ensuring that a constant infection prevention and control presence has been available to answer questions and queries concerning the rapidly changing COVID-19 guidance.
- The IPC team provided support to the domiciliary care sector through outbreak management and IPC webinars.
- Link worker sessions were offered to all health and social care workers including domiciliary care. In the year 2021/2022, 5 link worker sessions were done.
- Donning and doffing training: bespoke leaflets explaining PPE and standard precautions were printed out and distributed to all domiciliary care providers for their workforce. IPC workbooks were purchased by the council and offered to all providers for their staff training as well.

Children's homes

- Children's homes in Walsall were offered training on IPC and donning/doffing of PPE and the management of COVID-19 outbreaks.

Educational settings

- Education settings have received IPC input regarding effective COVID-19 outbreak management, risk assessing, IPC standards such as cleaning, decontamination of a COVID-19 infected environment and respiratory etiquette.
- Education settings have also been provided with resources such as the spotty book, COVID-19 guidance for schools along with regular webinars for out of term activity groups.

Priorities for 2022/23

- Improved standards of infection prevention and control in care homes, domiciliary care settings and schools and childcare facilities, in line with NICE NG63
- Improve IPC awareness with domiciliary care providers
- IPC quality improvement visits have resumed: All 60 residential and nursing homes as well as special schools and sexual establishments are to be audited. Quality assurance and Improvement visits of all homes to be done by end of March 2023.

Key Actions

- Reinstate face to face link worker training from September 2022, and work with adult social care commissioners to ensure engagement of the care sector (particularly domiciliary care) with link worker training
- As part of winter planning and preparedness 2022/2023, business continuity in care sector will be introduced.
- Maintain strong relationships with quality and compliance team and undertake quality improvement initiative within the care sector: catheter care and oral care
- Continuing education to the care sector on the importance of IPC beyond COVID-19 to ensure all communicable diseases are managed effectively
- Domiciliary Care annual audits to be introduced; existing audit tool for care home has been adapted to suit the domiciliary care sector

Infection Prevention and Control - Walsall Healthcare Trust

The Infection Prevention & Control Team (IPCT) is based at the Manor Hospital site. The team works closely with all Trust colleagues and external contractors to support a vision of no person being harmed by an avoidable infection. The service provides IPC support to the Manor Hospital site and the community services provided by the Trust.. In addition, they work closely with Walsall Council's Health Protection team to deliver a health economy approach to infection prevention strategies.

Key achievements in 2021/22

- The Annual Infection Prevention and Control (IPC) Report reports on infection prevention and control activities within Walsall Healthcare NHS Trust for April 2021 to March 2022. The publication of the IPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability.
- The following organisms are subject to mandatory reporting. These are MRSA, MSSA, Clostridiodes difficile and Gram-negative bloodstream infections (Escherichia coli, Klebsiella species, Pseudomonas aeruginosa).
- The Trust has achieved the planned infection prevention and control activities outlined in the annual programme 2021/22 including planned audits, teaching sessions and undertook additional duties to support the Trust in response to the COVID-19-19 pandemic.
- The Trust experienced 3 cases of MRSA bacteraemia during 2021-22 against a target of zero.
- There were 31 toxin positive reportable cases of Clostridium *Difficile* (C. diff) against a trajectory of no more than 33 cases
- Mandatory surgical site surveillance was completed in elective orthopaedic hip and knee replacements for 1 quarter; no infections were identified.
- During 2021/22 the COVID-19-19 pandemic was a challenging year for the IPC team and Trust wide services, posing additional demand in the prevention and control of infection within healthcare premises.
- The Trust is currently rated amber by NHS England and Improvement for Infection Prevention and Control. The Trust received very positive feedback for progress in standards of IPC and plan to revisit the Trust in August 2022.

Priorities and actions for 2022/23

Infection prevention and control is a top priority for Walsall Healthcare NHS Trust. Keeping our patients safe from avoidable harm is everyone's responsibility. In this

summary document we set out our programme for the year to keep our patients, staff and the public informed of our planned activity at Walsall Healthcare.

Each year the Infection Prevention & Control Team undertakes a review of the Trust's compliance with the Health & Social Care Act 2008 Code of Practice on the Prevention and Control of Infections (2015). The team's aim is to provide an infection prevention & control service that supports our clinical teams to deliver safe care. This annual plan covers strategic themes we have identified as areas of focus for the financial year 2022/2023.

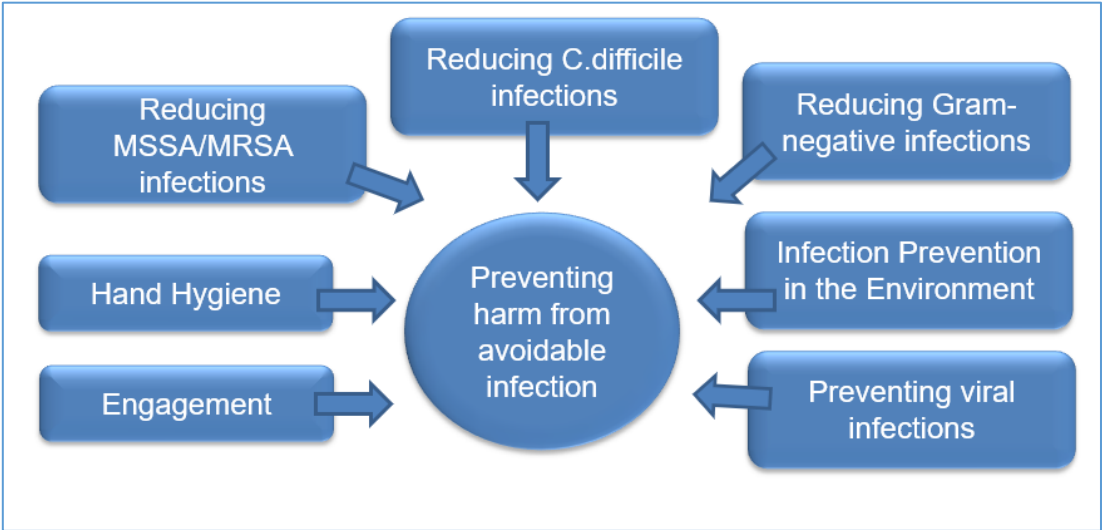
This annual programme of work for the year includes the annual plan, audit plan and our monthly themed focus plan. The programme also takes into consideration flexibility in approach whilst continuing to manage the COVID-19-19 Pandemic and related local actions required.

Vision

Our vision is to prevent harm from avoidable infection

Strategic themes

Our strategic themes in 2022/2023 focus on improving outcomes for our patients and provide a framework for our operational work plan.



Infection Prevention and Control - Black Country Healthcare NHS Foundation Trust (BCHFT).

Our Trust is committed to following a robust Infection, prevention and control (IPC) annual plan that supports the delivery of high-quality healthcare and protects the health and wellbeing of its services to ensure no patient is harmed by a preventable infection.

In the last 12 months the Trust has achieved a number of key objectives: -

Key Achievements for 2021-22

- Significant investment and appointment to the IPC team, current establishment is 1 WTE Band 8B-Head of IPC, 1 WTE Band 8A-Lead IPC nurse, 2 WTE Band 7 IPC nurses. Outstanding positions- 1 WTE Band 4 associate post & 1 WTE Apprentice admin.
- Continued delivery of the Trusts Infection Prevention and Control annual plan.
- Continued and ongoing response to the COVID-19 19 pandemic including implementing a robust Outbreak management plan with an effective multidisciplinary COVID-19 management team.
- IPC teams ongoing input and support of key estates projects within the Trust estate.
- Supporting the Trusts regulatory and mandatory requirements and ensuring that IPC is at the centre of these governance frameworks.
- Inpatient COVID-19 vaccinations periodically completed in partnership with our external colleagues supporting the delivery.
- Table 1 - BCHFT reported no MRSA, MSSA or E.coli Bacteraemia during the 2021/22 reporting period.
- HCAI COVID-19-19 infections saw a slight increase on previous year to date due to factors including increased prevalence and transmission of the Omicron variant within the wider community and a lessening of national restrictions.

Table 1: Alert organisms.

Year	MRSA Bacteraemia	E Coli Bacteraemia	MSSA Bacteraemia	Clostridium Difficile	HCAI COVID-19-19
2021/22	0	0	0	1	101
2020/21	0	0	0	1	95

- Delivering the seasonal staff and inpatient Influenza vaccination programme.

Table 2 below indicates Staff influenza vaccination levels for both 2020-21 to 2021-22 and a reduction in frontline vaccinations administered, although Trust overall compliance is lower than the previous year, there were many COVID-19 related challenges that were adapted to overcome in order to achieve this percentage.

Table 2: Staff Vaccination Rates

Year	Number of vaccines given to frontline staff BCHFT	% of staff vaccinated at BCHFT
2021-22	1759	47.5%
2020-21	2250	72.3%

Priorities & actions for 2022-23

The identified areas above are still applicable throughout the next 12 months.

- To implement and improve the staff & inpatient Influenza campaign to commence July 2022 linked to the CQUIN is for Flu vaccinations for frontline healthcare workers.
- To support the national aim and strategy in the reduction of Gram negative bloodstream infections with collaborative approach across the system.
- Continuation of ‘Mouthcare Matters’ quality improvement project including collaborative working within the inpatient wards with a focus on older adults utilising QI methodology to support and underpin oral assessment tools and education within the key areas.
- Assessment and antimicrobial prescribing around Urinary Tract Infections (UTIs) utilising QI methodology to support and underpin this.
- Effective links and partnership work with infection prevention control colleagues at system level and ongoing active involvement with NHSe/I infection prevention control networks to support continued improvement and best practice.
- Relunched IPC Link champions to continue monthly meetings and 1:1 support from IPC nurses visiting the areas.

Influenza

Seasonal influenza is a respiratory viral infection which in otherwise healthy individuals is typically a self-limiting disease. The public health effect varies considerably with the predominant circulating strains, the age groups most affected and the match of the vaccine.

Up to a third of people with flu display no symptoms, yet some people, particularly those with underlying risk factors, can experience a much more serious infection. Influenza is a contributing factor to excess winter deaths.

Performance in 2021/22:

Figure 1. Trends in Flu Vaccine Uptake in the Over 65's

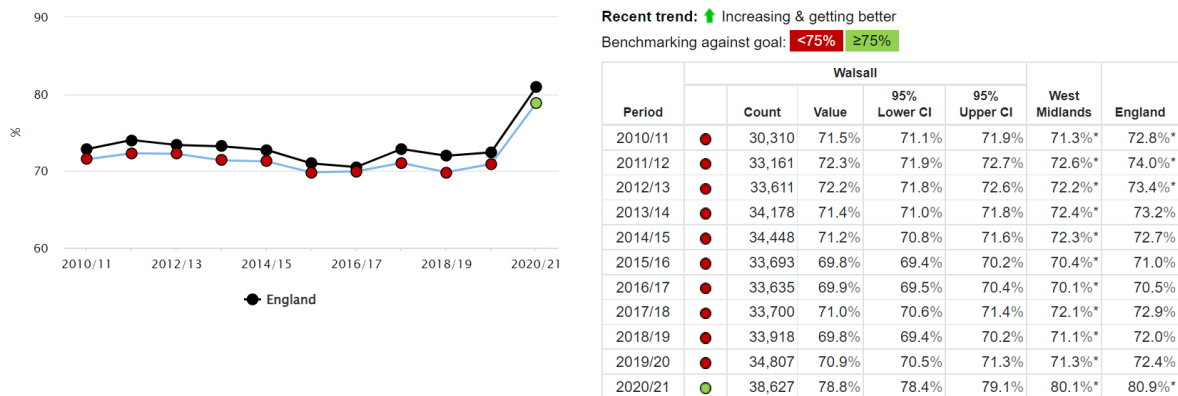


Figure 1 illustrates the trend in Flu vaccination uptake in Walsall in the Over-65's target group. In previous years, vaccination coverage in this cohort was lower than the national rate for England and did not achieve the nationally set target of 75%.

However, in the 2020/21 Flu season, against the backdrop of the COVID-19-19 pandemic, Flu vaccination uptake increased significantly to 78.8%, (up from 70.9% in 2019/20) and exceeded the target.

Figure 2. Uptake of Flu Vaccination in Target Groups in the 2020/21 and 2021/22 Seasons.

Summary of Flu Vaccine Uptake %								
	65 plus	65 plus (at-risk only)	Under 65 (at-risk only)	Pregnant and NOT IN a clinical risk group	Pregnant and IN a clinical risk group	All Pregnant Women	All aged 2 -3 year olds	All School Aged Children 4-11
Walsall Uptake 2021/22	79.9	83.1	49.7	30.7	47.6	32.7	33.9	29.9
Walsall Uptake 2020/21	78.8	82.8	52%	39.9	54.6	41.7	50.6	50.7
Uptake Ambition	85%	85%	75%	75%	75%	75%	70%	70%

In 2021/22, uptake in the Over-65's further increased to 79.9%, and was 83.1% in older people who were also at clinical risk; again exceeding the 75% coverage benchmark.

However, in light of the COVID-19-19 pandemic, a national uptake ambition for Flu vaccine has been set at the higher rate of 85% for this cohort.

Contrastingly, uptake in pregnant women, toddlers and school-aged children was lower in 2021/22 than it was in the previous season of 2020/21.

Priorities for 2022/23:

- Improve performance against national targets for flu by 5% over 2021/22
- Plans to roll out a combined flu/COVID-19 booster campaign for 2022/23 starting in September 2021

Key Actions:

- Work with antenatal services and the Health in Pregnancy team to improve uptake in pregnant women.
- Provision of comic style booklets for all school age children encouraging them to become "Flu Fighters". This was developed in Wolverhampton and saw an increase in uptake of 8% in school age children.
- The Black Country ICS identify and support general practices with low uptake in previous years.
- Joined up media campaign between the Black Country ICS, Walsall Healthcare Trust (WHT) and Walsall Council.

Immunisation

Immunisations are acknowledged as one of the most significant public health developments in the prevention of infectious disease.

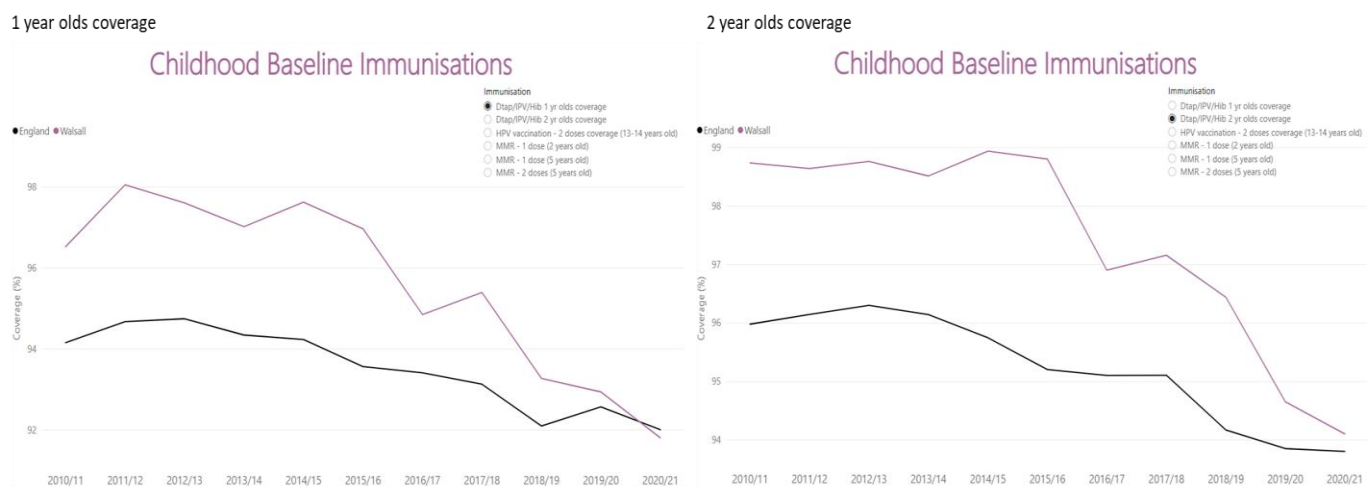
Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

Performance in 2021/22:

Childhood Baseline Immunisations

The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenza type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine). The vaccine is offered when babies are two, three and four months old.

Figure 3. The trend in uptake of the Dtap/IPV/Hib Vaccine



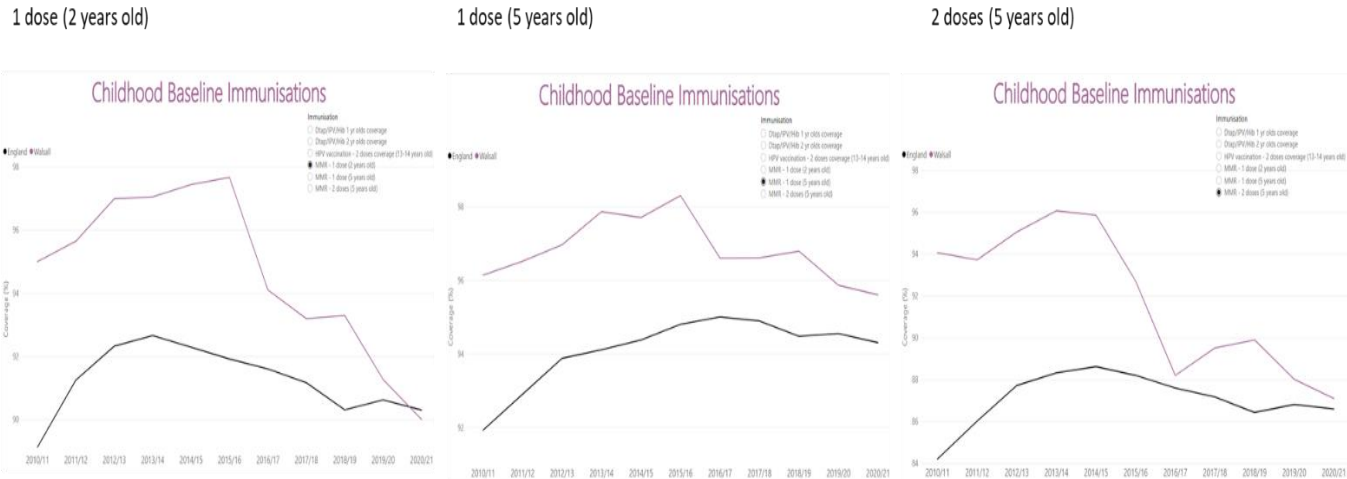
Both in Walsall and nationally, there has been a decreasing trend in the coverage of the Dtap/IPV/Hib vaccination in 1 and 2 year olds, and Walsall's coverage rate is now similar to the national average. However, prior to 2018, the uptake rate in Walsall had been significantly better than England, indicating that this decreasing trend has been steeper in Walsall than elsewhere.

MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and

deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday. They then have a booster dose before starting school, which is usually between three and five years of age.

Figure 4. Trends in Uptake of the MMR Vaccine in 2 and 5 year olds in Walsall



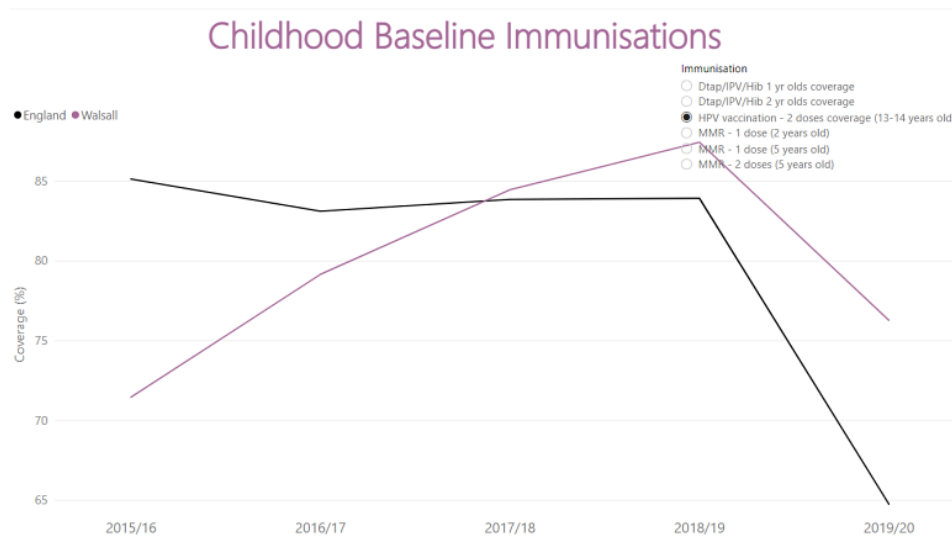
MMR vaccine coverage for both 1st and 2nd doses has followed a decreasing trend in Walsall since 2014/15. In particular, 1st dose uptake in younger children (2 year olds) has decreased from 97.6% in 2015/16, which was significantly higher than the national rate, to 90.0% in 2020/21, which is now lower than the national rate.

One dose coverage in 5 year olds has also declined, albeit less significantly. This indicates that this single-dose coverage rate is currently being maintained by the older children in this cohort (3-5 year olds), who received their first dose before the rate decreased. However, it is anticipated that without catch up interventions, this indicator will also significantly decrease in the near future. This is also substantiated by the 2-dose coverage rate in this cohort.

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. While it was initially a three dose vaccination programme, it was run as a two-dose schedule from September 2014 following expert advice.

The first HPV vaccine dose is usually offered to females in Year 8 (aged 12–13 years) and the second dose 12 months later in Year 9, but some local areas have scheduled the second dose from six months after the first. Therefore the completed course coverage is not available until the end of Year 9.

Figure 5. Trends in Uptake of HPV vaccination in 13-14 year old females.



Between 2015/16 and 2019/20, the rate of coverage of 13-14 year old females in Walsall increased year-on-year from 71% to 87%, exceeding the national rate. Coverage decreased dramatically, both in Walsall and nationally in 2019/20. This is due to the impact of the Covid-19 pandemic, since this vaccination is delivered in schools, which were closed for part of the academic year.

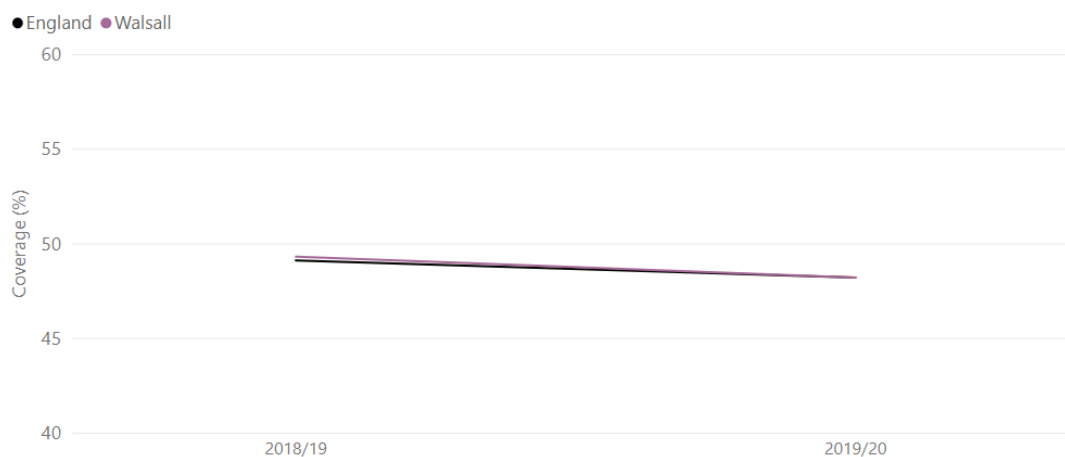
Vaccinations in Older Adults

The shingles vaccination programme was introduced to reduce the incidence and severity of shingles in those targeted by the programme by boosting individuals' pre-existing Varicella-Zoster Virus immunity. The shingles vaccine stimulates individual pre-existing immunity which cannot be acquired, therefore immunisation is required for protection.

In 2010, the UK's Joint Committee on Vaccination and Immunisation (JCVI) recommended that a herpes zoster (shingles) vaccination programme should be introduced for adults aged 70 years, with a catch-up programme for those aged 71 to 79 years.

Figure 6. Shingles vaccination population coverage of people aged 71 years in Walsall

Vaccinations in Older Adults



In 2019/20 the population coverage of 71 year olds in Walsall was 48.2%, which was the same as the national rate.

Priorities for 2022/23

- To maintain/increase uptake in all immunisation programmes, with a focus on groups with low uptake, and reduce service-related disparities in uptake
- Improve the uptake of 2 doses of MMR by the age of 5
- The uptake of prenatal pertussis vaccination needs to rise to at least 75% in the first 12 months of this strategy, building up to 95% uptake by the 2025.
- Increase the uptake of pneumococcal and shingles vaccination to meet national targets

Key actions

- Roll out of the West Midlands measles elimination strategy and wider work to improve MMR coverage.
- We will work with the immunisation provider and with local schools to improve awareness and increase uptake and improve follow up of DNAs for routine childhood immunisation through the health visiting services
- Work with commissioners and services supporting Looked after Children to increase uptake of routine immunisations
- We will launch a campaign to improve prenatal pertussis vaccination uptake in 2022.
- We will analyse health inequalities in the uptake of pneumococcal and shingles vaccination in Walsall and work with the Black Country ICS and PCNs to improve vaccination uptake of older people's vaccines

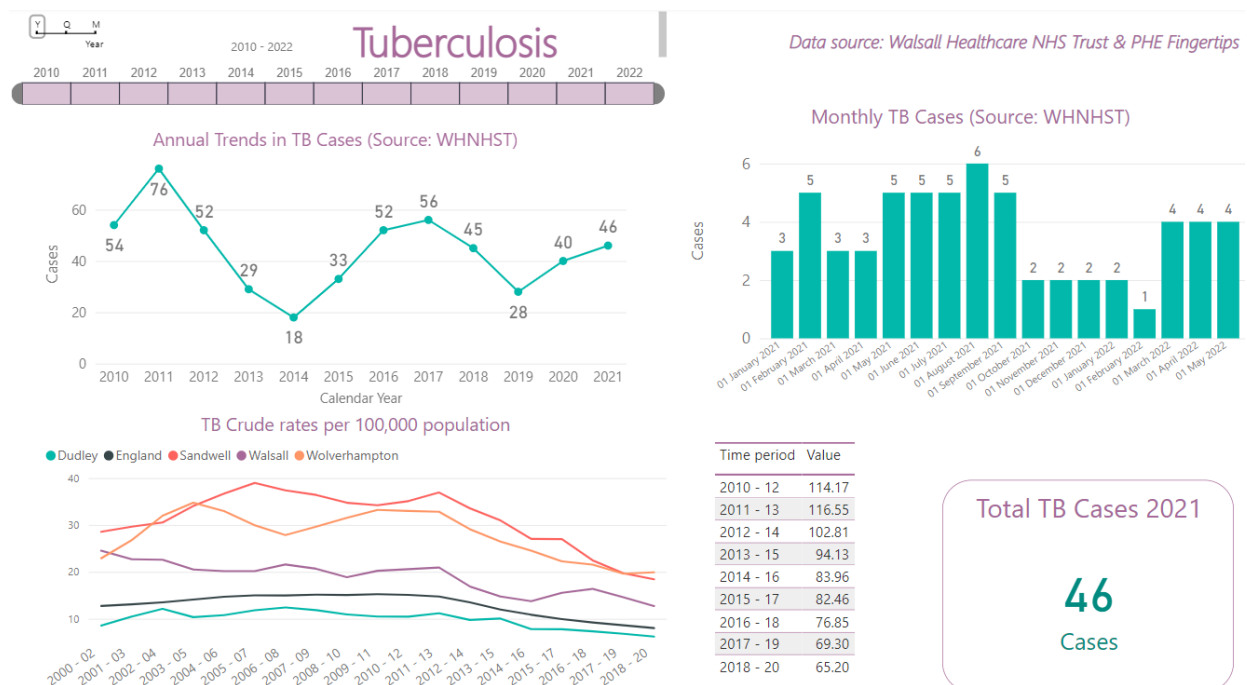
Tuberculosis and latent TB screening

TB is a “notifiable disease” and must be reported to government authorities. In England TB has been identified as a public health priority due to the health, social and economic burden of the disease.

The rates of TB and the risks of delayed diagnosis, drug resistance, and onward transmission are greatest among socially marginalised, under-served populations such as illicit drug users and the homeless.

Epidemiology of Tuberculosis in 2021:

Figure 7. Tuberculosis cases in Walsall in 2021



There was a total of 46 TB cases in Walsall in 2021, which was the highest number since 2018. However, there has been an overall decreasing trend in the last 10 years (when calculated as a rolling 3-year average). The TB rate in Walsall is also lower than the neighbouring Black Country Authorities of Wolverhampton and Sandwell, but is higher than the national rate for England.

Latent TB testing Programme:

This was suspended in December 2019 and has not been resumed since then.

Priorities for 2022/23

- To improve prompt diagnosis of suspected TB, and reduce delays in presentation to healthcare
- Continue to maintain high treatment completion rates,
- Arrangements in place to support TB patients with social risk factors during diagnosis and treatment including those who are homeless and those with no recourse to public funds.
- Focus on education of health professionals regarding epidemiology of TB, when to “think TB”, and thereby reduce delays in referral to secondary care

Key actions

- Raise TB awareness among high-risk communities to improve knowledge and early diagnosis in under-served groups.
- To reinstate the Latent TB Infection screening programme
- Continued participation in quality initiatives including cohort review
- Strengthen partnerships for managing patients with complex medical and social needs by setting up a regular multidisciplinary team to review complex cases
- Engagement with all GP Practices to improve early identification and management of TB

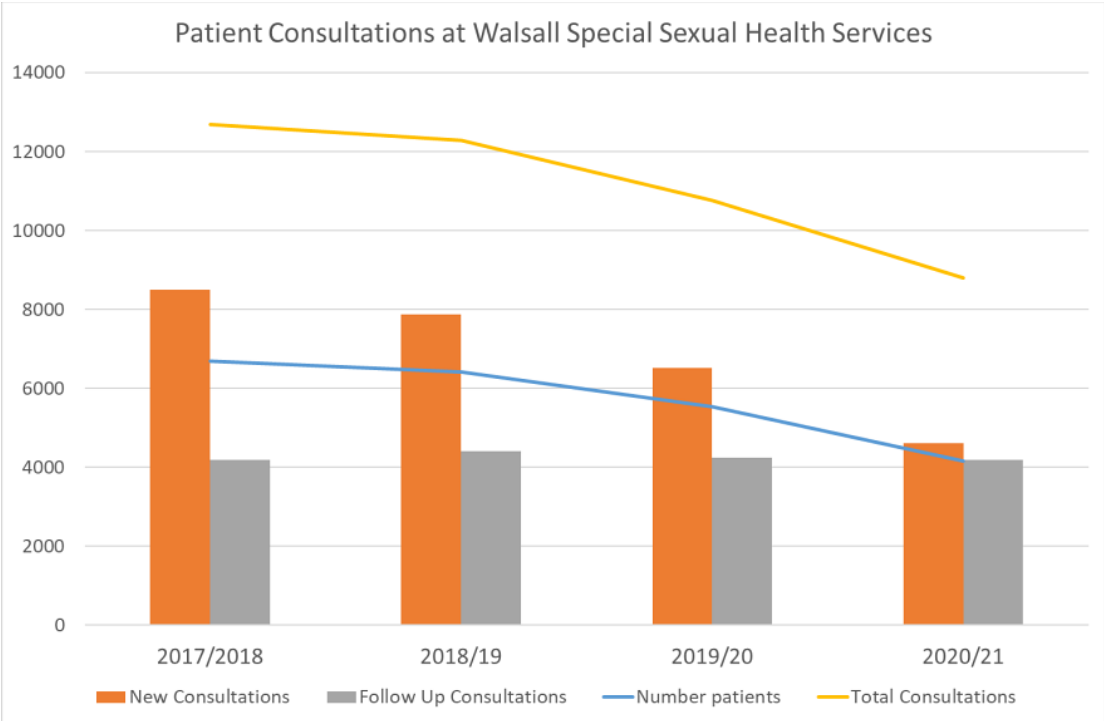
Sexually Transmitted Infections

Efforts to improve the sexual health of the population are a public health priority. Sexually transmitted infections (STIs) can have lasting long-term and costly complications if not treated and are entirely preventable. Diagnosing HIV and starting treatment earlier, minimises the impact on patients, their families and services.

Prevention of unintended pregnancies and control over reproductive choices preserves good mental and psychosexual health. Although progress has been made e.g. in the reduction in teenage conceptions, access to sexual health services in Walsall has reduced in recent years and STIs in Walsall continue to rise.

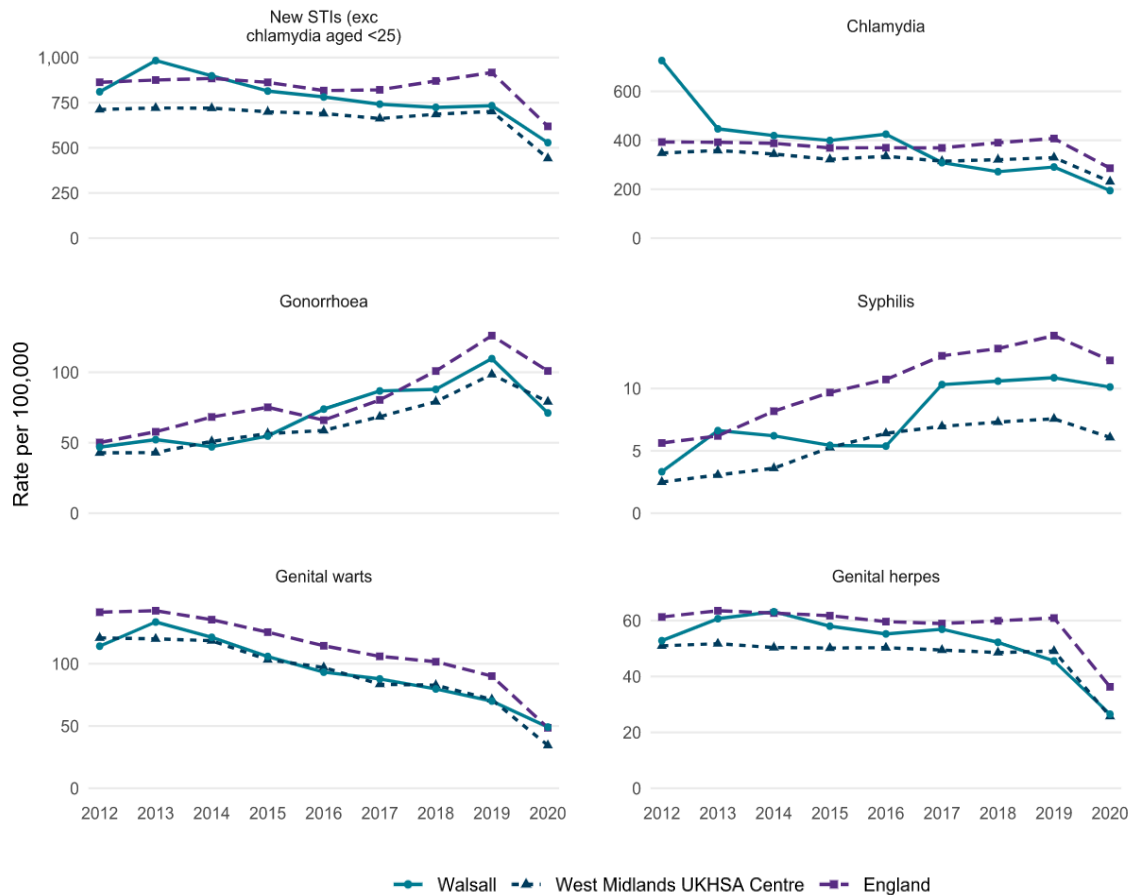
Epidemiology of sexually transmitted infections in 2021/22

Figure 8. Trends in the numbers of patients and new and follow-up consultations in Walsall Specialist Sexual Health services.



Since 2017, there has been a year on year decrease in the number of patients and the total number of consultations in Walsall Specialist Sexual Health Services. However, this trend is largely due to a decrease in the number of new consultations, while the number of follow up consultations has remained stable. The integrated sexual health contract mandated the provider to shift 30% of asymptomatic first attendances to online self-management/self-testing (digital offer). Therefore, this decrease is likely a result of compliance with this mandate and also the impact of no-walk in's during Covid-19.

Figure 9. Trends in STI diagnosis rates.

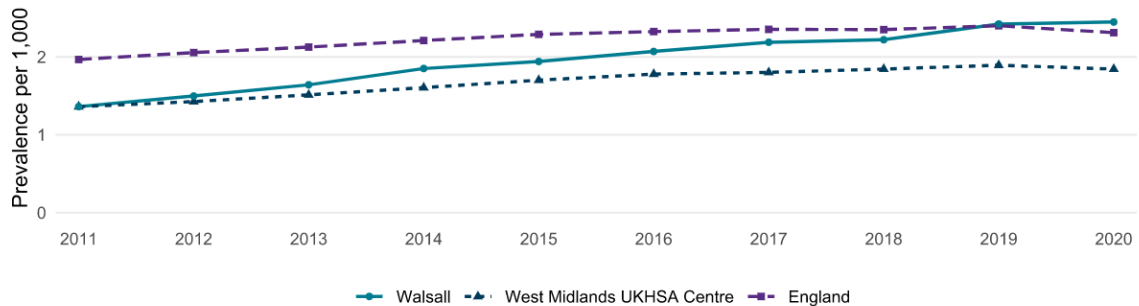


As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

Table 1. Number of attendances, tests and diagnoses at Walsall Sexual Health Clinic.

Year	Quarter	Number of attendances (face to face)*	Number of tests				Number of diagnoses**				Test positivity			
			Chlamydia	Gonorrhoea	Syphilis	HIV	Chlamydia	Gonorrhoea	Syphilis	HIV	Chlamydia	Gonorrhoea	Syphilis	HIV
2018	Jan - Mar	3,282	1,485	1,466	1,417	1,422	156	52	7	<5	11%	4%	0%	n/a
	Apr - Jun	3,118	1,331	1,321	1,177	1,184	155	72	14	<5	12%	5%	1%	n/a
	Jul - Sep	3,071	1,384	1,368	1,231	1,221	158	76	6	<5	11%	6%	0%	n/a
	Oct - Dec	2,939	1,262	1,225	1,100	1,082	181	78	7	<5	14%	6%	1%	n/a
2019	Jan - Mar	3,075	1,376	1,347	1,217	1,214	193	76	8	5	14%	6%	1%	0%
	Apr - Jun	3,219	1,361	1,345	1,136	1,137	184	98	9	<5	14%	7%	1%	n/a
	Jul - Sep	3,076	1,388	1,362	1,150	1,137	200	97	9	<5	14%	7%	1%	n/a
	Oct - Dec	2,984	1,390	1,367	1,178	1,147	216	119	12	0	16%	9%	1%	0%
2020	Jan - Mar	3,044	1,319	1,308	1,112	1,076	210	84	7	<5	16%	6%	1%	n/a
	Apr - Jun	1,677	447	435	346	330	77	42	11	<5	17%	10%	3%	n/a
	Jul - Sep	2,092	776	776	668	637	130	54	8	0	17%	7%	1%	0%
	Oct - Dec	2,155	850	846	755	729	104	71	12	<5	12%	8%	2%	n/a
2021	Jan - Mar	2,250	845	852	758	741	122	72	10	0	14%	8%	1%	0%
	Apr - Jun	2,312	842	840	713	701	110	56	8	0	13%	7%	1%	0%

Figure 10. Diagnosed HIV prevalence per 1,000 population aged 15 to 59 years by year in Walsall.



As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

- A total of 1,277 new STIs were diagnosed in residents of Walsall in 2020. It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour.
- Walsall ranked 57th highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15 to 24 years in 2020, with a rate of 529 per 100,000 residents aged 15 to 64, better than the rate of 619 per 100,000 for England.
- The chlamydia detection rate per 100,000 young people aged 15 to 24 years in Walsall was 927 in 2020, worse than the rate of 1,408 for England.
- The rank for gonorrhoea diagnoses (a marker of high levels of risky sexual activity) in Walsall was 67th highest (out of 149 UTLAs/UAs) in 2020. The rate per 100,000 was 71.2, better than the rate of 101 in England.
- The number of new HIV diagnoses among people aged 15 years and above in Walsall was 16 in 2020. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2020 was 2.4, similar to the rate of 2.3 in England. The rank for HIV prevalence in Walsall was 48th highest (out of 148 UTLAs/UAs).
- In Walsall, in the three year period between 2018 - 20, the percentage of HIV diagnoses made at a late stage of infection (all individuals with CD4 count ≤ 350 cells/mm³ within 3 months of diagnosis) was 51.2%, similar to 42.4% in England.

When interpreting trends, please note:

- The decrease in STI testing and diagnoses in 2020 due to the reconfiguration of sexual health services during the COVID-19 pandemic response
- Recent decreases in genital warts diagnoses are due to the protective effect of HPV vaccination, and are particularly evident in the younger age groups (25 and younger) who have been offered the vaccine since the national programme began

Priorities for 2022/23

A sustained reduction in the transmission of HIV and STIs; based on the following –

- Early detection in conjunction with rapid and successful treatment alongside partner notification through sexual health promotional campaigns and outreach programmes.

- Improved access to sexual health services for the prevention, diagnosis, treatment, and care of STIs through an increase in outreach into communities.
- An increased focus on groups with greater sexual health inequalities, including young adults, black ethnic minorities and men who have sex with men (MSM).
- Achieving an annual chlamydia detection rate of at least 2,300 per 100,000 15-24 year old population
- Expanded HIV testing to reduce late diagnosis of HIV, undiagnosed HIV infection and onward HIV transmission
- Improved infection prevention and control in high-risk premises, including sex establishments through a programme of regular audits and training

Key actions

- Review and redesign sexual health services in Walsall to deliver
 - Improved access, particularly for young people and for communities experiencing sexual health inequalities through the setting up of outreach services and improving engagement with young people
- Implement a programme of regular infection control supportive visits, audits and training in sex establishments in Walsall

Population Screening Programmes

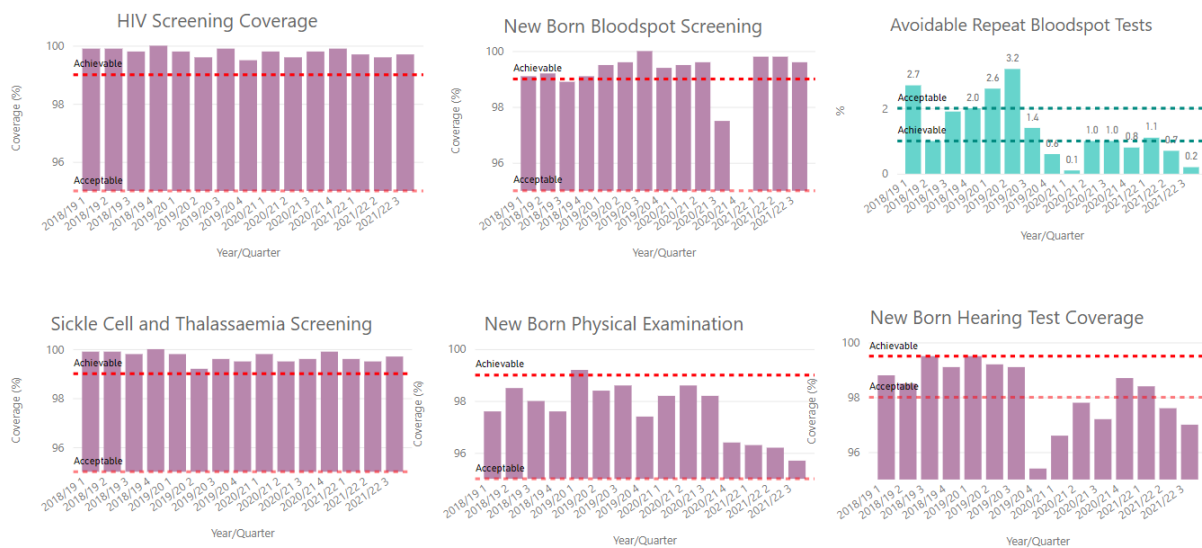
The UK National Screening Committee defines screening as “The process of identifying apparently healthy people who may be at increased risk of a disease or a condition so that they can be offered information, further tests and appropriate treatment to reduce their risk and/or complications arising from the disease or condition.”

There are currently three national cancer screening programmes: breast, bowel and cervical; and eight non-cancer screening programmes: six antenatal and new-born (Foetal Anomaly, Infectious Diseases in Pregnancy, Sickle Cell and Thalassaemia, New-born and Infant Physical Examination, New-born Blood Spot and New-born Hearing) and two young person and adult (Abdominal Aortic Aneurysm and Diabetic Eye).

Uptake of population screening programmes in 2021/22

Newborn and Antenatal Screening

Source: PHE - NHS screening programmes: KPI reports

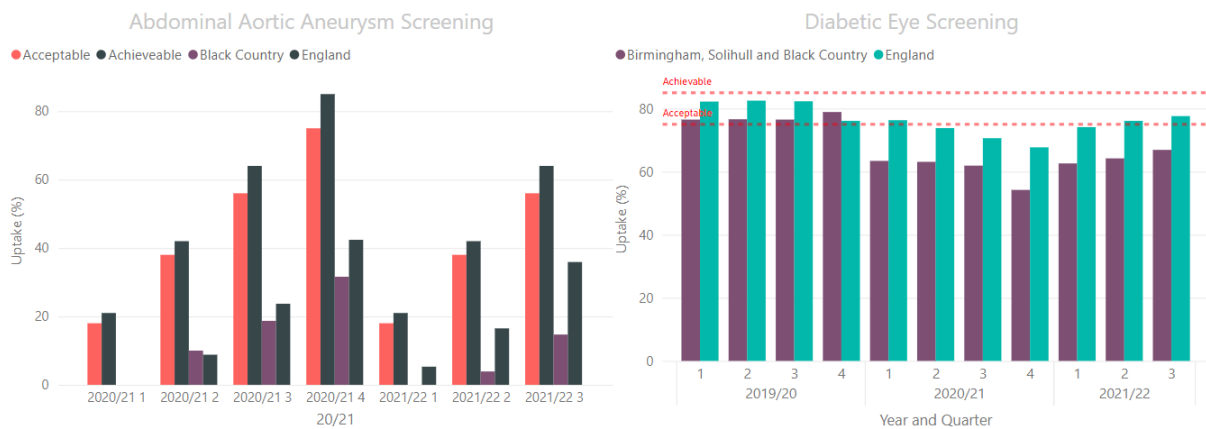


In 2021/22 YTD, all newborn pathological screens; HIV, Sickle cell and bloodspot screening, including the quality indicator of avoidable repeat screening, all exceeded both the “acceptable” and the more ambitious “achievable” targets.

The rate of physical examination of newborns has decreased each quarter in the last year, although it is still meeting the acceptable target of >95%.

For newborn hearing tests, there was a decrease in coverage to below the 98% “acceptable” target in the final quarter of 2019/20 – likely due to service changes during the Covid-19 pandemic. There was a recovery in early 2021/22 but this has failed to meet the acceptable target of 98% in the most recent quarters.

Non-Cancer Population Screening Programmes



Non-cancer population screening programmes for young people and adults are provided on a Black Country footprint for AAA and on a Birmingham, Solihull and Black Country basis for DES, therefore it is not possible to assess the coverage data at more local place-based level. Both nationally and in the Black Country, AAA screening coverage has not achieved the prescribed targets, and the rate in the local cohort is lower than the national rate. Similarly, DES screening in the BS&BC cohort has not achieved targets and is lower than the national coverage rate for England. It has, however, increased each quarter over the last year, indicating recovery from significant operational disruptions during the Covid-19 pandemic. Thus, provider performance over this time period should be interpreted with caution. In addition to this some providers were justifiably not able to make timely data returns or validate their data in this period, which impacts on benchmarking.

Priorities for 2022/23

- To maintain/increase uptake in all screening programmes, with a focus on groups with low uptake, and service-related disparities in uptake. In particular, we would like to focus on
 - Breast and cervical cancer screening
 - Abdominal Aortic Aneurysm (AAA) screening
 - Age extension of the bowel cancer screening to 50 -59 year olds
- A strategic and joined up approach to address screening and immunisation inequalities and provide for vulnerable groups.
- Work with the Black Country ICS and primary care networks to address bowel cancer screening uptake and address inequalities in uptake
- COVID-19 recovery for AAA screening , Diabetic eye screening programme (DESP), bowel and breast cancer screening where the services need to be back on schedule with screening

Health Emergency Planning

COVID-19-19 Debrief

An internal structured debrief of the response to COVID-19-19 was undertaken which produced a lessons-learnt report that was presented to Gold in May 2021. In total 78 individual recommendations were recorded. These have been summarised and has resulted in 10 key recommendations which have been taken forward into an Action Plan.

Winter Planning Exercise

A Winter Planning exercise was held in November 2021. The exercise revolved around an outbreak of influenza like symptoms in a care home and educational setting based on our knowledge of both COVID-19-19 and Flu outbreaks in high-risk settings.

It helped to clarify the roles and responsibilities of organisations in their response to and management of outbreaks; identified organisational capacity and capability and highlighted areas for development.

As a result of the exercise a specific business continuity template has been created for care and residential settings and a business continuity training and exercising session will be delivered to care home managers.

During November 2021, the Department for the Environment, Food and Rural Affairs (Defra) and the Animal and Plant Health Agency (APHA) confirmed there was avian influenza A (H5N1) in wild bird populations in Walsall. Initially identified at Stubbers Green pools, Aldridge and later cases were also found at Walsall's Arboretum.

Alongside the UK Health Security Agency (UKHSA), Public Health, Emergency Planning and the Clean & Green Team provided a front line response to the emergency, quickly establishing risk assessments, staff training and PPE provision. Walsall Public Health also worked with a private contractor to maintain public safety, provide communication to residents, remove and quarantine dead birds and arrange safe disposal by means of incineration.

Walsall Public health worked closely with the Royal Society for the Prevention of Cruelty to Animals (RSPCA) and UKHSA to manage the situation and protect public health and the risk to other birds, wildlife and pets.

Plans for 2022/23:

- Strengthen our response to major incidents and emergencies, including pandemic influenza
- Develop a comprehensive system wide pandemic flu plan
- Focus on continuous improvement in outbreak planning arrangements
- Improve support and advice to care homes and domiciliary services in relation to responding to and preparing for managing an infectious disease incident, responding to severe weather events.

Environmental Health

Key Achievements for 2021/232

- The inspection of 148 food businesses rated A, B, and C (non-compliant) and 198 unrated businesses.
- Responded to 314 food related complaints/enquiries.
- Registration of 273 new food businesses.
- The emergency closure of 2 food businesses.
- Responded to 97 notifications of food related infectious diseases received from UK-Health Security Agency
- Service of 20 Prohibition and 15 Improvement Notices under the Health and Safety at Work etc. Act 1974.
- 10 accident/incident investigation visits, 423 inspections, 32 complaint investigation visits and 415 other interventions (themed visits/mailshots) for the purposes of the Health and Safety at Work etc. Act 1974.
- Registration of 95 persons to carry on skin piercing activities (all new registrations are subject to a full inspection of Health and Safety and infection control)

Priorities for 2022/23

- The implementation of the Food Standards Agency's Recovery Plan for the inspection of rated and unrated food businesses in accordance with prescribed deadlines.
- Investigation of complaints concerning unsafe food practices and insanitary premises.
- Infection prevention control in emerging unregulated special treatments within the beauty industry.
- Working with "training" academies / schools setting up training practitioners. Including working with Walsall PH infection control team, regional partners, UK-HSA on best practice, running events such as train the trainer.
- Developing best practice in relation to dealing with the Public Health risk associated with these emerging and novel invasive treatments legally administered by non-medical practitioners working with new and existing businesses to give enhanced infection control advice and support
- Reduction of lost employee working days through work related ill health, accidents and incidents.
- Management of risk associated with Legionella in local authority controlled premises.

Key Actions for 2022/23

- Prioritised Inspection of food businesses rated A, B, C/D (non-compliant) and C (compliant) in accordance with requirements of the Recovery Plan.
- Prioritised inspection of unrated food business.
- Investigation of complaints/notifications about food related matters and infectious diseases.
- Health and Safety and Infection Control inspection of newly registered premises and premises of concern associated with to skin piercing activities associated with skin piercing activities.
- Responding to infectious disease notifications from UK-Health security Agency

- Investigation of notifiable incidents, dangerous occurrences and cases of work-related illness in accordance with national incident selection criteria.
- Investigation of complaints about health, safety and welfare in local authority enforced workplaces.
- Inspection of health and safety at high-risk premises in accordance with inspection programme.
- Initiation of a programme of targeted visits to high-risk premises where Legionella could be a problem to that duty holders are managing water systems and risk.
- Investigate notifications of Legionella from UK-Health Security Agency.

Glossary

AAA	Abdominal aortic aneurysm
AMR	Anti-microbial resistance
APHA	Animal and Plant Health Agency
COVID-19	Coronavirus infection
DEFRA	Department for the Environment, Food and Rural Affairs
DESP	Diabetic eye screening programme
DNA	Did not attend
GP	General Practice
HCAI	Healthcare acquired infections
HIV	Human immunodeficiency virus
ICS	Integrated care system
IPC	Infection prevention and control
LOMP	Local Outbreak Management Plan
MMR	Measles, mumps and rubella
MSM	Men who have sex with men
PCN	Primary care network
PPE	Personal protective equipment
RSPCA	Royal Society for the Prevention of Cruelty to Animals
STI	Sexually transmitted infections
TB	tuberculosis
UKHSA	UK Health Security Agency
WHT	Walsall Healthcare Trust