Walsall Health Protection Strategy

2022 -2025

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List of Acronyms and Abbreviations

AAA	Abdominal Aortic Aneurysm
AMR	Antimicrobial Resistance
CCG	Clinical Commissioning Groups
C. diff	Clostridium *Difficile*
COMEAP	Committee on the Medical Effects of Air Pollutants
DAA	Direct-acting antiviral
DESP	Diabetes Eye Screening Programme
DNA	Did not attend
DTaP	Diphtheria, tetanus and pertussis
EH	Environmental Health
FSA	Food Standards Agency
GP	General Practice
G and T	Gypsies and Travellers
HBV	Hepatitis B Virus
HCAI	Healthcare Associated Infections
HCV	Hepatitis C Virus
HiB	Haemophilus influenza type B
HPV	Human papillomavirus
HSE	Health and Safety Executive
IPC	Infection Prevention and Control
IPV	Polio vaccine
LA	Local Authority
LAC	Local Authority Circular
LHRP	Local Health Resilience Partnerships
LRF	Local Resilience Forums
LTBI	Latent Tuberculosis Infection
MMR	Measles, Mumps and Rubella
MRSA	Methicillin-resistant staphylococcus aureus
MSM	Men who have sex with men

MSSA	Methicillin-susceptible Staphylococcus aureus
NHSE	NHS England
NHSI	NHS Improvement
NIHP	National Institute for Health Protection
NO_2	Nitrogen dioxide
PCNs	Primary Care Networks
PHOF	Public Health Outcomes Framework
PM	Particulate matter
PPE	Personal Protective Equipment
RAG	Red-Amber-Green
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SHS	Sexual Health Service
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UAs	Unitary authorities
UKHSA	UK Health Security Agency
UTIs	Urinary Tract Infections
UTLAs	Upper Tier Local Authorities
WHO	World Health Organization
WHT	Walsall Healthcare Trust

Walsall Health Protection Strategy
Plan on a page

Our vision:

- **Protect the population of Walsall from threats and hazards to human health**
- **Reduce inequalities in the burden of communicable disease**
- **Ensure the highest possible quality and uptake of immunisation and screening**

Our Approach:

- **A system wide "team of teams" approach including every agency in Walsall**
- **We will address every area of health protection**
- **We will be driven by data, evidence and guidance on best practice**

Areas to cover

- **Vaccination and Immunisation–** focus on ensuring we keep population vaccination and immunisation levels at the highest we can, reduce inequalities and ensure high quality
- **Screening –** achieve optimal screening coverage and quality
- **TB**
- **Hepatitis B and C**
- **Health emergency planning**
- **Sexually Transmitted infections**
- **Infection Control–** drive down infections in health and social care settings
  - **Antimicrobial resistance**
- **Communicable Disease Control**–from food hygiene to outbreaks of rare diseases, protect our population from communicable diseases
- **A Healthy Environment**– from zoonoses to contaminated land and planning, specify and co-ordinate the health protection aspects of sustainable growth
  - **Air Quality**
  - **Hazards**–ensure that environmental, chemical, biological, radiological and nuclear threats and hazards are understood and the Health Protection issues addressed

Our objectives

1. We will develop a system wide approach to health protection
2. We will develop the analytical systems and tools necessary to enable this
3. We will ensure that evidence informs activity
4. We will ensure that pathways are in place enable this approach
5. We will ensure that the workforce is equipped with the right knowledge and skills
6. We will ensure that the right investment enables this to happen

What does good practice look like?

National guidance defines what Good Looks like for Health Protection and the system leadership role of the local Public Health Service. The hallmarks of this are:

- **Strong partnerships**
- **Foresight**– horizon scanning for emerging threats and hazards
- **A systems approach**
- **When things go wrong**–ensure that lookback exercises are conducted where necessary partners apply the learning from these

Our vision:

We want every person, irrespective of their circumstances, to be protected from infectious and non-infectious environmental health hazards and, where such hazards occur, to minimise their continued impact on the public's health. We do this by preventing exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources

Aims:

- Protect the population of Walsall from threats and hazards to human health
- Reduce inequalities in the burden of communicable disease
- Ensure the highest possible quality and uptake of immunisation and screening

Our Approach:

- We will develop a system wide approach to health protection
- We will develop the analytical systems and tools necessary to enable this
- We will ensure that evidence informs activity
- We will ensure that pathways are in place to enable this approach
- We will ensure that the workforce is equipped with the right knowledge and skills
- We will ensure that the right investment enables this to happen

Scope:

- **Vaccination and Immunisation–** focus on ensuring we keep population vaccination and immunisation levels at the highest we can, reduce inequalities and ensure a high quality service
  - Working with Primary Care Networks (PCNs) to improve childhood immunisation uptake
  - Annual flu vaccination campaign
  - Working with the UK Health Security Agency (UKHSA)/National Institute for Health Protection (NIHP) on one off campaigns eg measles/ gypsies and travellers (G and T) communities

- **Screening Quality –** achieve optimal screening coverage and quality

- **Antenatal and new born screening**[Error! Bookmark not defined.]

- Cancer screening
  - Cervical
  - Breast
  - Bowel

- Non cancer screening
  - Diabetic retinopathy
  - Abdominal Aortic Aneurysm (AAA)

- **Health care associated infections–** drive down infections in health and social care settings
  - **Antimicrobial Resistance (AMR)**

- **Communicable Disease Control**–from food hygiene to outbreaks of rare diseases, protect our population from communicable diseases
  - **Sexual health**
  - **Blood borne viruses**
  - **Tuberculosis (TB)**

- **COVID.** The COVID pandemic is expected to continue to have an impact for the foreseeable future. The strategy for COVID is contained in the Local Outbreak Management Plan and is not covered here.

- **A Healthy Environment**– from zoonoses to contaminated land and planning, specify and co-ordinate the health protection aspects of sustainable growth

- **Health emergency planning**

- **Health Inequalities** Threats to health are not equally shared; the impoverished, incarcerated, institutionalised and homeless are often at far higher risk of illness and premature mortality than the general population. Marginalised populations experience extremes of poor health due to a combination of poverty, social exclusion and increased burden of risk factors.

  Where inequalities are greatest, resources will be targeted at people with greatest need. We will work to reduce the health inequalities of the homeless population in particular

What will good practice look like?

National guidance defines what Good Looks like for Health Protection[1] and the system leadership role of the local Public Health Service. The hallmarks of this are:

- Strong partnerships
- Foresight– horizon scanning for emerging threats and hazards
- A systems approach
- When things go wrong–ensure that lookback exercises are conducted where necessary partners apply the learning from these

The Health Protection System

At the local level, local authority Directors of Public Health provide leadership for the public health system working closely in partnership with NHS partners and UKHSA[2].

Local Health Resilience Partnerships (LHRP), co-chaired by a Director of Public Health and NHS England (NHSE) and NHS Improvement (NHSI), provide a strategic forum for organisations to facilitate health sector preparedness and planning for emergencies, working closely with Local Resilience Forums (LRF).

On a day-to-day basis, health protection practice aims to prevent, assess and mitigate risks and threats to people's health.

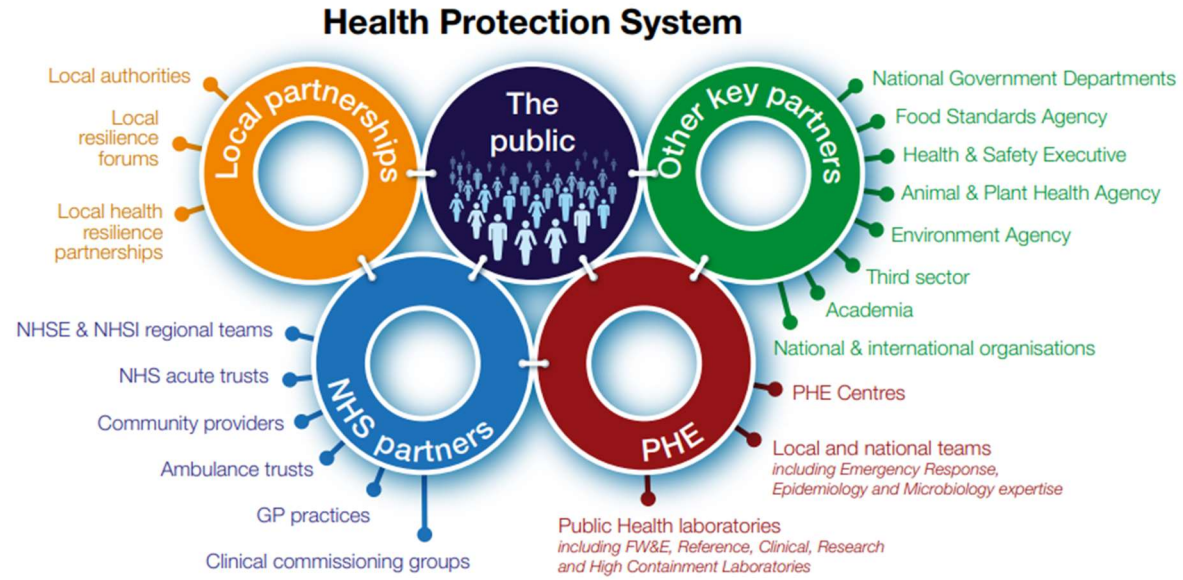
To deliver this combination of public health protection duties and services requires close partnership working between Directors of Public Health and their health protection teams, UKHSA, the NHS, national government and agencies, industry, and the public.

The Walsall Health Protection Forum is the vehicle to drive forward the implementation of the Walsall Health Protection Strategy.

[1] What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf (adph.org.uk)

[2] UK Health Security Agency

Figure 1: Schematic of Health Protection System



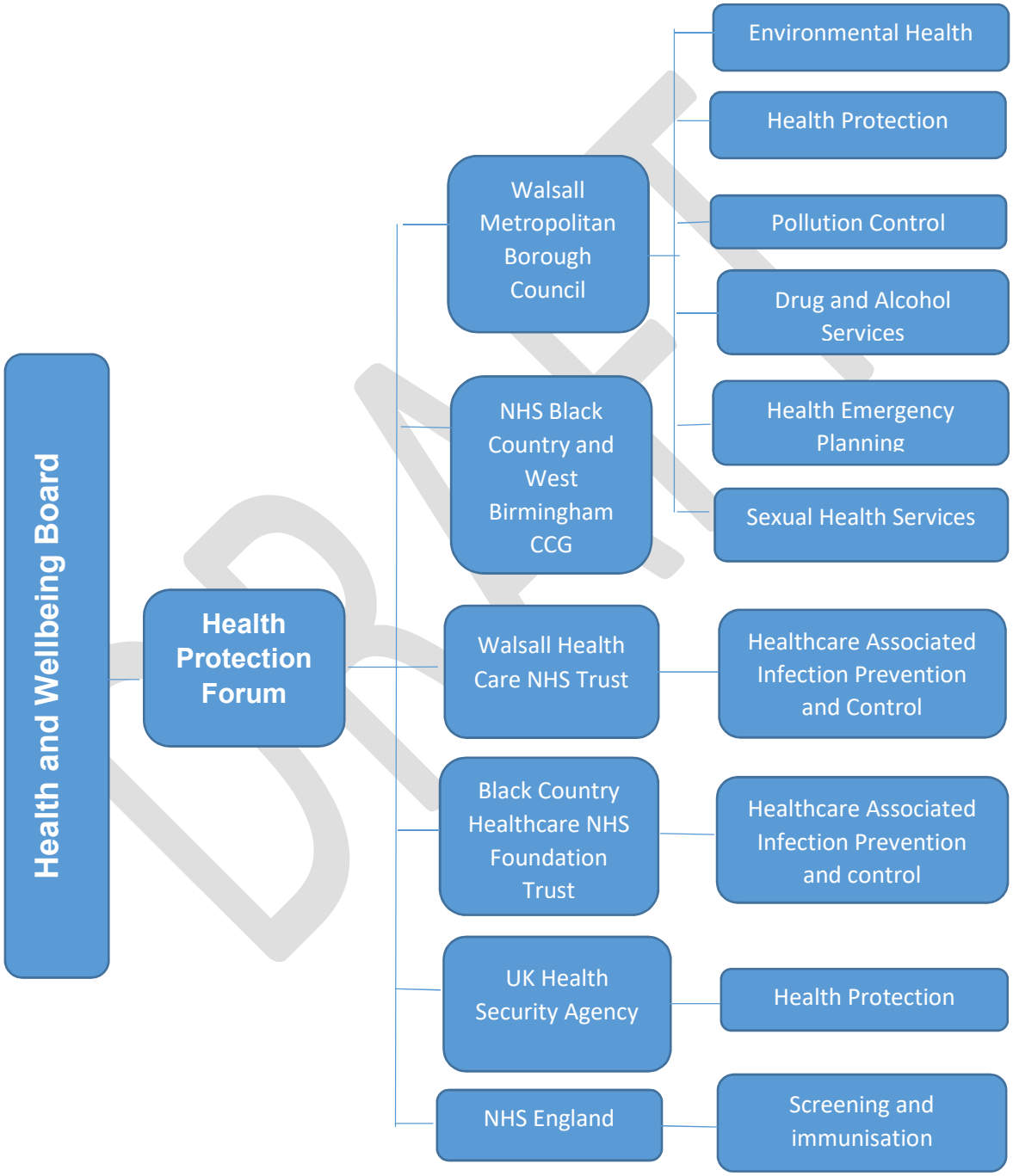
[3]

[3] PHE Infectious Diseases Strategy 2020-25 PHE_Infectious_Diseases_Strategy_2020-2025 (publishing.service.gov.uk)

The Governance Structure for Health Protection in Walsall

The larger health economy wide health protection team meet at the quarterly Health Protection Forum, chaired by the Director of Public Health. The forum includes representatives from the partners shown in the governance diagram below.

All of these agencies have a legal duty to respond to health protection emergencies. These legal responsibilities are described in the Civil Contingencies Act 2004.



Implementation

The implementation of this strategy will be carried out jointly by partner organisations, and implementation groups and Boards which already exist e.g. the Walsall Health Protection Forum, Infection Prevention and Control Committee for Walsall Healthcare Trust (WHT), Walsall Flu Group etc

This strategy will be supported by a live action plan which will be monitored through the Health Protection Forum.

Priorities for implementation will be identified at the start of each financial year.

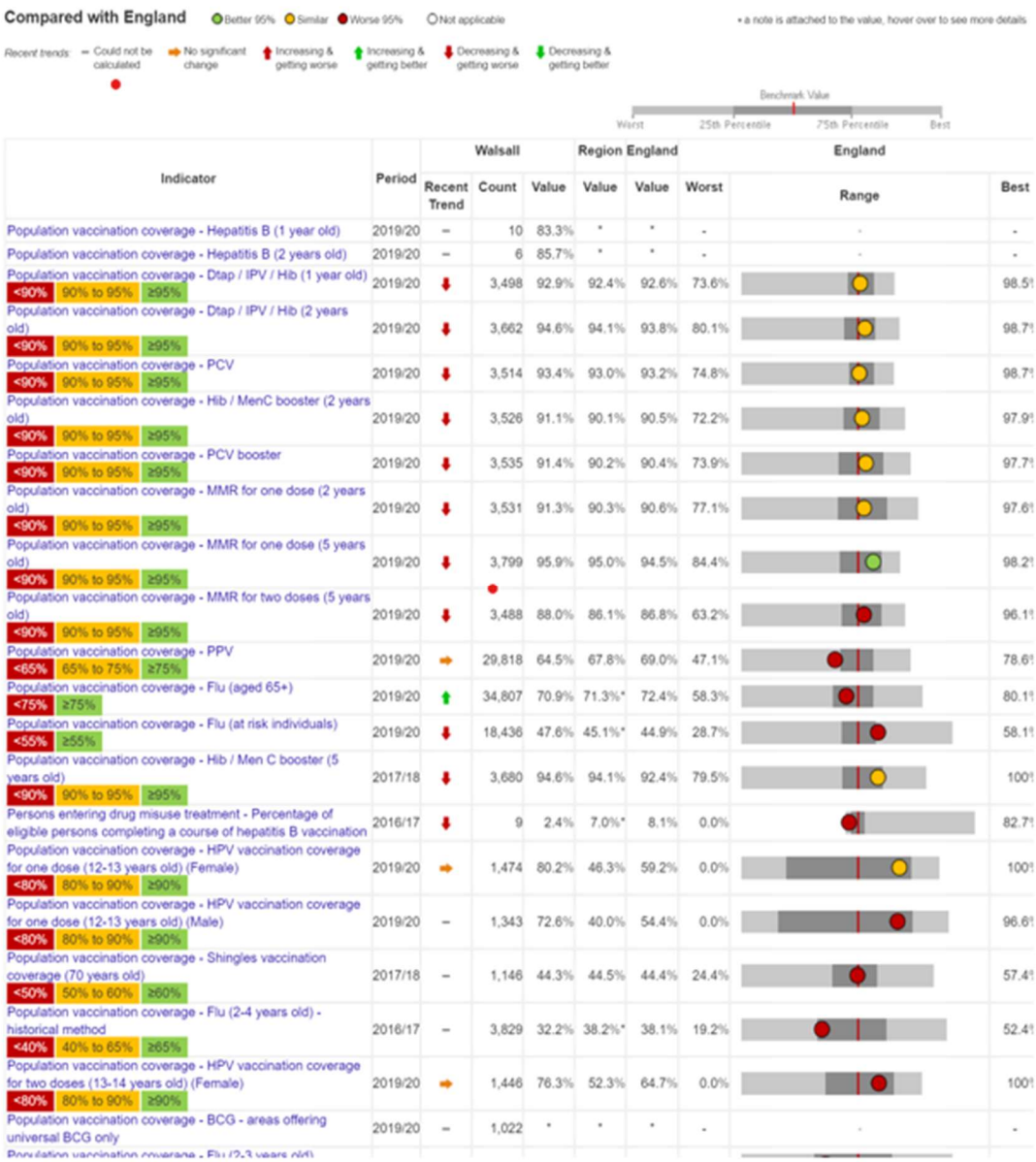
Vaccination and Immunisation

Immunisation programmes are currently commissioned by NHS England, with UKHSA providing oversight of the programmes. However, local authorities, and Directors of Public Health on their behalf, maintain the responsibility for health protection assurance.

Scope:

- Routine childhood immunisations, including measles, mumps and rubella (MMR)
- Flu vaccination and COVID booster vaccination
- Maternal pertussis
- Human papillomavirus (HPV)
- Older people's vaccinations

Figure 2: Immunisations in Walsall



Compared with England Better 95% Similar Worse 95% Not applicable • a note is attached to the value, hover over to see more details

Recent trends: – Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

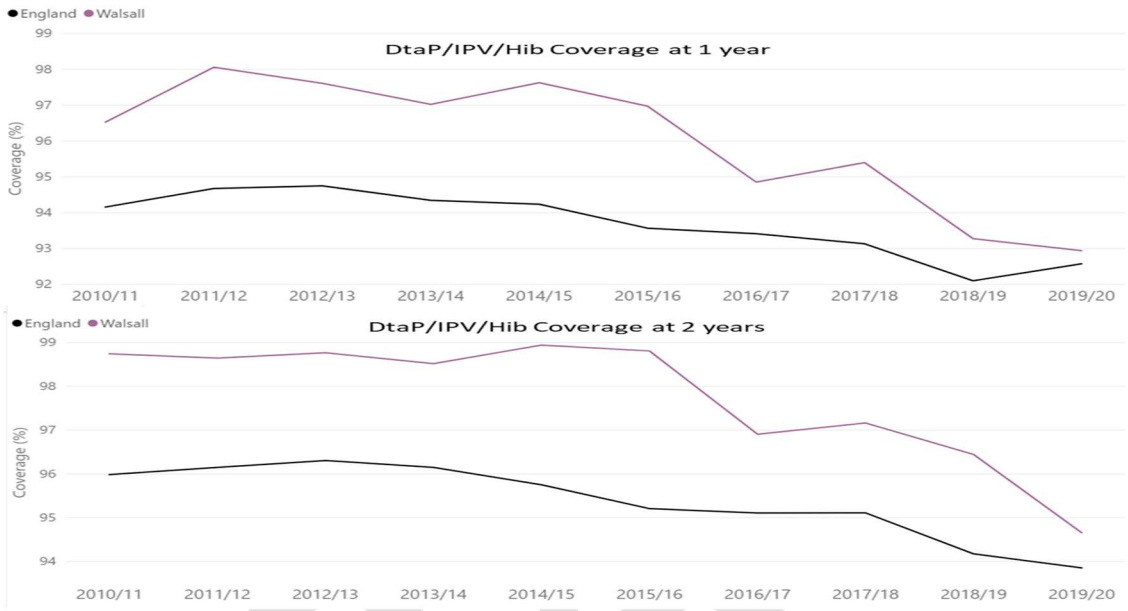
Indicator	Period	Walsall			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage - Hepatitis B (1 year old)	2019/20	–	10	83.3%	*	*	-		-
Population vaccination coverage - Hepatitis B (2 years old)	2019/20	–	6	85.7%	*	*	-		-
Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% 90% to 95% ≥95%	2019/20	↓	3,498	92.9%	92.4%	92.6%	73.6%		98.5!
Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	2019/20	↓	3,662	94.6%	94.1%	93.8%	80.1%		98.7!
Population vaccination coverage - PCV <90% 90% to 95% ≥95%	2019/20	↓	3,514	93.4%	93.0%	93.2%	74.8%		98.7!
Population vaccination coverage - Hib / MenC booster (2 years old) <90% 90% to 95% ≥95%	2019/20	↓	3,526	91.1%	90.1%	90.5%	72.2%		97.9!
Population vaccination coverage - PCV booster <90% 90% to 95% ≥95%	2019/20	↓	3,535	91.4%	90.2%	90.4%	73.9%		97.7!
Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2019/20	↓	3,531	91.3%	90.3%	90.6%	77.1%		97.6!
Population vaccination coverage - MMR for one dose (5 years old) <90% 90% to 95% ≥95%	2019/20	↓	3,799	95.9%	95.0%	94.5%	84.4%		98.2!
Population vaccination coverage - MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2019/20	↓	3,488	88.0%	86.1%	86.8%	63.2%		96.1!
Population vaccination coverage - PPV <65% 65% to 75% ≥75%	2019/20	→	29,818	64.5%	67.8%	69.0%	47.1%		78.6!
Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2019/20	↑	34,807	70.9%	71.3%*	72.4%	58.3%		80.1!
Population vaccination coverage - Flu (at risk individuals) <55% ≥55%	2019/20	↓	18,436	47.6%	45.1%*	44.9%	28.7%		58.1!
Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	2017/18	↓	3,680	94.6%	94.1%	92.4%	79.5%		100!
Persons entering drug misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination	2016/17	↓	9	2.4%	7.0%*	8.1%	0.0%		82.7!
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Female) <80% 80% to 90% ≥90%	2019/20	→	1,474	80.2%	46.3%	59.2%	0.0%		100!
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Male) <80% 80% to 90% ≥90%	2019/20	–	1,343	72.6%	40.0%	54.4%	0.0%		96.6!
Population vaccination coverage - Shingles vaccination coverage (70 years old) <50% 50% to 60% ≥60%	2017/18	–	1,146	44.3%	44.5%	44.4%	24.4%		57.4!
Population vaccination coverage - Flu (2-4 years old) - historical method <40% 40% to 65% ≥65%	2016/17	–	3,829	32.2%	38.2%*	38.1%	19.2%		52.4!
Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old) (Female) <80% 80% to 90% ≥90%	2019/20	→	1,446	76.3%	52.3%	64.7%	0.0%		100!
Population vaccination coverage - BCG - areas offering universal BCG only	2019/20	–	1,022	*	*	*	-		-
Population vaccination coverage - Flu (2-3 years old)									

Routine Childhood Immunisations

Where we are now:

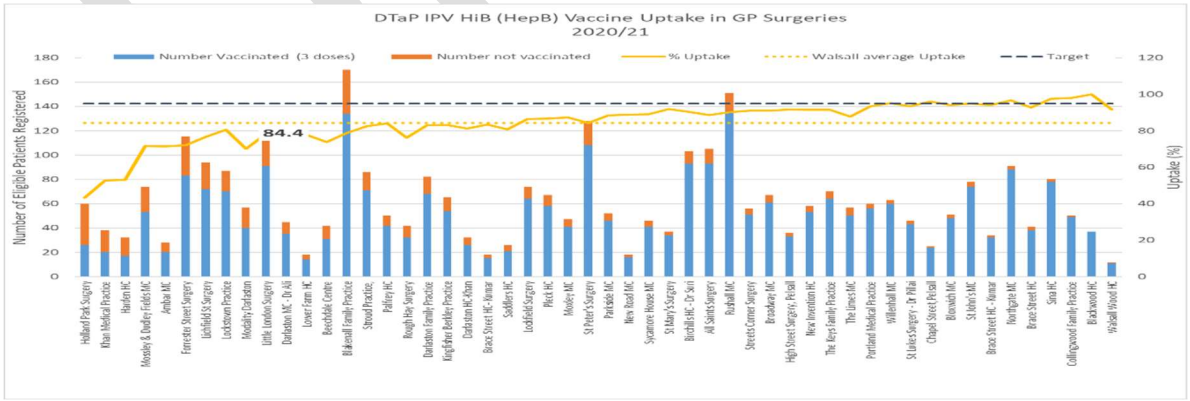
- Walsall is not meeting targets for most routine childhood immunisations

Figure 3:Trends in DTaP/IPV/HiB (HepB) Coverage in Walsall, 2010/11 to 2019/20



- There has been a fall in the uptake of routine childhood immunisations across all children in Walsall since 2015/16

Figure 4:DTaP/IPV/HiB/Hep B uptake in general practices in Walsall

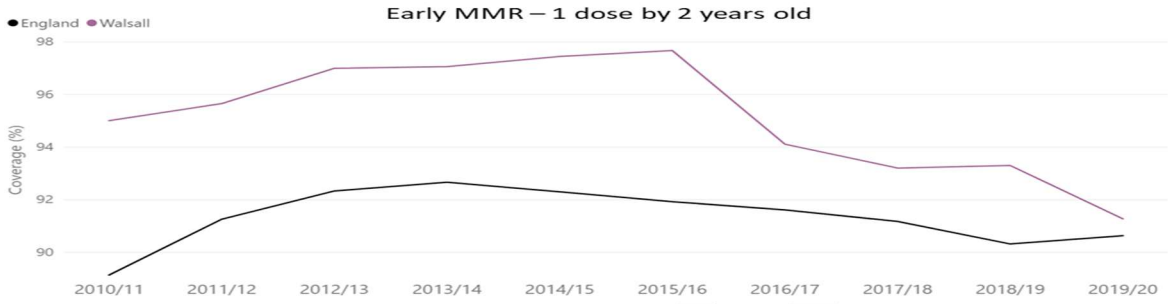


- There is considerable variation in diphtheria, tetanus and pertussis (DTaP)/polio (IPV)/haemophilus influenza type B (HiB)/hepatitis B (Hep B) vaccine uptake across

general practices in Walsall with some of the poorest performing practices achieving less than 60% uptake.

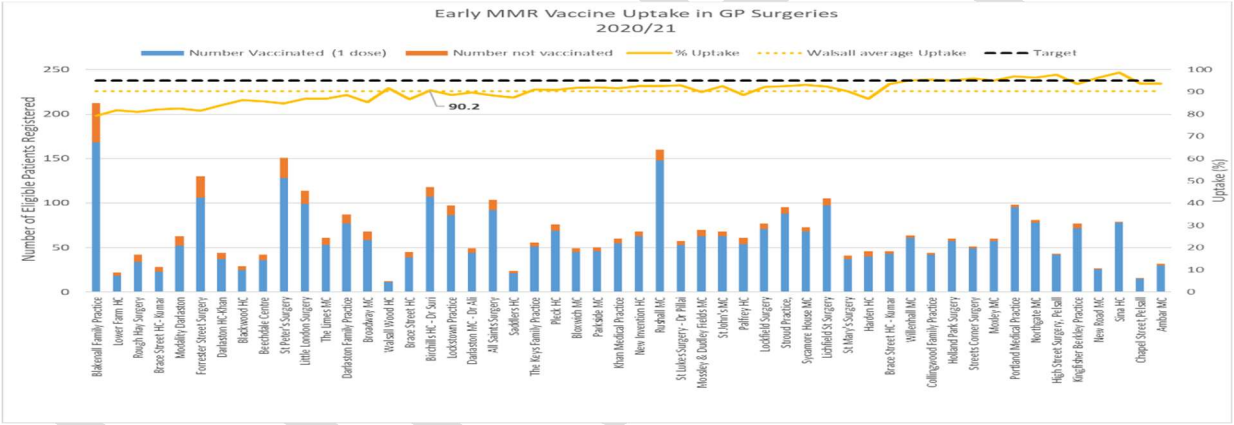
MMR[4]

Figure 5: Trends in uptake of one dose of MMR by 2 years in Walsall



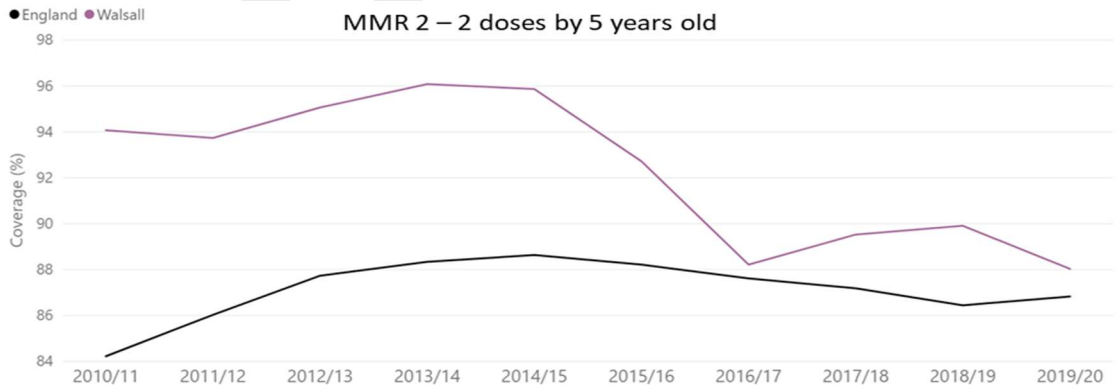
- The uptake of one dose of MMR by 2 years has seen a decline but is currently higher than the England average

Figure 6: MMR1 uptake in general practices in Walsall



- As seen in Figure 5 above, more than ½ of all Walsall practices are not achieving the national target of 95% for the first dose of MMR by 2 years of age.

Figure 7: Trends in uptake of two doses of MMR by 5 years in Walsall 2010/11 to 2019/20



- The uptake of 2 doses of MMR by the age of 5 is currently at only 86.8%

[4] Measles, mumps and rubella

- There has been a decline in the uptake of 2 doses of MMR by the age of 5 since 2016/17

Figure 8: Hepatitis B Population Coverage in 2 year olds (born to Hepatitis B positive mothers).*

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	*	-	-
West Midlands region	–	-	*	-	-
Wolverhampton	–	11	100	74.1	100
Telford and Wrekin	–	12	100	75.8	100
Stoke-on-Trent	–	12	100	75.8	100
Staffordshire	–	-	100*	51.0	100
Shropshire	–	-	100*	43.9	100
Herefordshire	–	-	100*	34.2	100
Dudley	–	12	100	75.8	100
Birmingham	–	101	96.2	90.6	98.5
Coventry	–	23	95.8	79.8	99.3
Warwickshire	–	15	93.8	71.7	98.9
Worcestershire	–	8	88.9	56.5	98.0
Walsall	–	6	85.7	48.7	97.4
Sandwell	–	14	82.4	59.0	93.8
Solihull	–	-	*	-	-

Where do we want to be?

- 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
- A strategic and joined up approach to address screening and immunisation inequalities and provide for vulnerable groups.

How do we get there?

- Roll out of the West Midlands measles elimination strategy and wider work to improve MMR coverage.
- Improve follow up of did not attend (DNA) appointments for routine childhood immunisation through the health visiting services
- Work with commissioners and services supporting Looked after Children to increase uptake of routine immunisations

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.

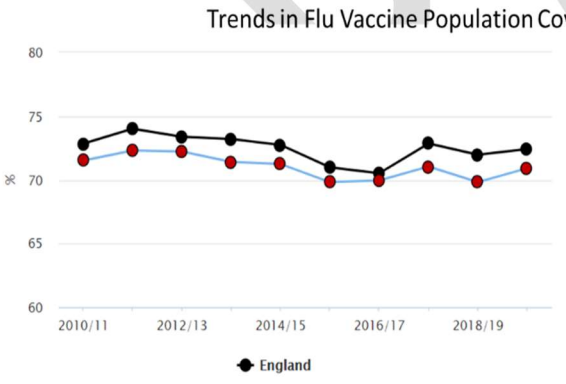
Where we are now:

Figure 9: Summary of Influenza Vaccine Uptake in Target Groups in 2020/21 Season

Clinical Commissioning Group	Target Group				
	65 and over	**Under 65 (at-risk only)**	**Pregnant Women**	**All 2 year olds**	**All 3 year olds**
	% vaccine uptake	% vaccine uptake	% vaccine uptake	% vaccine uptake	% vaccine uptake
NHS Dudley CCG	79.5	53.1	45.0	56.0	58.5
NHS Sandwell and West Birmingham CCG	71.6	42.7	33.8	44.1	47.3
NHS Walsall CCG	78.8	52.0	41.6	48.2	52.6
NHS Wolverhampton CCG	75.4	47.0	33.5	44.2	51.1

- Uptake of flu vaccination was higher than previous years for the 65 years and over
- There has been an increase in flu vaccine uptake across all categories in 2020/21 as compared to 2019/20

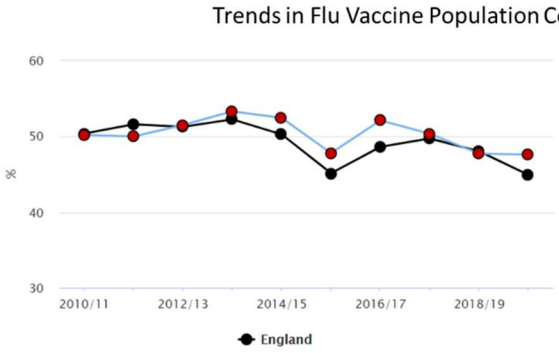
Figure 10: Trends in Flu Vaccine Uptake in people aged 65+ in Walsall



Benchmarking against goal: <75% ≥75%

Period		Walsall Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2010/11		30,310	71.5%	71.1%	71.9%	71.3%*	72.8%*
2011/12		33,161	72.3%	71.9%	72.7%	72.6%*	74.0%*
2012/13		33,611	72.2%	71.8%	72.6%	72.2%*	73.4%*
2013/14		34,178	71.4%	71.0%	71.8%	72.4%*	73.2%
2014/15		34,448	71.2%	70.8%	71.6%	72.3%*	72.7%
2015/16		33,693	69.8%	69.4%	70.2%	70.4%*	71.0%
2016/17		33,635	69.9%	69.5%	70.4%	70.1%*	70.5%
2017/18		33,700	71.0%	70.6%	71.4%	72.1%*	72.9%
2018/19		33,918	69.8%	69.4%	70.2%	71.1%*	72.0%
2019/20		34,807	70.9%	70.5%	71.3%	71.3%*	72.4%

Figure 11: Trends in Flu Vaccine Uptake in people at clinical risk in Walsall



Benchmarking against goal: <55% ≥55%

Period		Walsall Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2010/11	●	13,610	50.2%	49.6%	50.8%	50.0%*	50.4%*
2011/12	●	14,438	50.0%	49.4%	50.6%	51.0%*	51.6%*
2012/13	●	15,333	51.5%	50.9%	52.1%	51.6%*	51.3%*
2013/14	●	16,337	53.3%	52.8%	53.9%	52.8%*	52.3%
2014/15	●	17,510	52.5%	51.9%	53.0%	51.9%*	50.3%
2015/16	●	18,548	47.8%	47.3%	48.3%	46.4%*	45.1%
2016/17	●	18,248	52.1%	51.6%	52.7%	49.5%*	48.6%
2017/18	●	20,023	50.4%	49.9%	50.9%	49.9%*	49.7%
2018/19	●	20,087	47.7%	47.3%	48.2%	47.8%*	48.0%
2019/20	●	18,436	47.6%	47.1%	48.1%	45.1%*	44.9%

- There is a striking variation in uptake of flu vaccination by ethnicity and deprivation, according to an analysis of flu vaccination uptake in the Black Country. For example, amongst the at risk under 65s, only 37% of people of Pakistani ethnicity from the most deprived quintile had taken the flu vaccine as opposed to 69% of white people from the least deprived quintile.
- Flu vaccination uptake in care home staff remains a challenge at 25% (as of December 8th 2021)

Where do we want to be?

- Improve performance against national targets for flu by 10% over 2020/21
- Plans to roll out a combined flu/COVID booster campaign for 2021/22 starting in September 2021

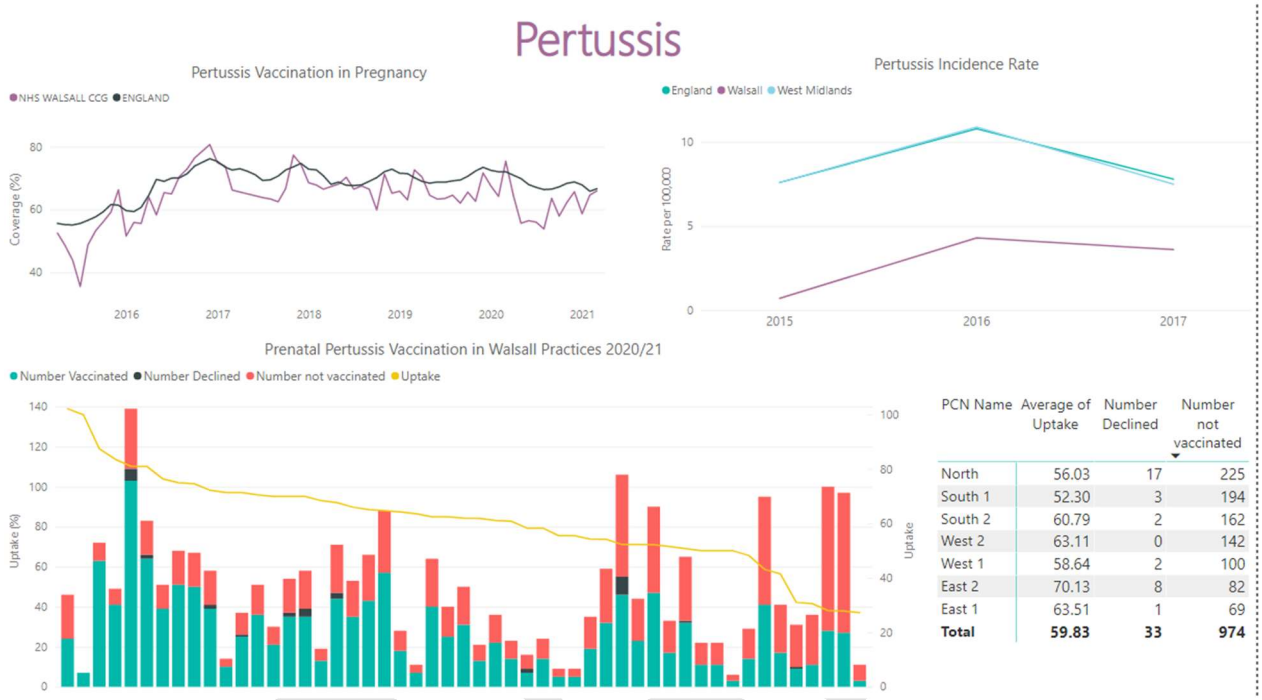
How do we get there?

- The Flu Fairies funded by Public Health will continue to work in the antenatal department talking to expectant mothers and encouraging them to have the flu vaccine.
- Provision of comic style booklets for all school age children encouraging them to become “Flu Fighters”. This was developed in Wolverhampton for the 2018/19 season, and which saw an increase in uptake of 8%.
- The Clinical Commissioning Groups (CCG) identify and support general practices with low uptake as per previous years.
- Joined up media campaign between the CCG, WHT and Local Authority (LA).

Maternal Pertussis

Where are we now?

Figure 12: Incidence of Pertussis and Prenatal Pertussis Vaccine Uptake in Walsall GPs/PCNs



PCN Name	Average of Uptake	Number Declined	Number not vaccinated
North	56.03	17	225
South 1	52.30	3	194
South 2	60.79	2	162
West 2	63.11	0	142
West 1	58.64	2	100
East 2	70.13	8	82
East 1	63.51	1	69
Total	**59.83**	**33**	**974**

- 60% of pregnant women in Walsall are taking the prenatal pertussis vaccine
- There is a considerable variation in the uptake of the prenatal pertussis vaccine across general practices in Walsall

Where do we want to be?

- 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.

How do we get there?

- We will launch a campaign to improve prenatal pertussis vaccination uptake in 2022.

HPV[5]

Where are we now?

Figure 13: Trends in HPV Vaccine Coverage in Walsall 2015/16 to 2019/20

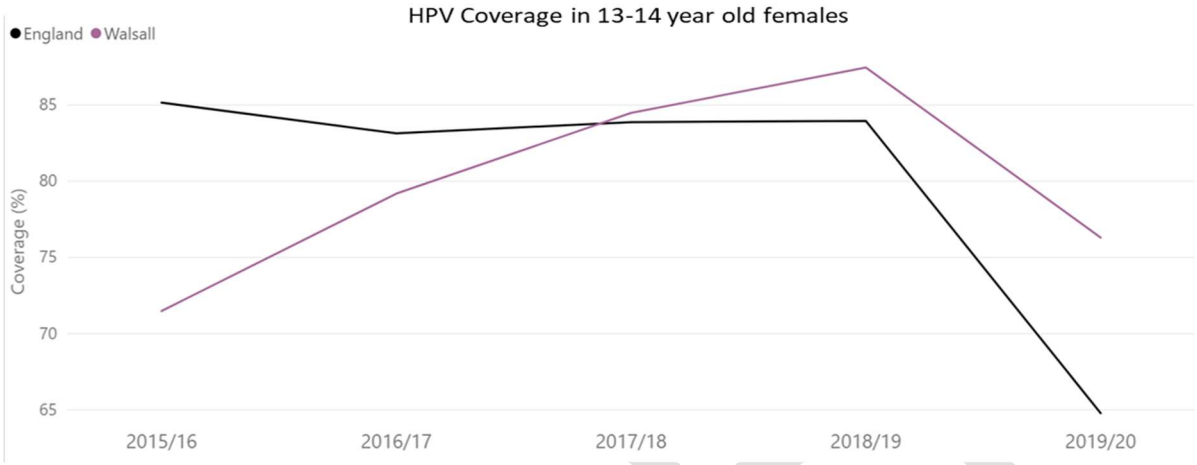


Figure 14: HPV Vaccine Uptake in 12-13 year old males and females in Walsall

Local Authority	Females Cohort 17: 12-13 Year Olds (Year 8) Birth Cohort: 1 September 2006- 31 August 2007					Males Cohort 1: 12-13 Year Olds (Year 8) Birth Cohort: 1 September 2006- 31 August 2007				
	Number of females in Cohort 17 (Year 8)	No. vaccinated with at least one dose by 20/03/2020	%	No. vaccinated with two doses by 20/03/2020	%	Number of males in Cohort 1 (Year 8)	No. vaccinated with at least one dose by 20/03/2020	%	No. vaccinated with two doses by 20/03/2020	%
DUDLEY LOCAL AUTHORITY	1,698	1,583	93.2	674	39.7	1807	1589	87.9	643	35.6
SANDWELL LOCAL AUTHORITY	2,018	440	21.8	0	0.0	2214	304	13.7	0	0
WALSALL LOCAL AUTHORITY	1,837	1,474	80.2	344	18.7	1850	1343	72.6	188	10.2
WOLVERHAMPTON LOCAL AUTHORITY	1,820	1,457	80.1	596	32.7	1743	1281	73.5	487	27.9
ENGLAND	**320,056**	**189,457**	**59.2**	**12,890**	**4.0**	**331308**	**180207**	**54.4**	**11671**	**3.5**

- The uptake of HPV in girls at 80.2% is higher than regional and national levels and is achieving targets
- The uptake of HPV in boys at 72.6% is below target

Where do we want to be?

- Continue to achieve high levels of uptake in girls and improve uptake in boys to achieve national targets.

How do we get there?

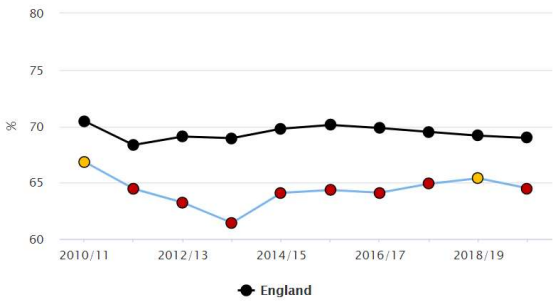
- We will work with the immunisation provider and with local schools to improve awareness and increase uptake.

[5] Human Papilloma Virus

Older Adult Vaccinations

Where are we now?

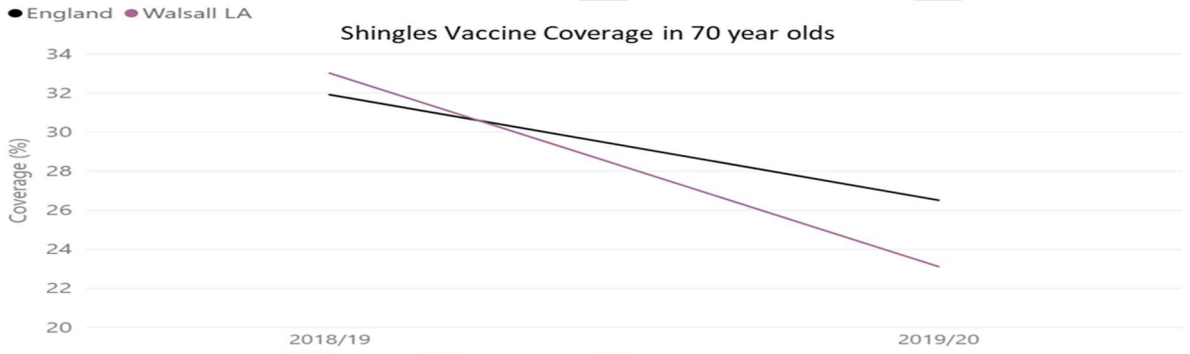
Figure 15: Trends in Pneumococcal Polysaccharide Vaccine Uptake in Walsall



Benchmarking against goal: <65% | 65% to 75% | ≥75%

Period		Walsall Count	Walsall Value	Walsall 95% Lower CI	Walsall 95% Upper CI	West Midlands	England
2010/11	●	13,898	66.9%	66.2%	67.5%	68.7%*	70.5%*
2011/12	●	24,439	64.5%	64.0%	64.9%	67.6%*	68.3%*
2012/13	●	24,696	63.2%	62.8%	63.7%	68.1%*	69.1%*
2013/14	●	28,948	61.4%	61.0%	61.9%	67.5%	68.9%
2014/15	●	30,481	64.1%	63.4%	64.8%	68.5%	69.8%
2015/16	●	28,215	64.3%	63.9%	64.8%	69.1%*	70.1%
2016/17	●	27,209	64.1%	63.7%	64.6%	68.5%	69.8%
2017/18	●	30,009	64.9%	64.4%	65.3%	68.7%	69.5%
2018/19	●	31,789	65.4%	65.0%	65.8%	68.3%	69.2%
2019/20	●	29,818	64.5%	64.1%	65.0%	67.8%	69.0%

Figure 16: Trends in Shingles Vaccine Uptake in Walsall 2018/19 to 19/20



- The uptake of pneumococcal vaccination in Walsall is currently below target at 69%, this is below national levels.
- The uptake of shingles vaccination is currently at 23% which is similar to national levels

Where do we want to be?

- Increase the uptake of pneumococcal and shingles vaccination to meet national targets

How do we get there?

- We will work with Walsall CCG and PCNs to improve vaccination uptake of older people's vaccines
- We will analyse health inequalities in the uptake of pneumococcal and shingles vaccination in Walsall.

Screening

Screening programmes are currently commissioned by NHS England, with UKHSA providing oversight of the programmes. However, local authorities, and Directors of Public Health on their behalf, maintain the responsibility for health protection assurance.

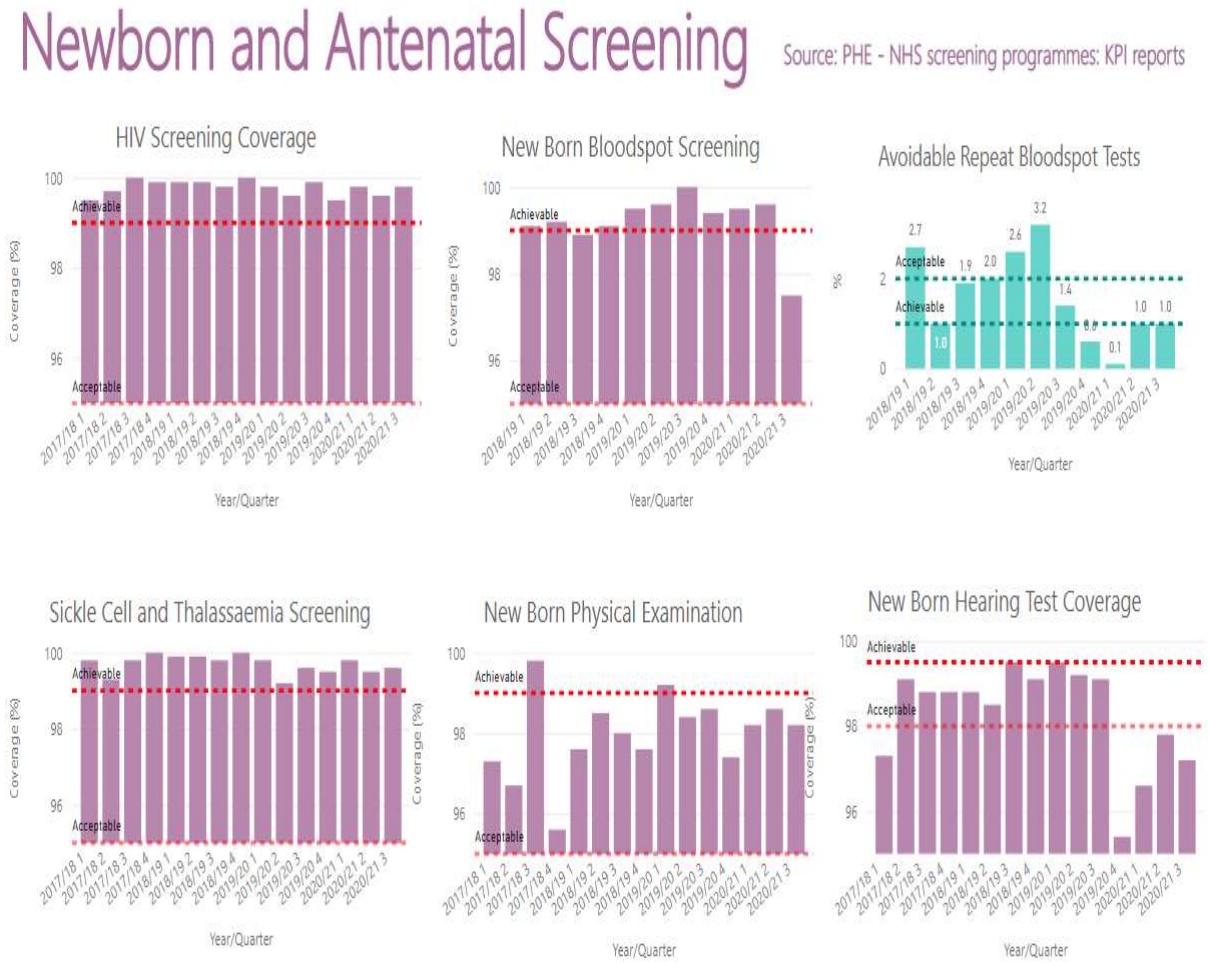
Scope

- Antenatal and new born screening
- AAA screening
- Diabetic retinopathy screening
- Cancer screening – breast, bowel, cervical

Where are we now

New born and Antenatal Screening Programmes

Figure 17: Antenatal and new born screening uptake in Walsall 2017/18 to 2020/21



- The uptake of new born and antenatal screening has remained high in Walsall through the pandemic with the exception of blood spot screening, new born physical examination and new born hearing screening.

Adult Non Cancer Screening Programmes

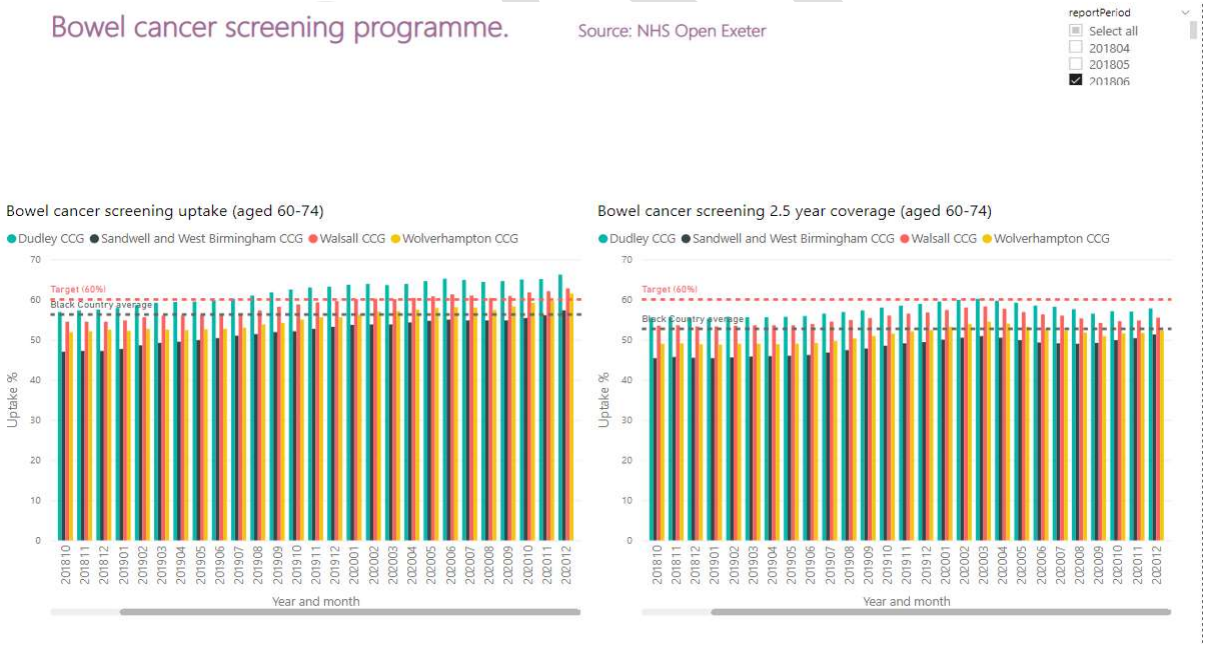
Figure 18: Trends in adult non cancer screening programme in the Black Country

- As seen above there has been a steep decline in the uptake of AAA screening at the point of the implementation of the first lockdown linked to the COVID pandemic. There has been some recovery but uptake remains very poor both in Walsall and nationally.
- Diabetic eye screening has also seen a decline since the onset of the COVID pandemic.

Adult Cancer Screening Programmes

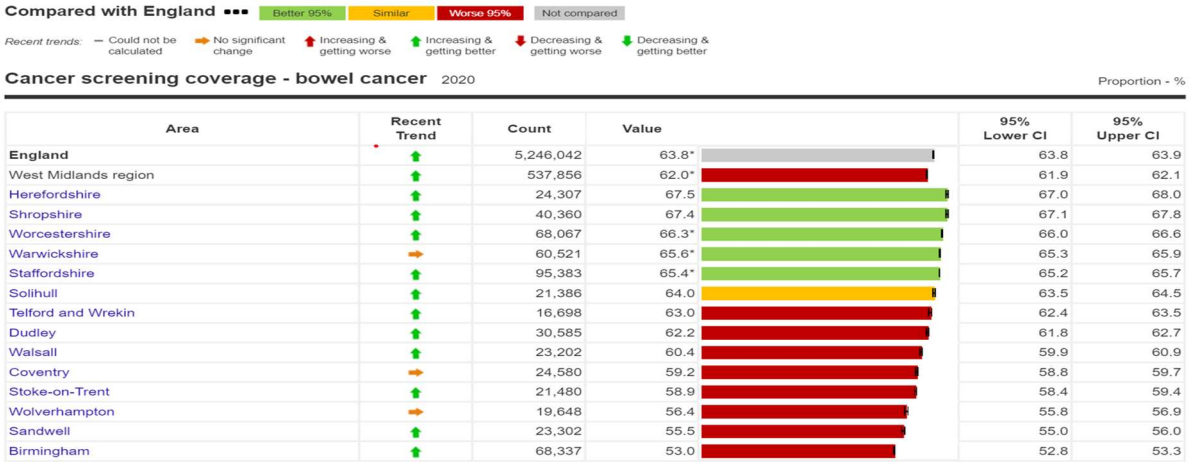
Bowel Cancer Screening

Figure 19: Trends in bowel cancer screening in Walsall



- The bowel cancer screening programme is achieving the target for uptake in 60-75 year olds in Walsall.
- However the bowel cancer screening 2.5 year coverage is not achieving the target.

Figure 20: Uptake of bowel cancer screening in Walsall in comparison to the West Midlands



Compared with England Better 95% | Similar | Worse 95% | Not compared

Recent trends: Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

Cancer screening coverage - bowel cancer 2020

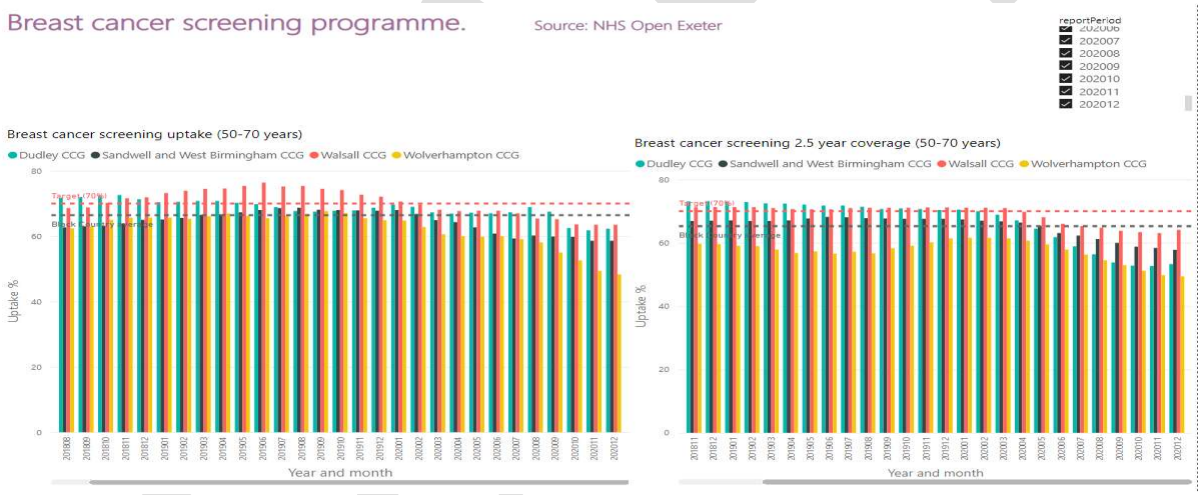
Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	5,246,042	63.8*	63.8	63.9
West Midlands region	↑	537,856	62.0*	61.9	62.1
Herefordshire	↑	24,307	67.5	67.0	68.0
Shropshire	↑	40,360	67.4	67.1	67.8
Worcestershire	↑	68,067	66.3*	66.0	66.6
Warwickshire	→	60,521	65.6*	65.3	65.9
Staffordshire	↑	95,383	65.4*	65.2	65.7
Solihull	↑	21,386	64.0	63.5	64.5
Telford and Wrekin	↑	16,698	63.0	62.4	63.5
Dudley	↑	30,585	62.2	61.8	62.7
Walsall	↑	23,202	60.4	59.9	60.9
Coventry	→	24,580	59.2	58.8	59.7
Stoke-on-Trent	↑	21,480	58.9	58.4	59.4
Wolverhampton	→	19,648	56.4	55.8	56.9
Sandwell	↑	23,302	55.5	55.0	56.0
Birmingham	↑	68,337	53.0	52.8	53.3

- However, bowel cancer screening uptake in Walsall at 60.4% is poorer than the England and West Midlands levels.

Breast Cancer Screening

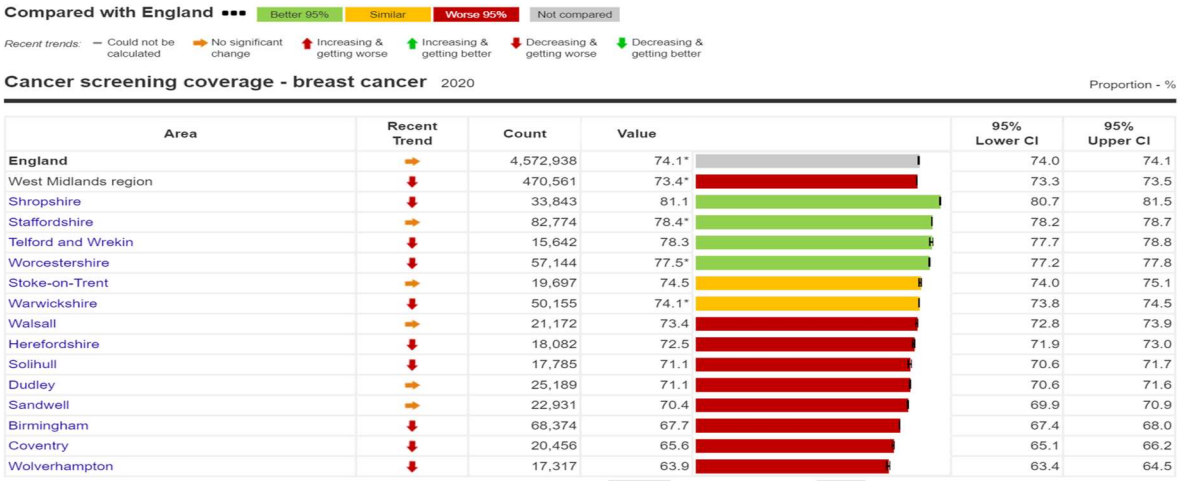
Figure 21: Trends in breast cancer screening in Walsall



- The breast cancer screening programme in Walsall is not achieving targets on uptake or 2.5 year uptake. This decline in performance started prior to the pandemic.

Cervical Cancer Screening

Figure 22: Uptake of breast cancer screening in Walsall in comparison to the West Midlands



Compared with England ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Cancer screening coverage - breast cancer 2020 — Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	4,572,938	74.1*	74.0	74.1
West Midlands region	↓	470,561	73.4*	73.3	73.5
Shropshire	↓	33,843	81.1	80.7	81.5
Staffordshire	→	82,774	78.4*	78.2	78.7
Telford and Wrekin	↓	15,642	78.3	77.7	78.8
Worcestershire	↓	57,144	77.5*	77.2	77.8
Stoke-on-Trent	→	19,697	74.5	74.0	75.1
Warwickshire	↓	50,155	74.1*	73.8	74.5
Walsall	→	21,172	73.4	72.8	73.9
Herefordshire	↓	18,082	72.5	71.9	73.0
Solihull	↓	17,785	71.1	70.6	71.7
Dudley	→	25,189	71.1	70.6	71.6
Sandwell	→	22,931	70.4	69.9	70.9
Birmingham	↓	68,374	67.7	67.4	68.0
Coventry	↓	20,456	65.6	65.1	66.2
Wolverhampton	↓	17,317	63.9	63.4	64.5

- The breast cancer screening uptake at 73.4 % is similar to the West Midlands level but below the England levels of 74.1%.

Cervical Cancer Screening

Figure 23: Trends in cervical cancer screening in Walsall

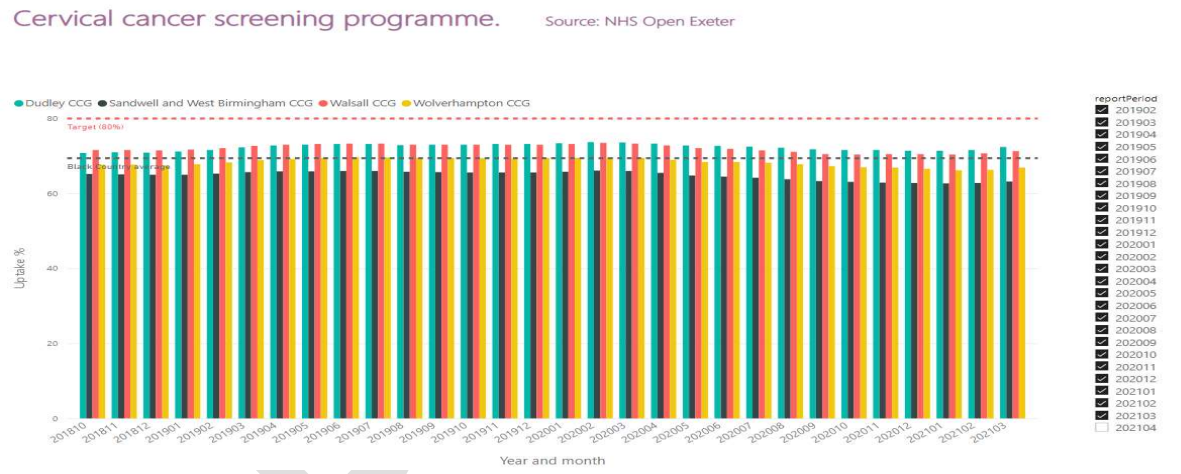
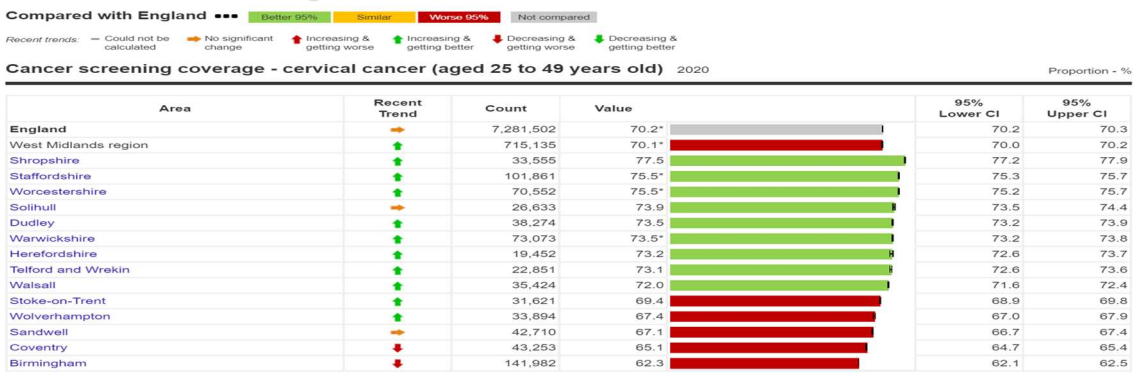


Figure 24: Uptake of cervical cancer screening in Walsall in comparison to the West Midlands



Compared with England ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Cancer screening coverage - cervical cancer (aged 25 to 49 years old) 2020 — Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	7,281,502	70.2*	70.2	70.3
West Midlands region	↑	715,135	70.1*	70.0	70.2
Shropshire	↑	33,555	77.5	77.2	77.9
Staffordshire	↑	101,861	75.5*	75.3	75.7
Worcestershire	↑	70,552	75.5*	75.2	75.7
Solihull	→	26,633	73.9	73.5	74.4
Dudley	↑	38,274	73.5	73.2	73.9
Warwickshire	↑	73,073	73.5*	73.2	73.8
Herefordshire	↑	19,452	73.2	72.6	73.7
Telford and Wrekin	↑	22,851	73.1	72.6	73.6
Walsall	↑	35,424	72.0	71.6	72.4
Stoke-on-Trent	↑	31,621	69.4	68.9	69.8
Wolverhampton	↑	33,894	67.4	67.0	67.9
Sandwell	→	42,710	67.1	66.7	67.4
Coventry	↓	43,253	65.1	64.7	65.4
Birmingham	↓	141,982	62.3	62.1	62.5

- Uptake of cervical screening programmes at 72% is higher than the national average
- However the uptake is below the national target of 80%

Where do we want to be?

- 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
    - AAA
- 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.

How do we get there?

- Work with the CCG and primary care networks to address bowel cancer screening uptake and address inequalities in uptake
- COVID recovery for AAA, diabetes eye screening programme (DESP), bowel and breast where the services need to be back on schedule with screening

.

Infection Prevention and Control

Infection Prevention and Control is concerned with preventing the spread of infection in health and care settings. Healthcare-associated infections can affect patients of all ages. Healthcare workers, family members and carers are also at risk of acquiring infections when supporting patients. All providers of healthcare services are expected to have appropriate provision for infection prevention and control.

Outbreaks like norovirus within a health or social care setting can impact on the ability to deliver effective services. This can add to severe demands and pressures on resources/systems, especially in the winter season. There is also a significant need for effective infection prevention alongside the healthcare sector, for example within social care settings, schools and nurseries. Significant progress has been made over the last 10 years, both nationally and locally, in reducing rates of health-care associated infections such as methicillin-resistant staphylococcus aureus 10 (MRSA) (which lives on the skin, and in the nose and throat, but can get into the body and cause life-threatening infections) and Clostridium *Difficile* (C. diff) (which causes infectious diarrhoea). Continuing this progress is essential.

Antimicrobial Resistance

Antimicrobials are vital to almost all aspects of modern medicine, including surgery and cancer treatment. AMR describes the change of an organism which makes a previously effective treatment ineffective.

In 2014 the World Health Organization (WHO) raised concerns that globally we are entering a 'post antibiotic' era; organisms and bacteria are developing multiple resistances to available antibiotic and antimicrobial treatments, meaning that common infectious diseases will no longer be able to be treated effectively.

One of the main drivers of AMR is the use of antibiotics. On a global level, it is estimated that AMR is responsible for 700,000 deaths each year which could increase to 10 million deaths per year by 2050 without coordinated action. This includes better sanitation, improved public awareness and a rapidly developed new drug pipeline.
The UK's 20-year vision and 5-year national action plan on AMR 2019-2024[6] were co-developed across government, its agencies, the health family and administrations in Scotland, Wales and Northern Ireland with support from a range of stakeholders. The national action plan builds upon the UK 5-year AMR strategy (2013 to 2018) and sets out the first step towards the UK's vision for AMR in 2040. It focuses on three key ways of tackling antimicrobial resistance:

- Reducing need for, and unintentional exposure to, antimicrobials
- Optimising use of antimicrobials; and
- Investing in innovation, supply and access

The plan also sets out key measures of success to ensure progress towards the 20-year vision which include:

- Halve healthcare associated Gram-negative blood stream infections
- Reduce the number of specific drug-resistant infections in people by 10% by 2025
- Reduce UK antimicrobial use in humans by 15% by 2024

[6] UK 5-year action plan for antimicrobial resistance 2019 to 2024 - GOV.UK (www.gov.uk)

- Be able to report on the percentage of prescriptions supported by a diagnostic test or decision support tool by 2024

Vision

- To reduce the incidence and duration of outbreaks in health and care settings, and
- Develop and deliver a system-wide AMR strategy

Range of Health and Care Settings

- Care sector and community
- Primary care including dentistry
- WHT
- Mental health services (Black Country Mental Health Partnership)

Care sector and community

Where are we now

Nursing and Residential Care Homes

Due to the COVID 19 pandemic care homes undertook annual Infection Prevention and Control (IPC) self-audit. The results of this were as follows:

1. Between 1st April 2020 – 31st March 2021 out of 63 homes on the database (NB 6 of these will be Parklands Court) 55 returned a self-audit (87%)
2. Red-Amber-Green (RAG) rating of the above of the 55 returned self-audits:
   46 (83.6%) were RAG green (score >90%),
   8 (14.5%) were RAG amber (score > or =75%)
   1 (1.8%) was RAG red (score <74%)

This gave the IPC team the space to focus on the COVID response and provide IPC support and education by actively visiting care homes throughout the pandemic.

Domiciliary Care

Domiciliary care sector has been supported initially through weekly providers meetings, 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 has continued to provide support to the domiciliary care sector in the form of outbreak management and IPC link worker sessions and IPC webinars.

Link worker sessions offered to all health and social care workers including domiciliary care.

Donning and doffing training: bespoke leaflets explaining personal protective equipment (PPE) and standard precautions were printed out and distributed to all domiciliary care providers for their workforce. They were also given access to the PPE donning and doffing App. “Care at home” IPC workbooks were purchased by the council and offered to all providers for their staff training just prior to the COVID 19 outbreak.

Children’s homes

- Children’s homes in Walsall have been offered training on IPC and donning/doffing of PPE and the management of COVID 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.

Where do we want to be?

- Improved standards of IPC in care homes, domiciliary care settings and schools and childcare facilities, in line with NICE NG63
- Improve IPC awareness with domiciliary care providers

How do we get there?

- Audit of all red and amber rated homes by October 2021; all homes by end of March 2022
- Domiciliary Care annual audits to be considered; adapt existing audit tool for care home to suit the domiciliary care sector
- Reinstate face to face link worker training
- Work with adult social care commissioners to ensure engagement of the care sector (particularly domiciliary care) with link worker training
- Promotion of hand and respiratory hygiene, general IPC and vaccine uptake in a range of settings including **schools and childcare facilities**, in line with NICE NG63

Infection Prevention and Control in Primary Care

Where are we now

- General practice (GP) and dental practice audits have been suspended during the COVID 19 pandemic.
- The Walsall Health Protection team has continued to support outbreak management in primary care. There is a heavy reliance on physical inspections from Public Health. More ownership required from the Practices.
- COVID should have improved and increased awareness around important of IPC.
- Variation in policies and procedures within Practices

Where do we want to be?

- Establish a baseline of performance in infection prevention and control across primary care, working with CCG IPC lead

How do we get there?

- To address the variation between the IPC policies and guidance used at GP surgeries across Walsall, all GP surgeries will be offered access to evidence based infection prevention and control educational workbooks, policies and guidelines, to ensure standardisation of practice in Walsall.
- Updated audit tool for primary care
- Practices will undertake self-audit, with follow up visits by the Health Protection Team to allow more time for training.
- Introduce spot check audits to address areas of concern.
- Work closely with Health Protection and Prevention Specialist within the CCG supporting Practices etc.
- Part of the 2021/2022 Annual IPC audit time is going to be used to discuss updates and new guidance with Lead IPC Practice Nurses, who can then disseminate the information to the rest of the practice staff.
- The Walsall Health Protection Team also plan to attend the CCG-led quarterly Practice Nurse Forum meetings to provide IPC updates.
- The Health Protection Team are working closely with planners and builders to ensure that any new build practices are compliant with infection prevention standards.
- The Health Protection Team will seek slots to speak at Protected Learning Time sessions to reach staff who are unable to attend any other training sessions.

Infection Prevention and Control – Walsall Healthcare Trust

The WHT maintain an annual work plan and report which are signed off by the Trust Board. The summary below captures key highlights from this report.[7]

Where are we now?

- The Trust has achieved the planned infection prevention and control activities outlined in the annual programme 2020/21 including planned audits, teaching sessions and undertook additional duties to support the Trust in response to the COVID-19 pandemic.

- The Trust experienced 2 cases of MRSA bacteraemia during 2020-21 against a target of zero.

- There were 32 toxin positive reportable cases of C. diff against a locally set trajectory of no more than 29 cases, ending the year 3 cases over trajectory.

- Mandatory surgical site surveillance was completed in elective orthopaedic hip and knee replacements for 1 quarter; no infections were identified.

- During 2020/21 the COVID-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 red by NHS England and Improvement for Infection Prevention and Control in June 2021 with a revisit due late 2021. The review acknowledged significant improvements in most clinical areas reviewed but with two departments requiring improvement to achieve an overall improved rating.

- A point prevalence study has been undertaken to estimate the burden of healthcare associated infections (HCAI) within WHT in June 2021

Where do we want to be?

WHT would like to

- Achieve a reduction in the proportion of patients developing HCAIs
- Achieve a reduction in the rates of
    - Hospital acquired pneumonia
    - Catheter associated urinary tract infections (UTIs)
    - Surgical site infections
- Meet the nationally set targets for reductions in the following infections
    - C. diff
    - MRSA/methicillin-susceptible Staphylococcus aureus (MSSA)
    - E coli bacteraemia
    - Klebsiella pneumonia

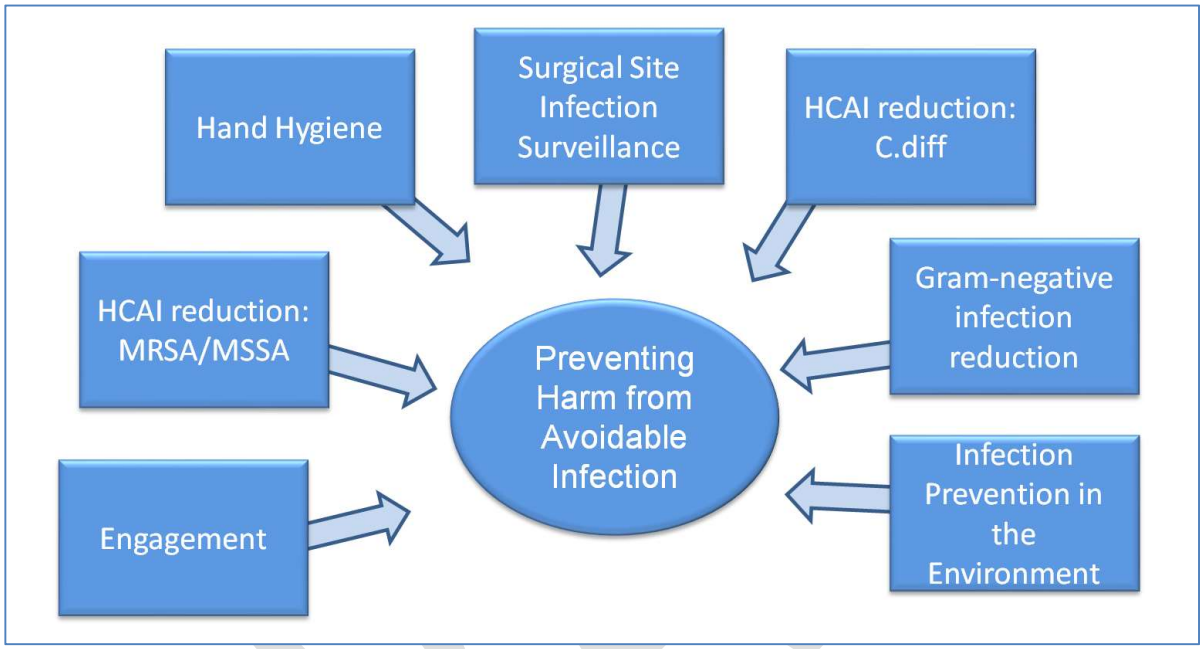
[7] Infection Prevention and Control Annual Report 2020/21, Walsall Healthcare Trust

- Pseudomonas pneumonia
- Carbapenemase Producing Enterobacteria
- Vancomycin resistant enterococcus

How do we get there?

The HCAI work plan for WHT focuses on improving outcomes for patients and provides a framework for the operational work plan.

Figure 25: Conceptual Diagram of the HCAI Work plan for WHT



The work plan will be reviewed on a monthly basis by the Infection Prevention and Control Team and feedback on progress shared at the monthly Infection Prevention and Control Committee.

Infection Prevention and Control - Black Country Healthcare Trust

Where are we now

Black Country Healthcare NHS Foundation Trust is committed to ensuring that a robust IPC function operates within the Trust, which supports the delivery of high-quality healthcare and protects the health of those who use its services. IPC is an integral part of the way in which the Trust operates. In the last twelve months the IPC focus for the Trust has been on:-

- A continued and ongoing response to the COVID-19 Pandemic.
- Delivery of the Trusts IPC annual work-plan.
- Merging the former Black Country Partnership and Dudley and Walsall Mental Health Partnership Trust's IPC Teams work streams and policies and ensuring that monitoring systems are in place across new divisional structures.
- Reviewing and strengthening the IPC resource within the Trust and recruiting new members to the team.
- IPC input to key estates projects including refurbishments and new builds.
- Water Safety Management.
- Delivering the Seasonal influenza staff and service user vaccination programme.
- Supporting the Trusts regulatory and mandatory requirements and ensuring IPC is at the centre of the Trusts governance frameworks.

Where do we want to be?

The above areas remain highly pertinent for the Trust to focus on over the next twelve months. A number of additional specific priorities are also identified below:-

- Improved uptake of Seasonal flu and COVID-19 vaccines through Trust wide vaccination programmes.
- Work to strengthen practice to support appropriate urine sampling and UTI pathways along with appropriate antibiotic prescribing.
- Continued work to support the national aim to reduce gram negative bloodstream infections.
- Continuation of the 'Mouthcare Matters' quality improvement project including ongoing training and development to support consistent use of oral hygiene assessment tool and care pathway.

How do we get there?

- Retaining the existing high profile and focus on IPC from Board to Ward through strengthened leadership, clear plans and effective infection prevention and control governance structures within the organisation.
- Embedding of new structures and roles within the IPC team.
- Re energising the IPC Link worker programme across the organisation as a vehicle to embedding effective infection prevention and control practice.
- Developing and implementing a robust vaccination programme and utilising quality improvement methodology to support and underpin this.
- Effective links and partnership work with IPC colleagues at a PLACE and system level and ongoing active involvement with NHSE/NHSI IPC networks to support continued improvement and best practice.

Communicable diseases

The vision for this strategy is to use our networks and data to recognise and manage cases, clusters, outbreaks and incidents of infectious disease in partnership with UKHSA.

- Sexually transmitted infections, including HIV
- TB
- Viral Hepatitis

Sexually Transmitted Infections

Where are we now

Figure 26: Sexually transmitted infections in Walsall

Indicator	Period	Walsall			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
New STI diagnoses (exc chlamydia aged <25) / 100,000	2019	↓	1,296	733	701	900	4,418		0
All new STI diagnosis rate / 100,000	2019	↓	1,823	639	655	816	360		3,915
STI testing rate (exc chlamydia aged <25) / 100,000	2019	↓	18,767	10,612	15574	19654	4,694		83,173

Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Walsall in 2019 was 1,823. The rate was 639 per 100,000 residents, lower than the rate of 816 per 100,000 in England, and similar to the average of 637 per 100,000 among its nearest neighbours.1

- Walsall ranked 63rd highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15-24 years in 2019, with a rate of 733 per 100,000 residents, better than the rate of 900 per 100,000 for England.

Figure 27: Sexually transmitted infections in Walsall: Syphilis, Gonorrhoea and Chlamydia

Indicator	Period	Walsall			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2019	→	31	10.9	7.6	13.8	168.4		1.8
Gonorrhoea diagnostic rate / 100,000	2019	↑	313	110	99	123	1,112		20
Chlamydia detection rate / 100,000 aged 15 to 24 <1900 1900 to <2300 ≥2300	2019	↓	499	1,497	1698	2043	1,136		5,583
Chlamydia proportion aged 15 to 24 screened	2019	↓	3,283	9.8%	15.3%	20.4%	8.6%		50.4%

- The chlamydia detection rate per 100,000 young people aged 15-24 years in Walsall was 1,497 in 2019, in comparison to a rate of 2,043 for England.
- The rank for gonorrhoea diagnoses (a marker of high levels of risky sexual activity) in Walsall was 51st highest (out of 149 UTLAs/UAs) in 2019. The rate per 100,000 as 110, in comparison to a rate of 124 in England.

Figure 28: HIV in Walsall

Indicator	Period	Walsall			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2019	→	392	2.42	1.89	2.39	13.70		0.55
HIV late diagnosis (%) <25% 25% to 50% ≥50%	2017 - 19	–	19	45.2%	45.3%	43.1%	76.2%		20.0%
Proportion of TB cases offered an HIV test	2019	→	24	88.9%	-	97.3%	70.4%		100%
HIV testing coverage, total (%)	2019	↑	3,581	69.5%	64.9%	64.8%	27.0%		84.3%
New HIV diagnosis rate / 100,000 aged 15+	2019	→	23	10.1	6.0	8.1	47.4		0.0
HIV late diagnosis (%) in MSM <25% 25% to 50% ≥50%	2017 - 19	–	9	64.3%	36.9%	34.1%	100%		0.0%
HIV late diagnosis (%) in heterosexual men <25% 25% to 50% ≥50%	2017 - 19	–	7	63.6%	61.0%	58.0%	-	*Insufficient number of values for a spine chart*	-
HIV late diagnosis (%) in heterosexual women <25% 25% to 50% ≥50%	2017 - 19	–	1	9.1%	43.1%	48.6%	-	*Insufficient number of values for a spine chart*	-
Prompt ART initiation in people newly diagnosed with HIV (%)	2017 - 19	–	38	84.4%	86.6%	80.5%	52.9%		100%
Virological success in adults accessing HIV care (%)	2019	–	406	96.2%	97.5%	97.4%	90.1%		100%
Repeat HIV testing in MSM (%)	2019	→	100	36.9%	36.4%	46.9%	24.0%		57.7%

- Among sexual health service (SHS) patients from Walsall who were eligible to be tested for HIV, the percentage tested in 2019 was 69.5% (64.8% in England).
- The number of new HIV diagnoses among people aged 15 years and above in Walsall was 23 in 2019. The prevalence of diagnosed HIV per 1,000 people aged 15-59 years in 2019 was 2.4, similar to the rate of 2.4 in England. The rank for HIV prevalence in Walsall was 51st highest (out of 149 UTLAs/UAs).
- In Walsall, in 2017 - 19, the percentage of HIV diagnoses made at a late stage of infection was 45.2%, similar to 43.1% in England

Where do we want to be?

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
- Open-access to sexual health services for the prevention, diagnosis, treatment, and care of STIs
- Universal services delivered to the general population as well as focus on groups with greater sexual health needs, including young adults, black ethnic minorities and men who have sex with men (MSM).
- Promotion of correct and consistent use of condoms as an extremely effective way to prevent STI and HIV transmission.
- Detection and treatment of chlamydia infection is central to chlamydia control activities. The Public Health Outcomes Framework (PHOF) includes a measure of chlamydia detection, with a recommendation that local areas achieve an annual detection rate of at least 2,300 per 100,000 15-24 year old population

- Expanded HIV testing to reduce late diagnosis of HIV (a PHOF indicator), undiagnosed HIV infection and onward HIV transmission
- Sustained reduction in gonorrhoea transmission ensuring treatment-resistant strains of gonorrhoea do not persist and spread.

How do we get there?

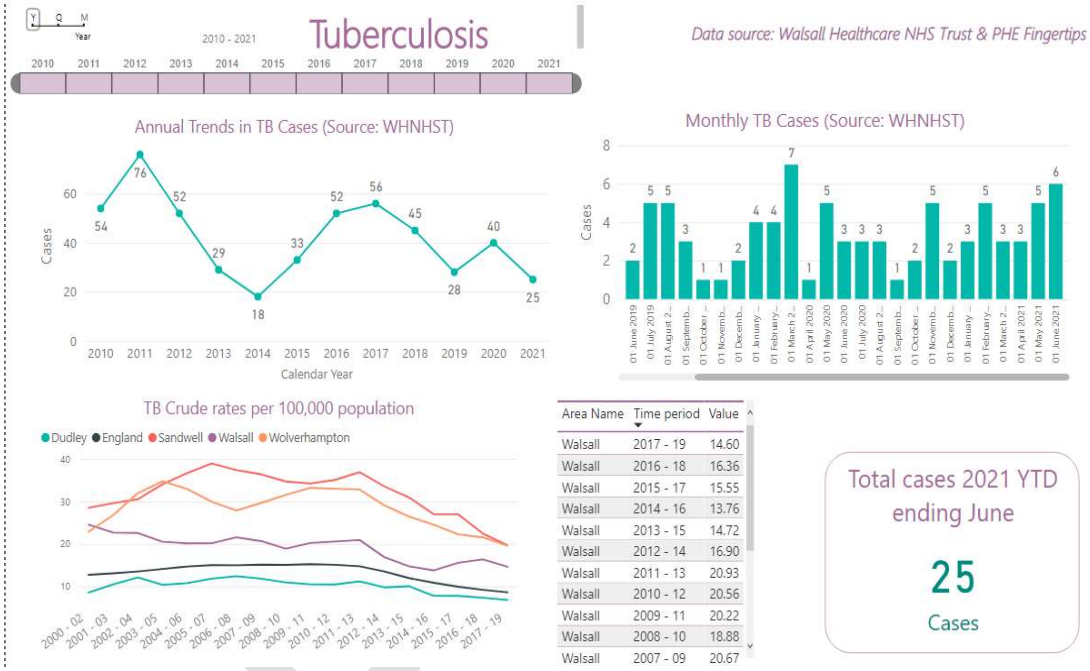
- There are several approaches to the prevention of HIV transmission and continued funding in prevention activities remains critical to control HIV.
- Routine HIV testing in primary care and for people who are admitted to hospital.
- HIV tests offered and recommended to all eligible attendees, especially MSM, black Africans and attendees born in countries with a diagnosed HIV prevalence >1%.
- MSM and black Africans should be encouraged to have frequent and regular HIV tests at sexual health services or other settings where HIV testing is offered.
- Early detection and treatment of chlamydia infection is central to chlamydia control - effective, high quality patient pathway is in place with treatment and partner notification standards being met.
- Prompt diagnosis and treatment gonorrhoea according to national treatment guidelines, testing for antibiotic resistance and identifying and managing potential treatment failures effectively
- Re-testing after a positive diagnosis within 3 months of initial diagnosis, and screening annually and on change of sexual partner.
- Promotion and take up of self-assessment and self-sampling STI and HIV kits on-line.
- Reduce stigma and other socio-cultural barriers that prevent people from testing and seeking long-term care must be strengthened.
- Establish joint working between substance misuse and sexual health services to ensure an integrated approach to care.
- Environmental Health - Working in conjunction with the Health Protection team to help them identify and jointly visit high-risk premises, including sex establishments, to look at enhanced infection control in relation to STI. The aim is to work with the identified businesses is to voluntary establish a regime of enhanced infection control this will be a joint collaboration utilising the expertise of the Health Protection team in relation as well as promoting key issues such as screening and testing.

Tuberculosis

TB is an infectious disease that usually affects the lungs, although it can affect almost any part of the body. TB rates in England have decreased dramatically over the last century.
TB is a disease associated with inequality. In England in 2016, the incidence rate of TB in the non-UK born population was 15 times higher than the rate in the UK born population. Of the total number of TB cases among people born in the UK in 2010 to 2015, 18.2% had a social risk factor (history of drug misuse, alcohol misuse, homelessness or imprisonment) which is 2.6 times higher than the percentage among non-UK born people.
The UKHSA has launched a five year action plan to drive down TB cases in England. The significant impacts of the pandemic require renewed effort to eliminate TB. The TB Action Plan for England, 2021 to 2026 focused on five key priority areas to reduce the incidence of TB[8].

Where are we now

Figure 29: Trends in the Incidence of tuberculosis Walsall



- The incidence of TB in Walsall has been declining over recent years to 14.6/100,000. This mirrors national trends.

[8] Tuberculosis (TB): action plan for England - GOV.UK (www.gov.uk)

Figure 30: TB incidence and treatment completion rates for Walsall

Better 95% | Similar | Worse 95% | Not compared

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
TB incidence (three year average)	2017 - 19	8.6	10.4	20.1	20.8	6.8	2.4	19.7	1.5	4.2	3.8	9.4	5.1	14.6	4.8	19.6	3.2
Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months	2018	83.6	84.0	86.3	89.6	82.6	57.1	91.8	57.1	66.7	84.6	80.0	-	73.8	77.3	84.0	82.6
Proportion of TB cases offered an HIV test	2019	97.3	-	97.5	95.1	100	-	98.2	-	100	100	95.0	90.0	88.9	94.1	93.8	100
Proportion of pulmonary TB cases starting treatment within four months of symptom onset	2019	69.1	65.9*	67.9	65.8	77.8	-	67.9	-	-	69.2	64.3	-	78.3	44.4	57.1	37.5

- 73.8% of drug sensitive TB cases completed a full course of treatment within 12 months. This is lower than the national average of 83.6%
- 89% of TB cases were offered HIV testing in 2019
- 78% of all TB cases started treatment within 4 months of symptom onset. This compares favourably with the national average of 69%.

The annual cohort review for TB in Walsall for 2019 identified the following:

- Delays in presentation to health care
- Delays in referral of TB to secondary care
- High rates of treatment completion

Where do we want to be?

- To improve prompt diagnosis of suspected TB, and reduce delays in presentation to healthcare
- Continue to maintain high treatment completion rates,
- Strengthen the latent TB case finding programme
- 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

How do we get there?

TB Service

- To develop the Latent TB Infection screening service within the TB service.

Latent Tuberculosis Infection (LTBI) Screening

- Increase throughput in LTBI screening

Other

- Continued participation in quality initiatives including cohort review
- Engagement with all GP Practices to improve early identification and management of TB

- Raise TB awareness among high-risk communities to improve knowledge and early diagnosis in under-served groups.
- Strengthen partnerships for managing patients with complex medical and social needs

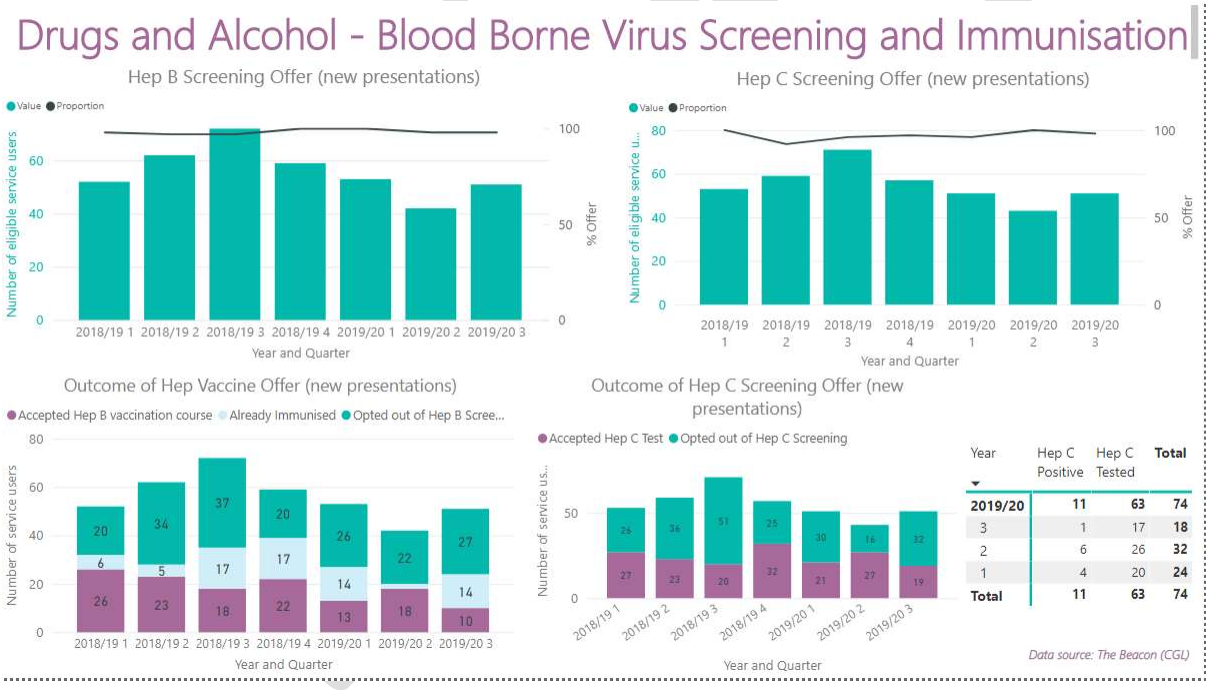
Viral Hepatitis (Hepatitis B and C)

Hepatitis C is a blood borne virus that is often asymptomatic, and symptoms may not appear until the liver is severely damaged. Consequently, many individuals with chronic infection remain undiagnosed and fail to access treatment.

Direct-acting antiviral (DAA) medications, a new class of drugs for the treatment of hepatitis C, came to market in 2014. The combination of over 90% cure rates, shorter course duration and fewer side effects have transformed prospects for disease control. Regular, confidential hepatitis C testing of people who inject drugs, with linkage to treatment and care services, is a major component to hepatitis C control.

Where are we now

Figure 31: Hepatitis B and C screening for substance misuse patients in Walsall



- The offer of Hepatitis B and Hepatitis C screening remains high in Walsall

Figure 32: Hepatitis B incidence, vaccination rates and mortality in Walsall

Better 95% | Similar | Worse 95% | Not compared

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Population vaccination coverage - Hepatitis B (1 year old)	2019/20	*	*	91.9	97.5	*	100*	85.0	100*	85.7	90.9	100	100	83.3	100	86.7	100
Population vaccination coverage - Hepatitis B (2 years old)	2019/20	*	*	96.2	95.8	100	100*	82.4	100*	*	100*	100	100	85.7	93.8	100	88.9
Under 75 mortality rate from hepatitis B related end-stage liver disease/hepatocellular carcinoma	2017 - 19	0.13	0.15	0.50	-	-	-	-	-	-	-	-	-	-	-	-	-
Persons entering drug misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination	2016/17	8.1	7.0*	5.2	*	10.2	0.0	20.8	*	*	6.6	9.2	*	2.4	*	3.0	7.8
Acute hepatitis B incidence rate/100,000	2018	0.69	0.61*	0.97	0.83	0.63	0.52	0.92	0.00	0.00	0.00	2.35	0.57	0.36	0.00	0.38	0.00

- The proportion of eligible persons entering drug misuse treatment who complete a course of Hepatitis B vaccination is very low at 2.4%

Figure 33: Hepatitis C incidence, screening and mortality rates in Walsall

Better 95% | Similar | Worse 95% | Lower | Similar | Higher | Not compared

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Hepatitis C detection rate/100,000	2017	18.4	-	35.2	40.6	18.0	7.4	17.5	9.1	6.5	9.7	16.9	9.7	19.7	11.2	18.1	9.8
Persons in drug misuse treatment who inject drugs - Percentage of eligible persons who have received a hepatitis C test	2017/18	84.2	79.4*	76.0	68.9	92.4	87.5	82.2	86.0	62.3	70.2	91.6	76.3	75.6	71.9	76.7	84.0
Under 75 mortality rate from hepatitis C related end-stage liver disease/hepatocellular carcinoma	2017 - 19	0.53	0.43	0.50	0.29	-	-	0.66	0.47	-	0.46	0.56	-	0.39	0.52	0.69	0.38

- The proportion of eligible persons in drug misuse treatment who are screened for Hepatitis B is 75% which is lower than the England and West Midlands levels
- The Hepatitis C detection rate and under 75 mortality from Hepatitis C remain similar to national levels

Where do we want to be?

- Achieve high rates of Hepatitis B Virus (HBV) vaccination coverage in all high-risk groups, as per NICE QS65. Increase uptake of appropriate Hepatitis B vaccinations for individuals in high risk groups and contacts of cases.
- Reduce the spread of Hepatitis B/C through appropriate targeted testing and screening and engagement with treatment.

- Increase testing for HBV and Hepatitis C Virus (HCV) in primary care and secondary care for all patients within higher risk groups for infection, including those from intermediate and high-risk countries
- To develop high quality treatment for those diagnosed, and the public health management of contacts

How do we get there?

- Appropriate targeted testing and screening and engagement with treatment.
- Support commissioned Sexual Health and Drug and Alcohol service providers to increase appropriate identification, treatment and vaccination within their service area.
- Embed NICE guidance into future commissioning planning and service specifications for treatment and care of individuals with Hepatitis B/C.

A healthy environment

The environment is increasingly recognised as a key element in protecting and improving the public's health. Environmental public health forms part of a broader national and international environmental and public health agenda. Much of this must be developed, customised and delivered locally with local partners including the NHS, Public Health England, other government departments and agencies, the voluntary sector, and many others.

- Land contamination
- Air quality

Land Contamination

As with many other industrialised nations, the UK has a legacy of contaminated sites, including former factories, mines, steelworks, refineries and landfills. At these sites, there can be a variety of potentially harmful substances such as oils and tars, waste metals, organic compounds, gases and mining materials that are left over from, or created by, historical activities on site.

The legal framework established to deal with contaminated land in England is Section 57 of the Environment Act 1995 which created Part 2A of the Environmental Protection Act 1990 Land is only considered to be "contaminated land" in the legal sense, if it poses a sufficiently high risk to justify action, and meets the criteria for Part 2A.

Where are we now?

- We have an up to date database of contaminated land sites which lists the former Willenhall Town gas works

Where do we want to be?

- We will work with UKHSA and Pollution Control on matters including risk assessment and risk communication.
- Work with UKHSA to support the development of 'Do's and Don'ts' advice to use when communicating with members of the public.

How do we get there?

- We need to have an up to date Contaminated Land Strategy
- We need to ensure that a robust risk assessment process is in place to support decision making on remedial action for contaminated land

Air Quality

The major pollutants in urban environments, particulate matter (PM 2.5 and PM 10, which are particles with diameters smaller than 2.5µm and 10µm respectively) and nitrogen dioxide (NO_2), derive predominantly from transport. Committee on the Medical Effects of Air Pollutants (COMEAP) provides independent advice to government departments and agencies on how air pollution impacts on health[9].

Where are we now

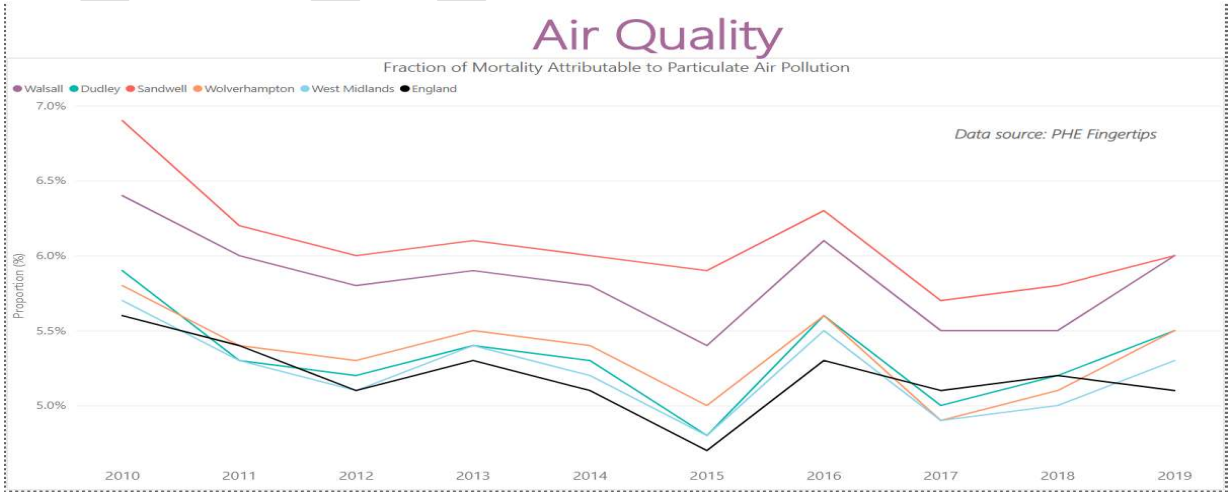
Figure 34: PM 2.5 levels in Walsall, 2019

Air pollution: fine particulate matter 2019 — Mean - µg/m3

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	9.0	-	-
West Midlands region	–	-	9.4	-	-
Sandwell	–	-	10.7	-	-
Walsall	–	-	10.5	-	-
Birmingham	–	-	10.3	-	-
Coventry	–	-	10.0	-	-
Solihull	–	-	9.8	-	-
Wolverhampton	–	-	9.7	-	-
Dudley	–	-	9.6	-	-
Stoke-on-Trent	–	-	9.2	-	-
Warwickshire	–	-	9.1	-	-
Staffordshire	–	-	9.0	-	-
Worcestershire	–	-	8.4	-	-
Telford and Wrekin	–	-	8.1	-	-
Herefordshire	–	-	7.4	-	-
Shropshire	–	-	7.3	-	-

- PM 2.5 levels in Walsall are amongst the highest in the West Midlands and considerable higher than the England average

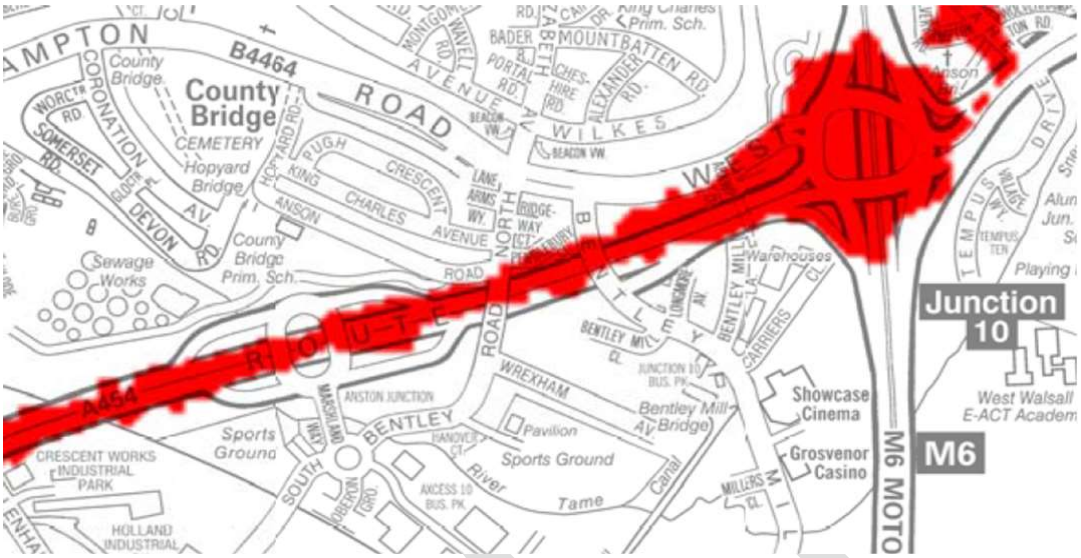
Figure 35: Trends in the fraction of mortality attributable to particulate air pollution in Walsall, 2010 - 2019



- The fraction of mortality attributable to air pollution has been declining, however, at 6% it remains significantly higher than the England average of 5.1%

[9] Committee on the Medical Effects of Air Pollutants - GOV.UK (www.gov.uk)

Figure 36:Map showing NO2 exceedances in Walsall



- There had been a recent decline in NO_2 levels across Walsall
- However, there is a continued exceedance of NO_2 levels in parts of the borough adjoining the M6

Where do we want to be?

- To reduce the concentrations of air pollutants which have a negative impact on health, with a focus on areas of poorest air quality
    - Continued drop in concentrations of $N0_2$
    - Reduction in levels of PM 2.5
- Reduced use of cars for short journeys
- An increase in the development and use of cycle paths

How do we get there?

- Establishment of an air quality alliance to meet regularly and identify areas for collaborative action
- Targeted active travel schemes to be explored and introduce in poor air quality areas
- Explore opportunities for improving fleet vehicles
- We will support the development of an air quality ‘early warning’ system to serve sufferers of respiratory disease in Walsall

Health emergency planning

There is a single framework for civil protection, which places a legal responsibility on local responders with a clear set of responsibilities. Walsall Council must ensure that we are capable of responding to a major incident of any scale in a way that delivers optimum healthcare, assistance to the victims, minimises the consequential disruption to healthcare services, and more importantly bring about a speedy return to normal business.

Some NHS incidents may present a major threat to public health; predominantly health protection issues, whereas others may present a threat to, or require special arrangements of health services.

The Civil contingencies Act (2004) places a legal obligation on Local Authorities to have in place a full set of civil protection duties, requiring them to:

- Assess the risk of emergencies occurring and use this to inform emergency planning and business continuity planning
- Put in place emergency plans
- Put in place business continuity plans
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency.

Where are we now

Incident response plans within health protection include:-

Health Protection and Outbreak Plan

A framework to enable a co-ordinated response to an incident or outbreak; including procedures to ensure outbreaks of communicable disease, infection or chemical incidents are effectively investigated, controlled and evidenced (for legal purposes), and that, where possible measures are taken to prevent similar incidents in the future.

Heatwave and Cold Weather Plans

A response framework for a prolonged period of severe hot or cold weather, following Department of Health guidance. It outlines roles and responsibilities, local command and control and route of escalation to a multi-agency response.

Pandemic Flu Plan

Pandemic influenza remains one of the top risks on the National Risk Register as one of the most severe natural challenges likely to affect the UK. Walsall's Flu Plan was reviewed in January 2020 following various multi-agency exercises and the National Resilience Standards #15 - Pandemic Influenza Preparedness. The Pandemic flu plan is currently undergoing an update in light of the learning from the COVID-19 pandemic.

Where do we want to be?

- Strengthen our response to major incidents and emergencies, including pandemic influenza
- To 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.

How do we get there?

National changes are being made with the implementation of the UKHSA, and locally Walsall CCG has now formally merged with Dudley, Sandwell & West Birmingham and Wolverhampton CCGs to form the Black Country & West Birmingham CCG.

To enable Walsall Council to plan for and respond to a wide range of infectious disease outbreaks, incidents or emergencies that could affect health or patient care we will ensure arrangements for responding to emergencies are flexible and can be scalable and adaptable to work in a wide-range of specific scenarios. This will be achieved by working with partners within the health economy to ensure that we protect the public with integrated local response plans that are resilient, proportionate, flexible and maintainable in responding to an incident.

- Ensuring all plans are updated to reflect the changes within the CCG and where necessary review any Service Level Agreements to outline the roles and responsibilities of partners to enable smooth escalation and response to incidents
- Conduct multi-agency stress-test exercises to identify good practice, share new ideas and identify potential gaps or issues within the planned response
- Ensure preparedness plans are regularly reviewed to ensure they reflect the latest expert advice and national guidance
- Attend link worker training to provide support and advise to care homes and domiciliary workers on long-term planning and year-round work to reduce the impact of climate change and ensure maximum adaption to reduce harm from heatwaves.

Environmental Health

Food Safety

SCOPE

There are approximately 2300 registered food businesses in Walsall, which include a broad sector of the food industry. The Food Safety team helps to protect public health from food borne disease, contaminated food and undeclared allergens by implementing a programme of inspections; investigating complaints about hygiene, malpractices and food poisoning; food sampling; providing advice to businesses; and, when necessary, instigating formal enforcement action.

The delivery of the team's food safety services were restricted during 2019 and 2021 because of the need for Officers to undertake Covid-19 regulatory duties and because of restrictions imposed on businesses and working practices. Currently, reported team outputs are not representative of the scope of the team's work because of Covid-19. Instead, outputs for 2019 are detailed below to provide a representation of the scope of service delivery.

FOOD SAFETY TEAM – REPORTED OUTPUTS 2019	
Programmed food hygiene inspections	589
Inspections of new unrated food businesses	186
Investigation of food complaints	422
Emergency closure of food businesses	4
Hygiene Improvement Notices served	4
Food borne infectious diseases	215

WHERE ARE WE NOW?

During 2020/21 the service was compelled to deliver controls prioritised by the Food Standards Agency (FSA) to provide short-term responses during the pandemic including remote proactive assessment/surveillance of businesses and the investigation of food complaints and foodborne diseases. The controls delivered in 2020/21 included:

FSA COVID-19 PRIORITISED CONTROLS 2020/21
120 remote assessments of non-compliant food businesses (Food Hygiene Ratings of 0, 1 or 2)
10 remote assessments of overdue Category A and B food businesses.

From 1st January 2021 until the year to date the service completed:

SERVICE DELIVERY FROM 1ST JANUARY 2021 TO YEAR TO DATE	
Programmed inspections of food businesses	63
Inspections of unrated food businesses	104
Food related complaints/enquiries	347
New registrations of food businesses	293
Emergency closure of food businesses	2
Service of Improvement Notices	2
Notifications of Infectious Disease	193

WHERE DO WE WANT TO BE?

The service aims to prevent unsafe practices and foodstuffs, and outbreaks of communicable diseases by delivering at an operational level the following:

In July 2021, following the easing of Covid-19 restrictions, the FSA introduced a national Recovery Plan requiring local authorities to re-set their interventions programmes. The deadlines set by the Recovery Plan will require:

- The inspection of 600 businesses rated A, B, C (less than Broadly Compliant), D (less than Broadly Compliant) and C (Broadly Compliant) by the end of 2022/23.
- The inspection of approximately 320 existing unrated businesses by the end of 2022/23 and the inspection of new businesses that will register during this period (300 new food business registrations can be expected annually).
- Responding to food related complaints, notifications of infectious diseases, and registrations of new food businesses received during 2021/22. The received volumes of these respective service demands are likely to be in line with reported outputs for in 2019

HOW WILL WE ACHIEVE THIS?

- Implementation of the Food Law Enforcement Service Plan 2021/22 and compliance with the requirements of the FSA Recovery Plan
- Responding to complaints about trading practices and the completion of investigations within service standards' timescales.
- Carrying out a reactive microbiological food sampling programme focusing on high risk premises and manufacturers
- Instigation of formal enforcement action and legal proceedings in respect of cases posing serious risk to public health as they arise in 2021/22.
- Responding to all Infectious Disease notifications using response times developed by the UKHSA
- Maintenance of the Food Hygiene Rating System

SKIN PIERCING ACTIVITIES

SCOPE

Unsafe or unhygienic practices by tattooing/body piercing practitioners can lead to the risk of transmission of blood-borne viruses, for example Hepatitis B, Hepatitis C, Hepatitis D or HIV that can affect the health of both clients and practitioners. Additionally, poor practice may result in localised skin infections at the site of the tattoo or piercing. Therefore, practitioners must follow safe working practices and infection control practices at all times.

The Local Government (Miscellaneous Provisions) Act 1982 requires the registration of persons and premises carrying on the practices of acupuncture, tattooing, ear piercing or electrolysis. The Health and Safety at Work etc. Act 1974 requires good standards through the maintenance of established hygiene controls in respect of premises, equipment, procedures and practices.

The present system of registration does not allow regulators to specify conditions, qualifications and competency requirements, or to remove anyone from a practitioner register

The current regulatory regime does not extend to wider emerging aesthetic invasive treatments for which there is no requirement to carry out infection control inspection.

WHERE ARE WE NOW?

The table below shows the number of registrations within Walsall for persons to carry out different Skin Piercing Activities.

NUMBER OF REGISTRATIONS IN WALSALL FOR SKIN PIERCING ACTIVITIES	
Tattooists	467
Ear Piercing	152
Electrolysis	7
Acupuncturist	36
Total	**662**

In 2020/21 Environmental Health received 43 applications for registration to carry on skin piercing activities.

All new applications are registered and are subject to a full inspection of Health and Safety and infection control. Additionally, new and existing businesses receive advice and support relating to enhanced infection control.

Officers liaise with the UKHSA and Public Health to ensure that all information provided to practitioners is in accordance with national and local protocols/best practice. Within these teams, learning about new procedures is shared as it emerges.

Membership of the West Midlands inter-authority Special Treatments Group which shares knowledge and intelligence about best practice, non-compliance, progressive treatments, issues of concerns and collaborative working.

WHERE DO WE WANT TO BE?

- Identify all unregistered practitioners within the borough and secure their registration.
- Secure the compliance of all practitioners within the borough.
- Continue to secure and maintain good standards through the maintenance of established hygiene controls in respect of premises, equipment, procedures and practices.
- Educate the public to use legitimate registered practitioners and to prevent the operation of "Scratchers" in Walsall (Scratchers are tattoo artists that operate outside of studios and have taught themselves how to tattoo rather than being professionally trained).
- Develop best practice in relation to dealing with the Public Health risk associated with emerging and novel invasive treatments legally administered by non-medical practitioners
- Working with "training" academies/schools setting up training practitioners including collaborative work with Walsall Public Health infection control team, regional partners, UKHSA relating to best practice and running events such as train the trainer.

An amendment to the Health and Care Bill, which is currently at the Committee stage, seeks to introduce a national licensing scheme for cosmetic procedures in England. Environmental Health supports this amendment and aims to be able to implement the provisions on the Bill once they become law.

HOW DO WE GET THERE?

- Registration of new applicants within service standard timescales with a follow up full inspection of Health & Safety and infection control measures.
- Responding to complaints about unregistered practitioners and unsafe or unhygienic practices and the completion of investigations within service standards' timescales.
- Instigation of formal enforcement action and legal proceedings in respect of cases posing serious risk to public health.
- Responding to all Infectious Disease notifications associated with Skin Piercing times within response times developed by the UKHSA.
- Continued membership of the West Midlands inter-authority Special Treatments Group
- Social Media campaigns including Twitter and Council web pages to heighten public awareness of public health risks posed by Skin Piercing Activities and safe practices

- Tracking the progress of the enactment of Health and Care Bill and the timely implementation of new legislative provisions as required.
- Continue collaborative work with the UKHSA and Public Health to for purpose of sharing best practice with practitioners.

Legionella

SCOPE

Legionnaires' disease is a severe form of pneumonia caused by the bacterium Legionella pneumophila which is common in natural water sources. Outbreaks occur because of exposure to Legionella in man-made water systems where water is maintained in conditions conducive for the rapid growth of the organism. These systems can be both commercial and domestic hot and cold water systems.

The Health and Safety at Work etc. Act 1974 requires employers and persons in control of work premises to take precautions to control the risk of exposure to legionella. Environmental Health has powers to inspect potential sources associated with cases, clusters and outbreaks to review risk assessments, to monitor and enforce legislation relating to legionella and to undertake sampling.

The Notification of Cooling Towers and Evaporative Condensers Regulations 1992 requires the registration of cooling towers or evaporative condensers located within the borough.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations requires employers to report cases of legionella occurring in employees who have worked on cooling towers or hot water systems.

WHERE ARE WE NOW?

There are currently 12 premises and 15 cooling towers or evaporative condensers registered with Walsall Council.

Environmental Health contributed to the recently published Chartered Institute of Environmental Health national guidance on the management of increased risk of Legionella in hot and cold water services serving premises which had been closed for prolonged periods during periods of Covid lockdown.

During 2020/21 advisory letters were sent to 458 identified premises, including hotels, leisure facilities, gyms, and private members clubs etc., deemed to be at a higher risk of legionella due to their water systems following Covid-19 lockdown. This was reinforced by officer follow up visits in a number of cases.

In 2020/21 a car wash and 2 domestic house water systems were associated with cases of Legionella and were dealt with during this period.

During 2020/21 3 UKHSA legionella notifications were received and investigated by Environmental Health. Their investigation included sampling of water systems.

WHERE DO WE WANT TO BE?

- No reported cases, clusters and outbreaks of legionella associated with local authority enforced premises.
- Duty holders to properly manage the risk of legionella associated with cooling towers, evaporative condensers and hot and cold water systems.

HOW DO WE GET THERE?

- Targeted visits by Officers to premises where we are aware that the Duty Holder is not properly managing water systems and therefore Legionella risks.
- Investigation of complaints concerning work-related disease.
- Continue to work with businesses to educate and inform them about their legal responsibilities regarding water systems and Legionella. This includes the production and issue of guidance and mailshots for businesses potentially at risk of Legionella.
- Enforcement action including Improvement and Prohibition notices where there is a serious risk or duty holder not willing to manage risks.
- Investigate notifications of Legionella from UKHSA.

Health and Safety at work

SCOPE

Workplace accidents and work related ill health continue at a significant level. Within Great Britain, work related ill health and occupational disease affects up to 1.6 million workers (source Health and Safety Executive [HSE]). LA and Environmental Health (EH) departments have a key role in helping deliver England's wider health and work priorities. Local Authorities as well as the HSE do this through their specific roles as independent regulators enforcing the requirements of the Health and Safety at Work etc. Act 1974 and the associated regulations. The essence of this legislation is to prevent a person's exposure to harm in or from a workplaces activity.

The main types of businesses that LAs regulate include Service, Warehousing and Wholesale, Retail and Residential Care Homes. The table below shows the number of Health and Safety related visits/contacts/reports made to Environmental Health for the period: 1st April 2019 to 31st March 2020.

HEALTH AND SAFETY REGULATION 2019/20	
Accident Notifications/Investigations (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations [RIDDOR])	121
Unsatisfactory premises/poor working conditions	13
Health and Safety enforcement	35
Health and Safety enquiries	24
Skin Piercing activities complaints	18
Improvement Notices served	2
Prohibition Notices served	8

WHERE ARE WE NOW?

Environmental Health activity relating to health and safety is very broad and regulated by only a small team of officers, and includes:

a. the proactive inspection of high risk businesses, locally determined, and those businesses which form part of priority visits which is determined through the – "National Code" and LAC 67/2 (Local Authority Circular) from the HSE,
b. contact with, where necessary, by visits to businesses where there has been a request for service, complaint made, or allegations of unsafe or harmful work practices,

c. take samples/arrange for samples to be taken, where there may be a potentially harmful workplace/environment,
d. take proportional enforcement action to secure compliance with the relevant health and safety legislation,
e. work with other enforcement partners to help secure legal compliance,
f. undertakes investigations and criminal investigations where there are serious risks to health or safety, or legal breaches have been identified,
g. undertake investigations for potential causes or sources for work related accidents/diseases. These are typically notified through the Reporting of Injuries, Diseases and Dangerous Occurrences system (this is where certain accidents, incidents and diseases are reported to this department via the HSE) or via Health Security Agency (HSA, formally known as the PHE),
h. inspect licensed asbestos removal works, as appropriate,
i. provide advice and work with businesses to assist them in meeting their compliance with health and safety legislation and advice around workplace health,
j. permit officers to attend training, so they can better inform businesses and carry out investigations as necessary,
k. working with other agencies to reach additional businesses, and to help the department target its limited resources to keep employees and public safe.

WHERE DO WE WANT TO BE?

Improved health and safety compliance in Walsall.

Reduced notifiable incidents, dangerous occurrences and cases of work-related illness in local authority enforced premises.

HOW DO WE GET THERE?

Through regulatory and advisory activities and supporting/influencing wider health interventions when they are related to work matters within the Walsall Local Authority enforced sector including:

- Investigate notifiable incidents, dangerous occurrences and cases of work-related illness in accordance with national incident selection criteria.
- Investigate complaints about health, safety and welfare in workplaces.
- Inspection of high risk premises in accordance with inspection programme.
- Provision of advice to businesses on a needs basis including HSE led initiatives (LAC 67/2) and in respect of matters of imminent concern.