

**Wiltshire**  
**Health Protection**  
**Strategy**  
**2022- 2026**

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## Glossary

AMR	Antimicrobial Resistance
AMS	Antimicrobial stewardship
AQMA	Air Quality Management Areas
BSI	Bloodstream Infections
BSW	BaNES, Swindon and Wiltshire
BBV	Blood Borne Virus
CCG	Clinical Commissioning Group
CDI/C.difficile	Clostridioides difficile Infection
COCA	Community Onset - Healthcare Associated
DEFRA	Department for Environment, Food and Rural Affairs
DPH	Director Public Health
DTaP/IPV Vaccine	Diphtheria/tetanus/pertussis (whooping cough)/polio
E. coli	Escherichia coli
EPRR	Emergency Preparedness, Resilience and Response
HCAI	HealthCare Associated Infections
HIV	Human Immunodeficiency Virus
HPAG	Health Protection Assurance Group
HPV	Human papillomavirus
HOHA	Healthcare / Hospital Onset - Healthcare Associated
HWB	Health and Well-Being
ICB	Integrated Care Board
Imms	Immunisations
IP&C/ IPC	Infection Prevention and Control
LHRP	Local Health Resilience Partnership
NHSE/I	National Health Service England/ NHS Improvement
MRSA	Methicillin-Resistant Staphylococcus aureus
MMR	Measles, Mumps Rubella
STEC	Shiga toxin-producing E. coli Infections
STI	Sexual Transmitted infections
TB	Tuberculosis
UTI	Urinary Tract Infection
UK	United Kingdom
UKHSA	United Kingdom Health Security Agency
WHO	World Health Organisation

## Executive Summary

The Director of Public Health has a statutory responsibility to ensure that adequate arrangements are in place for the surveillance, prevention, planning, and response against hazards to the local population's health. This strategy has been written to enable partnership working to be acknowledged and documented, and to ensure any gaps in these arrangements are examined and addressed.

The purpose of developing this strategy, is to build on work previously carried out and focus on areas agreed by the Health Protection Assurance Group.

The collective role of the Health Protection Assurance Group is to provide assurance on behalf of the population of Wiltshire that there are safe and effective plans in place to protect local population health. This includes communicable disease control, infection prevention and control, emergency planning, environmental health, and screening and immunisation programmes.

The Group therefore takes a strategic lead for Health Protection, provides a professional forum for discussion/collaboration, ensures plans are tested, reviews risks and outbreaks as appropriate, and seeks assurance that quality improvements and incident 'lessons learnt' are embedded in practice.

This strategy is structured around the shared priorities highlighted by the health protection report 2019-2021 and agreed by the Health Protection Assurance Group.

The key priorities that have been agreed for 2022-2026 are:

- Infection Prevention and Control (IPC) – including Antimicrobial Resistance (AMR)
- Immunisation
- Screening
- Infectious Diseases
- Emergency Preparedness, Resilience and Response (EPRR)
- Environmental hazards to health, safety, and pollution control

Each of the above priorities has further objectives based on local data and requirements. The objectives are as follows:

1. Continue to embed infection control in everyday practice
2. Continue to reduce HCAs and AMR
3. Maintain or increase (as appropriate) uptake across all vaccination and screening programmes
4. Help to reduce incidences of infectious diseases, whilst raising awareness
5. EPRR objective: contribute to plan writing. Involvement when plans are exercised and training in provided
6. Maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment

## Introduction

### **Background**

This strategy sets out the partnership approach and specific priorities for Health Protection across Wiltshire for 2022 -2026.

Health Protection is concerned with preventing and controlling infectious diseases, environmental threats, and protection from hazards. It uses population-wide surveillance and interventions to prevent disease and provide protection from a range of potential hazards and harms.

To achieve this, it demands a quality workforce, educated, and trained to the highest standards and relies on effective working arrangements across several organisations to work well together strengthening areas of the health protection system.

### **Purpose and Priorities**

The purpose of developing this strategy, is to build on work previously carried out and focus on areas agreed by the Health Protection Assurance Group.

The Health and Social Care Act 2012 proposed new duties and responsibilities for both the NHS and Local Authorities, creating a range of new organisations, each with a number of health protection responsibilities. It placed the responsibility for system-wide health protection assurance with Directors of Public Health, to ensure appropriate oversight and challenge in the system for the effective planning and delivery of health protection programmes.

Wiltshire has well-established and effective relationships and a long history of collaborative working to deliver health protection functions. However, we are confronted with new and evolving challenges to population health, emerging epidemics, and drug resistance, changing environments and demographics, and the ongoing risk of chemical and biological incidents. This clearly demands an ongoing robust health protection response.

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This strategy is structured around the shared priorities highlighted by the health protection report 2019-2021 and agreed by the Health Protection Assurance Group.

The Priorities identified for 2022 – 2026 are:

- Infection Prevention and Control (IPC) – including Antimicrobial Resistance (AMR)
- Immunisation
- Screening
- Infectious Diseases
- Emergency Preparedness, Resilience and Response (EPRR)
- Environmental hazards to health, safety, and pollution control

## Infection Prevention and Control

Infection Prevention and Control is concerned with preventing the spread of infection in health and social care settings, including peoples' own homes if they receive a care package.

All providers of health and social care services are expected to have appropriate provision for infection prevention and control. Section 12 of the Health and Social Care act has a specific aspect on infection control for social care providers. It states “assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;” this then forms part of the inspection and regulation by Care Quality Commission (CQC).

Outbreaks such as norovirus within a health or social care setting can have an impact on the ability to deliver effective services. This can add to severe demands and pressures on resources/systems, especially in the winter season. Therefore, there is need for an effective infection prevention alongside the healthcare sector, within social care settings, schools, and nurseries.

Healthcare-associated infections can affect patients of all ages, as well as health and social care workers, family members and carers who are also at risk of acquiring infections when supporting patients.

Significant progress has been made over the last 10 years, both nationally and locally, in reducing rates of healthcare associated infections such as MRSA (which lives on the skin, and in the nose and throat, but can get into the body and cause life-threatening infections) and C. difficile (which causes infectious diarrhoea). Continuing this progress is essential.

Antimicrobial resistance (AMR) is the ability of micro-organisms to withstand antimicrobial treatments such as antibiotics. This resistance occurs as bacteria, for example, adapt and find ways to survive the effects of an antibiotic, meaning the drug no longer works to fight the infection it was previously used to treat. The more an antibiotic is used, the more bacteria become resistant to it.

Highlighted in the National AMR plan (PHE UK 5-year action plan for antimicrobial resistance 2019 to 2024 - GOV.UK ([www.gov.uk](http://www.gov.uk))) that no new classes of antibiotic have been discovered since the 1980s. This, together with the increased and inappropriate use of

the drugs we already have, means we are heading rapidly towards a world in which our antibiotics no longer work. The plan's objectives have been designed to ensure progress towards our 20-year vision on AMR, in which resistance is effectively contained and controlled. These are underpinned by actions across 15 'content areas', ranging from reducing infection and strengthening stewardship to improving surveillance and boosting research. The plan also sets out four measures of success to ensure progress towards our 20-year vision.

The consequences of AMR include increasing treatment failure for the most commonplace infections, such as urinary tract infections and decreasing the treatment options available where antibiotics are vital, such as during cancer treatment when patients are prone to infection.

In 2014, the 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 common infectious diseases will no longer be able to be treated effectively. This means we need to take local action to embed antimicrobial stewardship policies that respond to and reduce over-prescription of antimicrobial treatments.

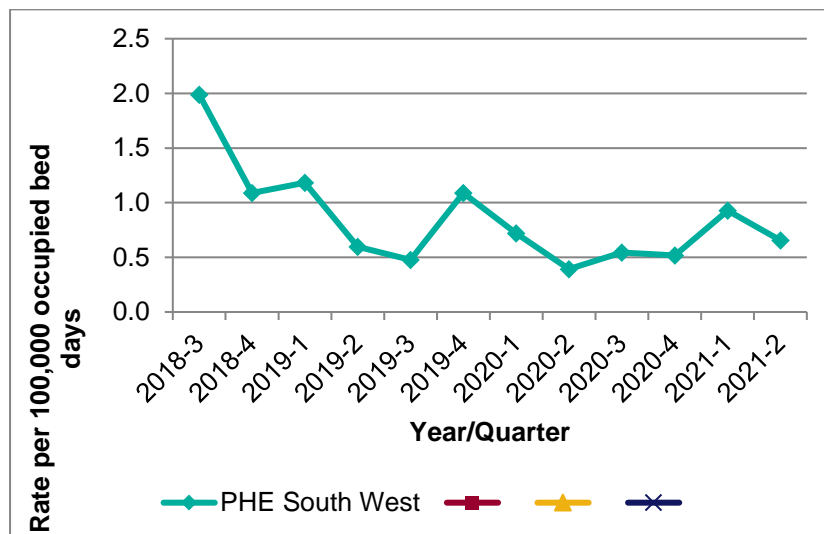
## Local Picture

Below is a summary of the data for Healthcare Associated Infections for Wiltshire, for further details please refer to the recent Health Protection Assurance report.

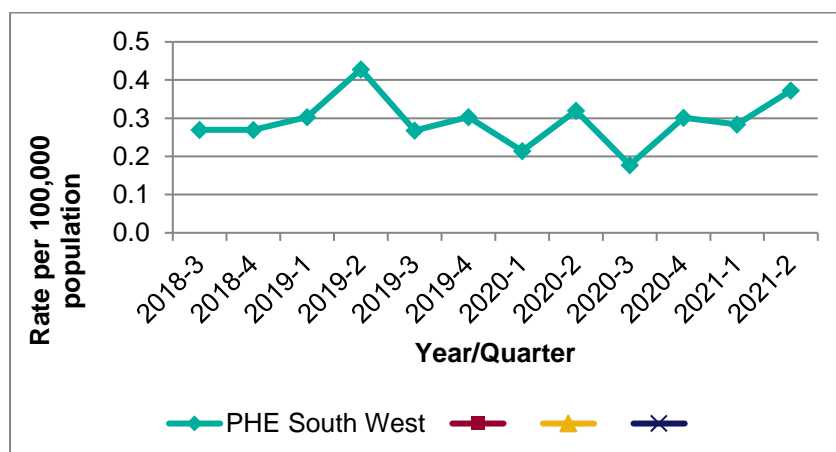
- MRSA
  - Trend - there has been a slight rise in MRSA cases in the last quarter of 2020/21. BSW system, MRSA BSI total infections for 2020/21 were 16. Of the 16 cases, 8 were Hospital onset across the three acute trusts within the BSW system and 3 other acutes outside of the BSW area. 8 were Community Onset within the BSW population.
  - How compare regionally - regionally we are an outlier, performing as the second highest for case rates.
  - Learning identified - learning identified from Post Infection Reviews for HOHA cases identified themes around line management and Aseptic Non-Touch Technique (ANTT).
  - Learning from community onset cases has highlighted concerns around rising MRSA infections amongst the persons who inject drug population (PWID).

The below graphs show rates of infection in both Hospital and then community settings.

Quarterly rates (per 100,000 occupied bed days) of hospital onset MRSA bacteraemia by all Trusts across PHE South West (Source: PHE 2021)



Quarterly rates (per 100,000 population) of CCG assigned MRSA bacteraemia by all CCG across PHE South West (Source: PHE 2021)



- Clostridioides difficile Infection (CDI)
  - Trend - there were 95 CDI cases for Wiltshire in 2020/21, 12 less than 2019/20. Community onset, community acquired (COCA) remains the largest proportion of the overall case assignment with a small rise in Hospital Onset, Hospital Acquired cases (OHA)
  - How compare regionally - the South West are one of the highest regions for Clostridioides difficile Infection (CDI) for both hospital and community cases however Wiltshire are one of the better performing areas in the South West with the community cases staying at a constant level. We have however



followed the pattern of other systems within the South West of a rise in the number of cases over the last 12 months

- Learning identified (HOHA) - themes and trends identified from Post Infection Reviews have identified antibiotic prescribing as an area for improvement. Work has begun to further investigate prescribing practices, particularly practices associated with wound care.
- Each hospital-acquired case is reviewed by the infection prevention and control team within each local provider. Assessment for lapses identifies several recurring themes including timing of sampling, timely isolation, hand hygiene, environmental cleaning, which are assessed as non-contributory lapses.
- E-Coli Blood stream Infections
  - Trend - there were 287 E-coli cases for Wiltshire 50 less than 2019/20. The majority of cases are community onset accounting for just under 80% of all cases across BSW. The main primary source identified through post infection reviews is Urinary Tract Infections (UTI) accounting for around 50% of E-coli BSI's.
  - How compare regionally - regionally BSW are the third best performing system for E-coli and Gram-Negative Blood Stream Infections
  - Learning identified - work undertaken pre-pandemic identified that antibiotic prescribing, and diagnostic processes may contribute to the development of E-Coli within the community. Work streams such as To Dip or Not to Dip that address this concern will require reviewing and re-invigorating in 2022/23. Alongside other strategies and key actions to reduce E. coli BSIs
- Antimicrobial Resistance
  - Antibiotic consumption in England has been trending down since 2014. However, the COVID-19 pandemic has been associated with precautionary prescribing of antibiotics due to concerns by clinicians of bacterial co-infection
  - Below is the antibiotic prescribing target and accompanying data, which is 12 months rolling up to August 2021

The [System Oversight Framework](#) for Integrated Care Systems includes the following metrics in relation to antimicrobial prescribing:

SOF Indicator	AMR Metric Description	Target
44a	The number of antibiotic (antibacterial) items prescribed in primary care, divided by the item-based Specific Therapeutic group Age-Sex related Prescribing Unit STAR-PU per annum.	At or less than 0.871
44b	The number of broad-spectrum antibiotic (antibacterial) items from co-amoxiclav, cephalosporin class and fluoroquinolone class drugs as a percentage of the total number of antibacterial items prescribed in primary care.	At or less than 10%

These metrics reflect ones previously included in the NHS Outcomes Framework. The target for primary care antibiotic prescribing has been adjusted in FY 2021-22 to 'at or below 0.871' to align it with the UK AMR National Action Plan ambition to reduce community antibiotic prescribing by 25% by 2024. Reporting dashboards in

Commissioner	Period	Antibacterial items/STAR-PU position	Proportion of co-amoxiclav, cephalosporin & quinolone items position	Antibact items/STAR-PU
NHS BATH AND NORTH EAST SOMERSET, SWINDON, AND WILTSHIRE CCG	Aug-21	at or below 0.871	above 10%	0.69
	Jul-21	at or below 0.871	above 10%	0.69
	Jun-21	at or below 0.871	above 10%	0.68
	May-21	at or below 0.871	above 10%	0.68
	Apr-21	at or below 0.871	above 10%	0.68
	Mar-21	at or below 0.871	above 10%	0.70
	Feb-21	at or below 0.871	above 10%	0.71
	Jan-21	at or below 0.871	above 10%	0.73

## Immunisation and Screening

Worldwide vaccination and immunisation programmes have saved many lives and are the second most effective public health intervention after provision of clean water. It is important to emphasise the need to continue to achieve high uptake of vaccination in order to prevent the re-emergence of vaccine preventable diseases in our local communities.

National evidence shows that inequalities in immunisation uptake persist.

Screening and immunisation programmes are currently commissioned by NHS England, with United Kingdom Health Security Agency providing oversight of the programmes. However, local authorities, and Directors of Public Health on their behalf, maintain the responsibility for health protection assurance, which includes ensuring that these programmes are working well.

Screening is the process of identifying health people who may be at increased risk of a disease or condition. The current UK population screening programmes include antenatal and new-born, as well as adult, screening programmes. They have an important role to play in population health by using a preventative model to identify individuals at higher risk of a health problem, offer them a diagnostic test which can lead to earlier diagnosis of disease, at a stage when treatment is more likely to be successful. This reduces costs to the NHS and improves long term patient outcomes.

Robust quality assurance and initiatives to ensure good coverage are essential to ensure the effectiveness and safe operation of local screening programmes.

### Local Picture

Below is a summary of the data for immunisation and screening programmes for Wiltshire, for further details please refer to the recent Health Protection Assurance report.

### Childhood

The uptake of routine childhood immunisations among the Wiltshire population is generally good with coverage of around 95% for most routine immunisations. Coverage of MMR and DTaP/IPV boosters at age 5 needs on-going attention with coverage between 90- 93%.

Please see table one below for an overview of uptake and Appendix 1 for more detailed data

### Young People

The data for young people is collected for each school year and the following highlights result of vaccine uptake in each of the immunisations given to this age group.

The COVID-19 pandemic led to all educational settings closing from 23 March 2020 (some schools remained partially open for children of key workers) and the delivery of all school-

aged immunisation programmes, including HPV, were paused in line with UK government COVID advice.

Once the COVID-19 lockdown restrictions were eased, all providers were able to offer some school-based immunisations catch-up ahead of the 2020/21 academic year.

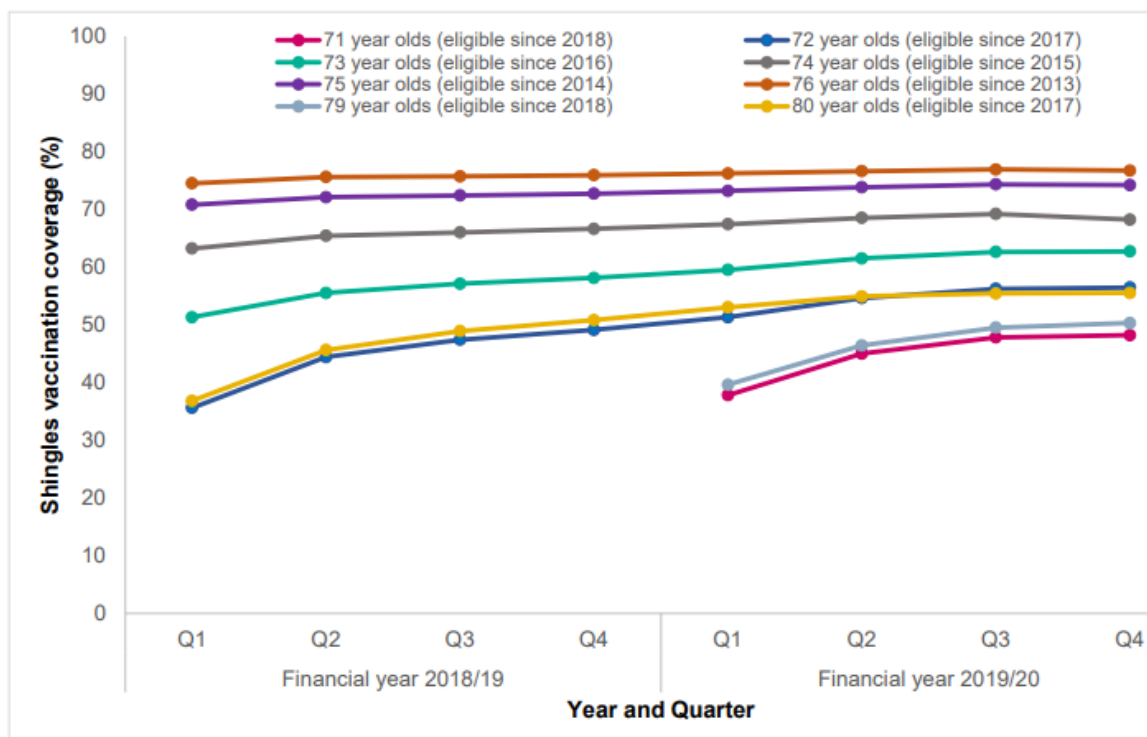
There is still work required to increase uptake to the 90% target for all immunisations given to young people.

### **Adult Immunisations:**

There are four immunisations predominantly given to adults, these are:

1. Shingles (given at age 70 years) – the graph below for Shingles shows the uptake across the different age ranges as Shingles can be given from age of 70 up to 80.
2. Pertussis (in pregnancy) – this vaccine is given to pregnant week between week 16 - 32 to protect infants by boosting pertussis immunity in pregnant women. The second graph below shows the monthly uptake from 2013-2021.
3. Pneumococcal (given to those over 65 yrs.)- A combination of growing global demand for pneumococcal polysaccharide vaccines, alongside manufacturing constraints, have led to interruptions in the supply of the MSD pneumococcal polysaccharide 23-valent vaccine (PPV23) in the UK. PHE has corresponded directly with NHS GP Surgeries to advise on the prioritisation of available stock 'to those newly diagnosed with conditions in the high and moderate priority groups.
4. Flu - Focused work with the aim of improving uptake across all eligible groups, with specific focus on 2–3-year-olds, the school-age programme, pregnant women, at risk groups aged under 65 (cardiac disease, Liver, and renal problems) and frontline health and social care workers has been undertaken. School based programmes maintain good performance and uptake is above the national average. See health protection assurance report for full data.

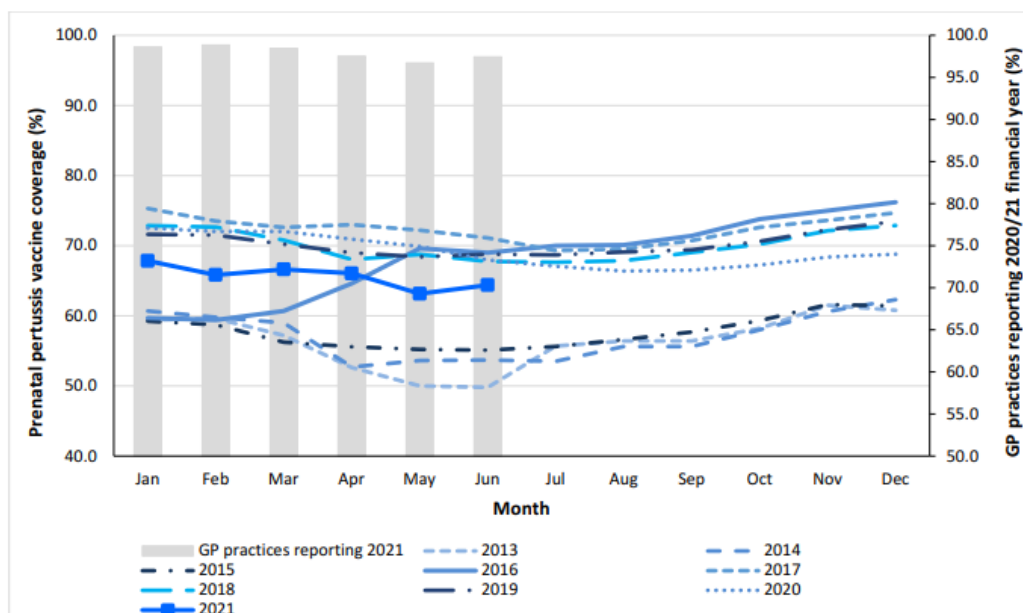
**Figure 1.** National cumulative shingles vaccine coverage for the routine programme by quarter in the 2018 to 2019 and 2019 to 2020 financial year for those turning 71 to 76 years old between 1 April 2019 and 31 March 2020 (eligible from 2013 onwards)



- (Source: PHE 2021)

Monthly pertussis vaccination coverage (%) in pregnant women: England, 2013-2021

**Figure 1. Monthly pertussis vaccination coverage (%) in pregnant women (England), 2013 to 2021**



(Source: PHE 2021)

- Cervical Screening - Cancer of the cervix is a relatively rare type of cancer. In the UK, approximately 2,800 women are diagnosed with it each year. Wiltshire's figures remain slightly higher or just below the South West average but below the standard of 80%, for 25–49-year-olds data shows between 73% and 77%, whereas 50- to 64-year-olds are slightly better at 77% to 81% (Graph 1)
- Breast Screening - The Wiltshire Breast Screening services invite approximately 32,000 women to be screened each year of those approximately 25,000 women per year attend. This is approximately 75% of all those who are invited. At 78.3% for Wiltshire residents the uptake for screening is higher than that of the South West (76.9) and nationally (74.1). (Graph 2)
- Bowel Screening - Men and women aged between 60 and 69 are automatically sent a bowel cancer screening kit through the post every 2 years. The kit comes with step-by-step instructions for completing the test at home and sending the samples to a laboratory for processing. Wiltshire remains slightly above the South West and national average are 68.5%, however there is still work to be done to increase awareness and uptake of the screening. (Graph 3)

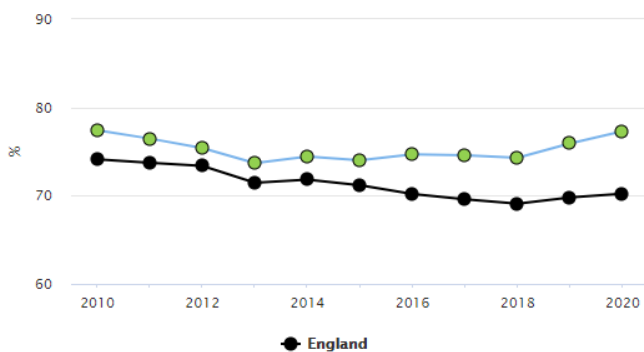
The graphs below show cervical screening coverage for Wiltshire from the PHOF website

**C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)**

Proportion - %

[Export chart as image](#)   [Show confidence intervals](#)   [Show 99.8% CI values](#)

[Export table as CSV file](#)

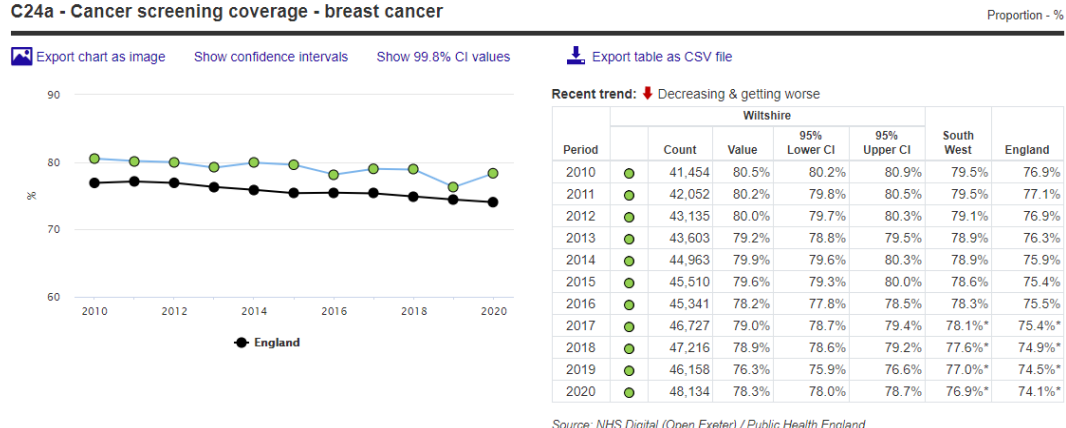


Recent trend: ↑ Increasing & getting better

Period	Wiltshire				South West	England
	Count	Value	95% Lower CI	95% Upper CI		
2010	58,327	77.4%	77.1%	77.7%	76.9%*	74.1%*
2011	57,878	76.5%	76.2%	76.8%	76.3%*	73.7%*
2012	57,377	75.4%	75.1%	75.7%	75.9%*	73.4%*
2013	55,483	73.7%	73.4%	74.0%	74.0%*	71.5%*
2014	55,802	74.4%	74.1%	74.8%	74.2%*	71.8%*
2015	56,104	74.0%	73.7%	74.3%	74.0%*	71.2%*
2016	55,339	74.7%	74.4%	75.0%	73.5%*	70.2%*
2017	55,397	74.6%	74.3%	74.9%	73.1%*	69.6%*
2018	55,543	74.3%	74.0%	74.6%	73.0%*	69.1%*
2019	56,907	75.9%	75.6%	76.2%	74.2%*	69.8%*
2020	58,326	77.3%	77.0%	77.6%	74.9%*	70.2%*

Source: NHS Digital (Open Exeter) / Public Health England

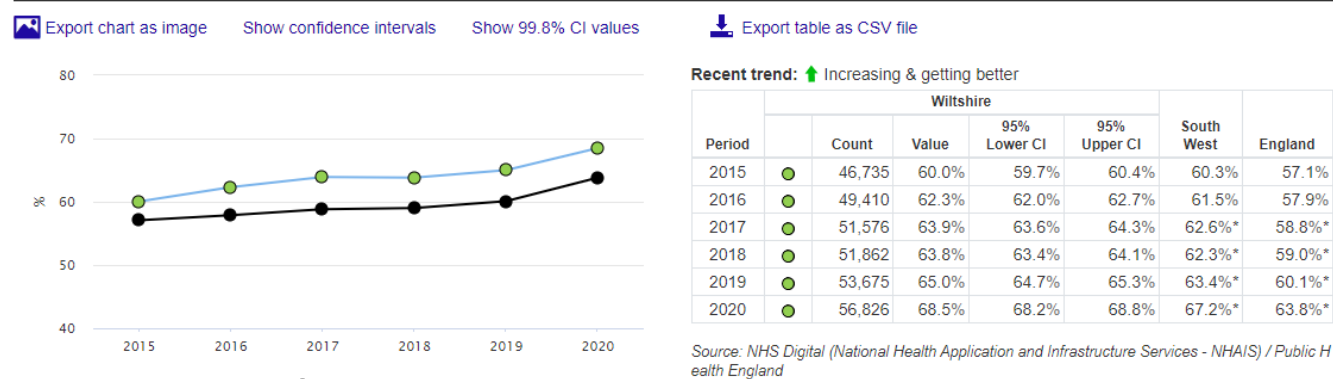
The graph below shows breast screening coverage for Wiltshire from the PHOF website  
**C24a - Cancer screening coverage - breast cancer**



The graph below shows bowel screening coverage for Wiltshire from the PHOF website

**C24d - Cancer screening coverage - bowel cancer**

Proportion - %



## Infectious Diseases

Under normal circumstances, when the immune system of the host is fully functional, disease symptoms may not develop. If the host immune system is compromised, or the infectious agent overwhelms the immune system, an infectious disease ensues. Most infections are caused by bacteria, viruses, and fungi. The diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.

Incidence and prevalence rates for infectious diseases are heavily influenced by ethnicity, migration, dispersal, and local factors. Other factors that can influence infectious diseases are crowded living and working conditions, poor sanitation/hygiene as well as lack of awareness/understanding of diseases and ways to prevent spread can often facilitate the spread of infectious diseases.

In general, the burden of infection is greater in urban areas. National surveillance of various infections is undertaken for various diseases including human immunodeficiency virus (HIV), hepatitis, tuberculosis (TB), sexually transmitted infections, meningococcal diseases and imported infections.

### **Local picture**

Below is a summary of the data on infectious diseases for Wiltshire, for further details please refer to the recent Health Protection Assurance report.

In Wiltshire 7,793 probable or confirmed cases were notified to PHE (now UKHSA) over the year. The most common infection was COVID-19, with 6945 cases. The incidence of other infections was much lower and the majority of these were gastrointestinal illness, for example campylobacter, E coli STEC.

For vaccine preventable diseases there were not any cases of influenza, only 7 cases of pertussis, and 28 cases of suspected mumps, of which only one case was confirmed; no measles cases were reported. Other notable cases include 7 cases of tuberculosis, of which six has been confirmed so far.

### **Wiltshire data STIs in 01/04/2019 – 31/03/2020; Source: HIV / STI portal**

- Overall, 2,394 new sexually transmitted infections (STIs) were diagnosed in Wiltshire. 1,179 new diagnoses of STIs in females and 1,193 in males. The rate of diagnoses per 100,000 population in Wiltshire is 478 and the rate in England is 798. Wiltshire is significantly lower than the England rate.
- 20 – 24-year-olds had the highest number of diagnoses of 807 followed by 25 – 34-year-olds of 691.

## **Emergency Preparedness, Resilience and Response (EPRR)**

The local system needs to plan for, and respond to, a wide range of incidents and emergencies that could affect the health and welfare of our communities or the delivery of care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires all category 1 responders, to show that they can deal with such incidents while maintaining services

Planning for outbreaks, incidents, and environmental threats is crucial to support and protect the population, alongside protecting the provision of health and care, as well as wider services. Healthcare-related emergency planning is governed by the Local Health Resilience Partnership, which brings together health emergency planners, as well as those from local authorities.

The EPRR and Public Protection teams carried out an exercise relating to animal disease outbreaks and zoonoses, an exercise took place in January 2022 to test the latest Animal Disease Contingency Plan.



## Environmental hazards to health, safety, and pollution control

### Water Quality

The Public Protection role in ensuring safe private water supplies Wiltshire Council's Public Protection Service is responsible for monitoring and risk assessing over 600 private water supplies in the county to ensure the water is safe and potable.

### Air Quality/Air Quality Management Areas

The annual mortality of human-made air pollution in the UK is roughly equivalent to between 28,000 and 36,000 deaths every year. It is estimated that between 2017 and 2025 the total cost to the NHS and social care system of air pollutants (fine particulate matter and nitrogen dioxide), for which there is more robust evidence for an association, will be £1.6 billion.

Air pollution can cause and worsen health effects in all individuals, particularly society's most vulnerable populations. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. Short-term increases in levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality.

Local authorities have a duty to monitor air quality within their areas having regard to national air quality objectives and standards and report this information to Department for Environment, Food and Rural Affairs (Defra) on an annual basis. There are seven pollutants which we are required to consider under European and UK law, these include lead, benzene, and sulphur dioxide.

There are currently 8 AQMAs in Wiltshire where traffic related pollution levels exceed national standards, looking specifically at are in respect of nitrogen dioxide levels in Bradford on Avon, Calne, Devizes, Marlborough, Salisbury (3) and Westbury. Work has been ongoing with local air quality groups in the affected towns and reporting through the Area Boards.

Public health and Public Protection have produced a revised Air Quality Strategy which seeks to maintain progress with the improvement of air quality across all communities in Wiltshire. It reflects the national Clean Air Strategy issued by Defra in January 2019, and focuses on improving air quality across Wiltshire, seeks to prevent any further deterioration and encourage interventions that will reduce concentrations of nitrogen dioxide and fine particulates across the county. Further work on a Wiltshire Air Quality Action Plan will be published 2022.

The Priorities identified for 2022 – 2026 as outline in the health protection assurance report are:

<b>Topic</b>	<b>Short term</b>	<b>Medium term</b>
	By 1/4/23	By 1/4/24
Embed infection Prevention and control in everyday practice	Infection prevention control education in Care settings and educational settings	Antimicrobial resistance reduction Reduce in appropriate antibiotic prescribing Reduce Hospital acquired infections
Immunisations	Working on school age immunisation recovery Work with areas inequality to encourage better uptake of vaccines	Encourage better uptake in School Imms and Shingles Increase uptake of childhood immunisations
Screening	Bowel Breast recovery programme Cervical (25-49y) Strengthen link of health promotion i.e., cancer risk factors (obesity)	Targeting inequalities Diabetic Eye Screening Abdominal Aortic Screening
Infectious diseases	Sexual health - procurement new service Awareness raising of other infectious diseases	Work with group to raise awareness of Blood borne viruses TB service review
Environmental		Air Quality management Water quality

See  
below for  
details of  
priorities

Emergency Preparedness, Resilience and Response	Actively involved in LHRP workplan, including capability matrix, disease plans	Review of local communicable disease plan
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objectives  
more  
these

## Who is the strategy for?

Wiltshire residents, Local Health and Wellbeing Boards, Executive Teams of the Council, local NHS organisations, Clinical Commissioning Groups/ integrated care board (ICB), voluntary sector partner organisations and United Kingdom Health Security Agency (UKHSA) in the South West.

## Implementation

The implementation of this strategy will be conducted jointly by partner organisations, and implementation groups and Boards which already exist.

### **Partner agencies:**

NHSE/I  
CCG/ICB  
UKHSA  
Wiltshire Council  
Local Acute Hospital Trusts  
Wiltshire Health and Care  
HCRG Care Group

### **Groups/Boards**

Wiltshire Immunisation Group  
BSW childhood Imms group  
Screening groups  
Regional Flu group  
LHRP Working group  
Regional IPC group  
CDI collaborative Group  
Gram -ve collaborative Group  
AMS group  
Wiltshire Health Protection Assurance Group  
IPC ICB Group

## Objectives for Wiltshire's Health Protection Strategy 2022-2026

The objectives identified to achieve the aims of this strategy are to:

1. Continue to embed infection control in everyday practice
2. Continue to reduce HCAs and AMR
3. Maintain or increase (as appropriate) uptake across all vaccination and screening programmes
4. Help to reduce incidences of infectious diseases, whilst raising awareness
5. EPRR: contribute to plan writing. Involvement when plans are exercised and training in provided
6. Maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment

Key actions required to meet these objectives and measures of success are outlined below.

## **Objective 1: Continue to embed Infection, Prevention and Control (IPC) in everyday practice**

- BSW system wide IPC collaborative approach to training for social care staff
- Encourage a 'Champions' model in all care homes so all staff are trained and confident in preventing and managing infection
- Work with domiciliary care providers to understand their needs regarding infection control and training
- Encourage a "champions" model in educational facilities, so all staff are confident in preventing and managing infections
- Work to reduce both the incidence and duration of outbreaks in health and social care settings, and ensure when these do occur that reflective learning drives service change and good practice is shared
- Work with educational settings to help reduce the incidence and length of outbreaks

### **Measures of success:**

- Evidence of uptake of training across the social care sector
- Evidence of a network of IPC champions in both social care and education
- Reduction in outbreaks or communicable diseases in norovirus, respiratory infections plus childhood diseases

## **Objective 2: Continue to reduce HealthCare Associated Infections (HCAIs) and Antimicrobial Resistance (AMR)**

- Support the delivery of the overarching BSW HCAI strategy for community and hospital setting, in accordance with local picture
- Work in partnership with NHS/health colleagues and the collaborative ICS strategy on reducing HCAI's?
- Embed an Antimicrobial Strategy into all infection control work, in line with the national AMR strategy

### **Measures of success:**

- A reduction in HCAIs in both community and hospital settings across Wiltshire, in accordance with local picture
- Reduction in inappropriate antibiotic prescribing

### **Objective 3: Maintain or increase (as appropriate) uptake across all vaccination and screening programmes**

- Effectively target those immunisation programmes with lower levels of uptake
- To increase specific engagement and uptake in communities with lower uptake rates
- Work with Commissioners and services to work through the recovery process on certain services that due to the COVID 19 pandemic have had a decreased service
- Work with commissioners and services to increase uptake of routine immunisations and screening programmes

#### **Measures of success:**

- Increase in both immunisation and screening uptake:
  - Across the Wiltshire population as a whole
  - In targeted communities
  - Amongst specific populations and groups with lower uptake levels. e.g., travellers, boaters

### **Objective 4: Help to reduce incidences of infectious diseases, whilst raising awareness**

- Horizon scanning for emerging infections (Emerging infectious diseases is an expression used to describe a number of new infectious diseases.)
- Outbreak Management Process and Systems/Staff Development. Enabling staff to be able to confidently management outbreaks
- Work to reduce both the incidence and duration of outbreaks in health and social care settings, and ensure when these do occur that reflective learning drives service change and good practice is shared
- Development of Outbreak Management Recording system within the Public Health team for recording outbreaks and cases of Communicable and Infectious Diseases
- Collaborating with partners to help raise awareness of infectious diseases especially in certain groups e.g., rough sleepers/homeless, people who inject drugs
- Continue to develop and improve sexual health services e.g. No Worries re-launch
- Outreach targeted work for sexual health and infectious diseases

#### **Measure of success:**

- A reduction in infectious diseases within educational and social care settings
- A reduction in vaccine preventable diseases, in areas where vaccine uptake levels are lower than targets
- Increase awareness of infectious diseases in the general Wiltshire population
- Reduction in Sexual transmitted infections (STIs) within Wiltshire's population
- Better detection of STIs for the Wiltshire population

## **Objective 5: EPRR: contribute to plan writing. Involvement when plans are exercised and training in provided**

- Local Authority LHRP - review of plans and ensure they are up to date and relevant
- Civil Contingencies – Training & Exercise Training & Development/Increased 'exercising'/Stress Test
- Communicable Disease and Pandemics – this programme of work focuses on the activities required to support the preparedness and response to communicable disease incidents and outbreaks, as well as pandemics

### **Measure of success:**

- Ensure plans are in place for managing communicable disease outbreaks including Pandemic
- Up to date and tested response plans, with learning points from previous experiences incorporated in
- Key mitigation points against set risks, highlighting as much as possible is being carried out to reduce risk/impacts

## **Objective 6: maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment**

- Have input where appropriate into the Wiltshire's clean air strategy
- Exploration of wider opportunities for improving fleet vehicles, and green procurement opportunities within the Group member organisations.
- Implementation of the Environmental act with regards to AQ

### **Measures of success:**

- Work as a Group to support the Wiltshire Clean Air agenda, and the council's Climate Strategy
- Continue to monitor areas within the air quality scheme and work with partners to help reduce poor air quality
- The future impacts of the Environment Act on the LA's role in AQ
  - a. The Act will introduce at least two legally binding targets on air quality:
  - b. The first will reduce the annual average level of fine particulate matter (PM2.5) in ambient air, to improve health outcomes
  - c. The second air quality target must be a long-term target (set a minimum of 15 years in the future), which it is hoped will bring about long-term investment and change
  - d. The Act also allows local authorities to take more substantive action against those who repeatedly emit smoke and endanger human health by extending the regime of statutory nuisance to private dwellings in Smoke Control Areas

## Monitoring / Governance

It is the responsibility of Health Protection Assurance Group members to monitor progress against the strategy and underpinning action plans delegated to specialist working groups/teams.

The overarching aims of the Group with regard to supporting the strategy are to guide the collective work of partners on the priorities, monitor progress against actions and be a vehicle to discharge statutory Public Health obligations required through the Health and Social Care Act 2012.

Each meeting the Group will seek assurance and updates from the implementation plan.

## APPENDIX A: National and local policy

### **National and Local Policy**

The key national policies are:

[Health and Social Care Act](#)

[Care Act factsheets](#)

[Public Health \(control of diseases\) Act 1984](#)

[NICE guidelines \(Health Protection\)](#)

[Tackling antimicrobial resistance 2019–2024](#)

[UK 20-year vision for antimicrobial resistance](#)

[NICE Antimicrobial Stewardship](#)

[BSW Medicines Optimisation](#)

[NICE Healthcare Associated Infections](#)

[Minimising Clostridioides difficile and Gram-negative Bloodstream Infections](#)

[Clostridioides difficile infection: antimicrobial prescribing](#)

[Seasonal influenza](#)

[PHE infectious diseases strategy](#)

[Towards Zero: the HIV Action Plan for England - 2022 to 2025](#)

[Tuberculosis \(TB\): action plan for England](#)

[Clean Air strategy 2019](#)

[Wiltshire Air quality website](#)

[Air pollution applying All Our Health \(reference for page 13\)](#)