Health Protection Assurance Annual Report 2018/19

Purpose of the report

To provide the Health and Wellbeing Board with information on and assurance of the health protection arrangements in Wiltshire. It will also update the board on health protection performance, key incidents and risks that have emerged from April 2018 to the end of March 2019.

The report supports the Director of Public Health's statutory remit to provide assurance to the Wiltshire Health and Wellbeing Board and Wiltshire Council in relation to health protection of the local population.

The Health and Wellbeing Board should receive an annual report summarising the local position on health protection issues and priorities covering prevention, surveillance and control aspects of health protection.

Link to Corporate Plan

Growing the economy - Standards of local services need to be high to prevent the spread of infectious disease, for example through infection and prevention control, food hygiene, and clinical governance.

Strong communities - Emergency preparedness, response and recovery for environmental and chemical hazards, in addition to control and prevention of infectious disease are required to maintain access to work and education.

Protecting those who are most vulnerable - To ensure residents feel safe and well, robust health protection measures should be in place to both prevent and minimise risks that may harm health.

Background

As a result of the Health and Social Care Act 2012 the local authority is required, via its Director of Public Health, to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken.

The Director of Public Health (DPH) has responsibility on behalf of the Council for ensuring necessary arrangements are in place to plan for, prevent, mitigate and respond to hazards and risks to population health. The DPH is also responsible for the provision of advice and information, and to challenge and work with partners providing health protection arrangements in Wiltshire.

This review of health protection arrangements for 2018/19 provides continued assurance that there are no major concerns and that these functions are being delivered appropriately. Ongoing work is needed to address persistent inequalities relating to health protection activities.

Ensuring equitable uptake of screening and vaccination remains a priority in the county. Overall uptake is good. Further work is needed to increase and or/maintain the uptake of some preschool immunisations and influenza vaccination in some groups.

Timely, accurate and authoritative communication is a vital element of all health protection arrangements. Good communication demonstrates accountability and provides confidence, especially when responding to an incident. It underpins all prevention, surveillance and control activities.

With regards to health protection, local authorities through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:

- Health care associated infections
- Prevention and control of infectious diseases
- Control of Environmental Hazards
- Emergency planning and response (including severe weather)
- Sexual Health
- National immunisation and screening programmes
- Substance Misuse

There are a number of health protection subgroups in order to identify risks across the system of health protection and agree mitigating activities

- Healthcare Associated Infections Collaborative (HAIC) Board
- Acute Hospitals Infection Control Committees
- Regional Immunisation Groups
- Wiltshire Immunisation Oversight Group
- Sexual Health Partnership Board (SHPB) meeting
- Local Health Resilience Partnership

Moving forward a Health Protection Committee will be set up for these groups to feedback into so the Committee can provide control and oversight. The committee will also provide assurance to the Health and Wellbeing Board of Wiltshire Council that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health. The draft terms of reference are in appendix 1 with a copy of a draft standing agenda

Work Programme 2018/19 included:

- Continue to actively participate in the management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
- Continue to ensure that the public are informed about emerging threats to health
- Support the development and implementation of all the Air Quality Action Plans
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers, as well as Council staff
- Improve immunisation uptake within the Wiltshire population
- Continue to reduce health inequalities in screening and immunisation programmes
- Infection prevention and control training

Healthcare Associated Infection (HCAI)

The term HCAI covers a wide range of infections. The most well-known include those caused by meticillin-resistant Staphylococcus aureus (MRSA), meticillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C. diff) and Escherichia coli (E. coli). HCAIs cover any infection contracted:

- As a direct result of treatment in, or contact with, a health or social care setting
- As a direct result of healthcare delivery in the community
- As a result of an infection originally acquired outside a healthcare setting (for example, in the community) and brought into a healthcare setting by patients, staff or visitors and transmitted to others within that setting (for example, norovirus).

HCAIs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can incur significant costs for the NHS and others and cause significant morbidity and mortality for those infected.

Many healthcare activities are associated with a risk of infection. It is essential that everyone involved makes sure that they keep this risk of infection as low as possible.

The Healthcare Associated Infections Collaborative during 2018-19 has coordinated excellent cross-sector work to reduce health care associated infections, improve infection prevention and control practices, improve prescribing practices, and raising public awareness.

NHS Wiltshire Clinical Commissioning Group (CCG) assures itself that infection prevention & control is in place in provider organisations through:

1. Quality schedules - zero tolerance of MRSA & minimise the rate of Clostridium difficile (C. diff)
2. Commissioning for Quality and Innovation (CQUIN)
3. Site visits of major providers

The CCG monitors the number of cases of healthcare acquired MRSA, C. diff & E. coli blood stream infections as part of their contract with providers.

The CCG has also achieved against the target of the number of C. diff and MRSA infections in 2018/19.

With the control that the CCG has in place then provides the DPH with assurance that the work to reduce HCAIs is in place, taken seriously and been monitored.

MRSA bacteraemia blood stream infections

From April 2013, all NHS organisations reporting positive cases of MRSA bacteraemia were required to complete a Post Infection Review (PIR)1. This process was introduced to support the delivery of zero tolerance on MRSA bacteraemia, A PIR was undertaken on all reported MRSA bacteraemia's with the purpose of identifying how a case occurred and to identify actions which will prevent reoccurrences. From April 2018 CCGs are no longer required to do a post infection review for MRSA blood stream infections; this is to aid and redirect limited review resource to the Gram-negative blood stream infection (GNBSI) reduction programme, as GNBSI numbers have now overtaken MRSA.

The Department of Health continues to set targets for MRSA where providers need to demonstrate zero tolerance of healthcare acquired MRSA. This has been achieved through a combination of good hygiene practice, appropriate use of antibiotics, improved techniques in care, as well as adherence to all best practice guidance.

Data for the CCG and SFT for MRSA, C. diff and E. coli infections (Source PHE 2019)

Trust	Infection	Rate per 100,000 occupied bed days											
		2016-2	2016-3	2016-4	2017-1	2017-2	2017-3	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1
Salisbury NHS Foundation Trust	Hospital onset MRSA bacteraemia§	0.0	0.0	0.0	0.0	0.0	5.2	2.6	0.0	0.0	2.5	2.6	0.0
	Hospital onset MSSA bacteraemia	12.6	2.6	11.6	2.6	8.1	5.2	5.1	7.6	20.6	7.6	7.8	5.3
	Hospital onset C. difficile Infection	7.5	2.6	20.3	5.3	16.2	10.5	10.3	10.1	5.2	5.1	18.2	13.1
	Hospital onset E. coli bacteraemia	12.6	12.9	40.6	10.5	21.5	23.5	23.2	12.7	25.8	20.3	31.2	7.9

CCG	Infection	Rate per 100,000 population											
		2016-2	2016-3	2016-4	2017-1	2017-2	2017-3	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1
NHS Wiltshire CCG	Community onset MRSA bacteraemia§	0.6	0.2	0.4	0.0	0.2	0.6	0.2	1.0	0.8	0.4	0.4	0.2
	Community onset MSSA bacteraemia	4.3	2.7	4.1	2.7	3.9	3.3	2.0	3.1	3.5	2.9	3.1	3.5
	Community onset C. difficile Infection	2.9	3.1	3.3	4.1	4.3	2.7	3.1	3.3	3.7	3.7	3.1	2.0
	Community onset E.coli bacteraemia	10.2	15.2	13.7	9.8	10.0	13.5	14.9	10.0	13.5	10.9	10.9	15.2

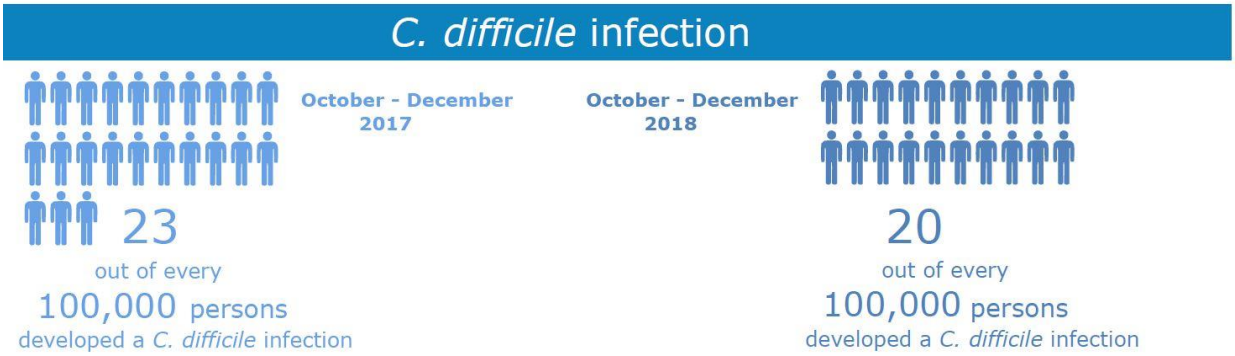
Clostridium difficile (C. diff: CDI)

Clostridium difficile (C. difficile) is a bacterium that's found in people's intestines. It can be found in healthy people, where it causes no symptoms (up to 3% of adults and 66% of babies).

Since the initiation of CDI surveillance in April 2007, there has been an overall decrease in the count and associated incidence rate of both all-reported and hospital-onset cases of C. difficile infection.

The NHS has made great strides in reducing the numbers of CDIs, but the rate of improvement for CDI has slowed over recent years and some infections are a consequence of factors outside the control of the NHS organisation that detected the infection. Further improvement on the current position is likely to require a greater understanding of individual causes to find out if there were any lapses in the quality of care provided, and if so, to address any problems identified.

Nationally data shows that there is a slight reduction in case from 2017 10 2018.



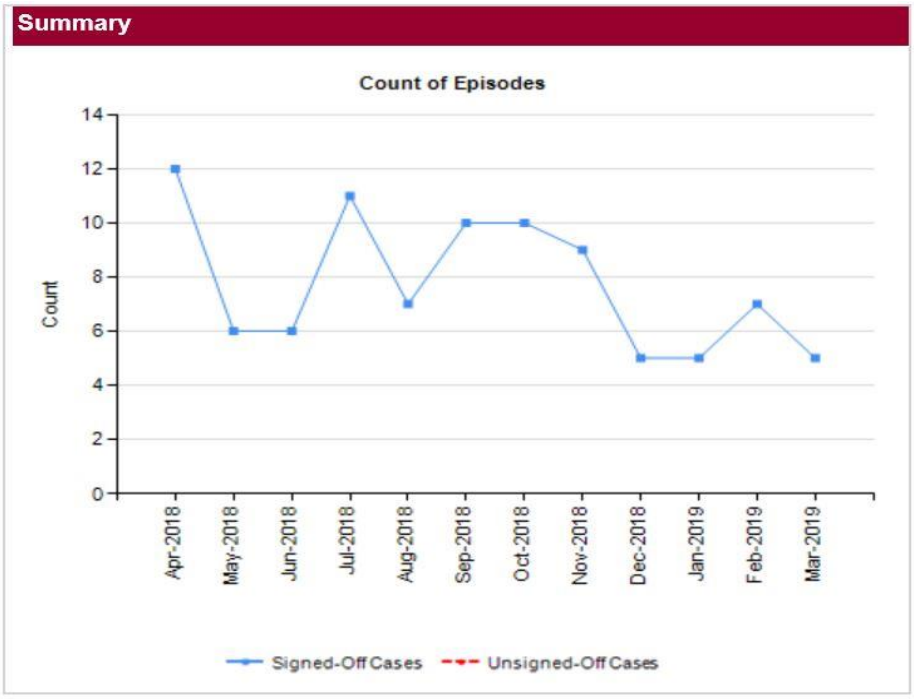
Each year NHSE set new targets for acute trusts and community provides to reduce their C. difficile cases to. For 2018/19 the objectives were:

- SFT -
  - CDI case objective for 2018/19 – 18
  - CDI rate objective for 2018/19 - 12.2
- NHS Wiltshire CCG
  - CDI case objective for 2018/19 – 102
  - CDI rate objective for 2018/19 - 20.9

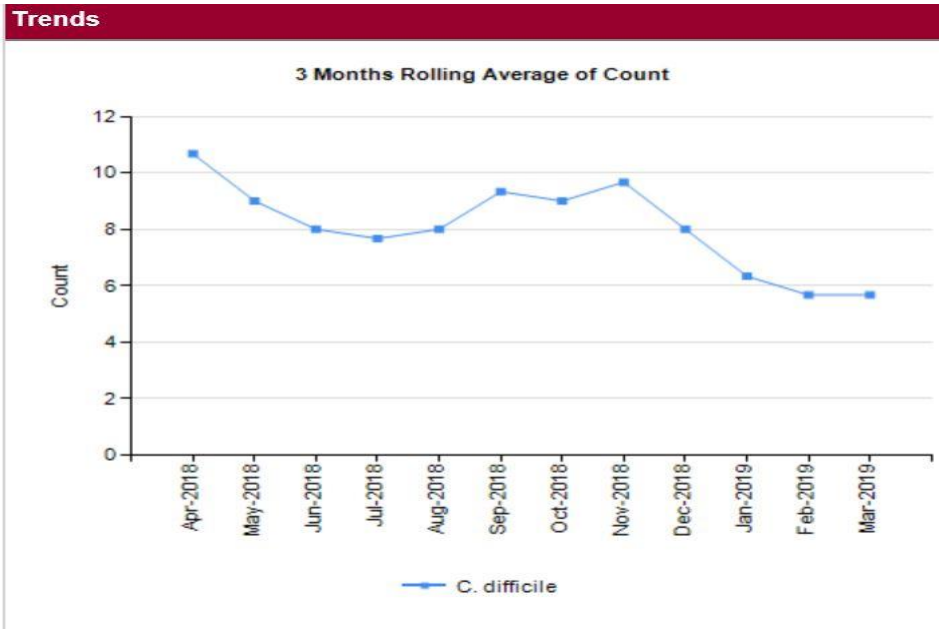
Both the CCG and SFT have met their targets for 2018/19 and new ones will be set based on these figures.

The data charts below show that the rates of CDI in Wiltshire continue to drop as a whole, there is still work needed to ensure community acquired infection figures remain low. Wiltshire Council and the CCG with other partners are working together to share good practice on how to reduce the risk of infection and help to prevent C. Difficile infections.

Counts of CDI cases for Wiltshire CCG catchment area 2018 – 2019 (source: PHE HCAI Data Capture System 2019)



3 monthly rolling average of Counts of CDI for Wiltshire CCG catchment area 2018 – 2019 *(source: PHE HCAI Data Capture System 2019)*



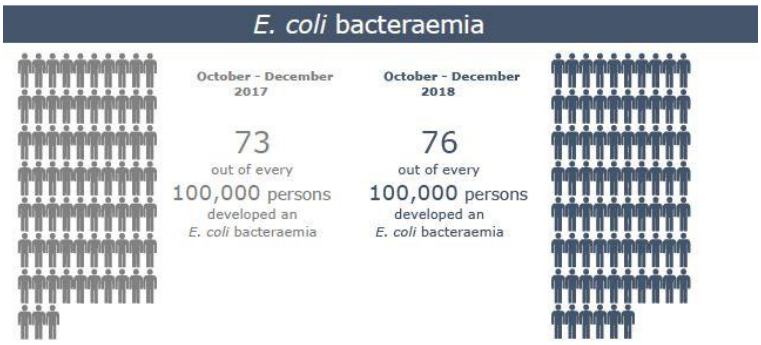
Gram-negative blood stream Infections

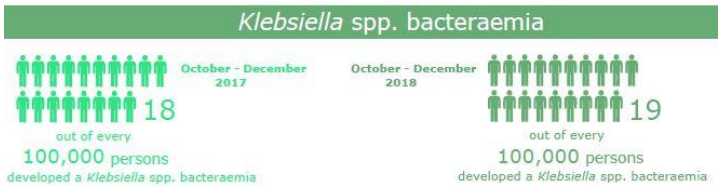
Gram-negative bacteria such as Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa are the leading causes of healthcare associated bloodstream infections nationally and have now overtaken MRSA and CDI in the numbers of infections that occur yearly.

There is a Wiltshire - B&NES plan to reduce healthcare associated Gram-negative blood stream infections by 50% by 2021 in line with the UK ambition. This plan includes learning from existing cases to inform local interventions and implementing them. These include reducing unnecessary urinary catheter use, improving hydration, and improving the treatment of Urinary Tract Infections (UTI). There is also a Government target to reduce "inappropriate antimicrobial prescribing by 50% by 2021.

Starting late 2019 Wiltshire CCG have commissioned a pilot in care homes, which involves teaching the homes about when to use dip sticks (if at all) for urine infections. It is called the Cathedral Project and will also incorporate hydration information and the use of "red bags" for admissions.

Gram-negative bacteraemia's (E. coli, Klebsiella spp. and P. aeruginosa) number nationally.





More information about the burden of resistant infections can be found:

English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) report:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/749747/ESPAUR_2018_report.pdf

Communicable Disease

Communicable diseases can be passed from animals to people or from one person to another. They can be mild and get better on their own or can develop into more serious illnesses that if left untreated, which could then lead to long-term consequences or death. They continue to pose a significant burden to health and society. In the UK infectious diseases account for a large proportion of GP visits for children and adults.

There continues to be a strong working arrangement and relationship in place between the local health protection staff at PHE, Public Health and Public Protection teams in the council and NHS staff.

PHE publish quarterly health protection surveillance reports of infectious disease, see table below for Wiltshire's figures. (Source: Public Health England, 2019)

	Rate per 100,000 population												Comparison to
Infection	2016-2	2016-3	2016-4	2017-1	2017-2	2017-3	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1	2018-1**
Scarlet Fever	12.5	2.5	5.1	10.9	7.9	3.2	6.0	40.3	21.8	5.0	5.8	9.1	↓
Invasive group A streptococcal infection	1.6	0.2	0.4	0.8	0.6	0.6	1.2	2.2	1.6	1.2	1.2	1.2	↓
Measles	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.0	↓
Mumps	0.2	1.0	1.0	0.2	0.6	0.6	0.6	0.0	0.6	0.2	0.0	0.6	↑
Pertussis	1.0	4.3	4.7	4.6	5.6	5.0	4.8	1.4	2.2	2.6	3.2	2.0	↑
Meningococcal infection*	0.8	0.4	0.4	0.8	0.0	0.4	0.4	0.4	0.0	0.4	0.2		↓
Campylobacter	34.8	39.1	20.7	20.4	35.7	29.6	28.6	23.6	37.5	30.8	25.6	20.0	↓
Cryptosporidium	3.1	8.4	6.1	1.6	1.6	2.8	3.0	1.0	3.2	3.8	2.8	2.2	↑
Escherichia coli STEC	1.0	0.4	0.0	0.6	0.4	0.4	0.2	0.2	0.2	0.0	0.4	0.8	↑
Giardia	3.1	3.1	3.5	5.0	3.8	2.2	4.8	2.0	2.4	3.4	6.5	3.6	↑
Salmonella Enteriditis	1.2	1.8	1.2	0.6	1.4	0.8	0.4	1.0	0.8	1.6	0.6	0.0	↓
Salmonella Typhimurium	0.2	1.4	1.0	0.4	0.2	1.0	0.6	0.0	1.4	1.0	1.6	0.6	↑
Shigella	0.2	0.2	0.4	0.6	0.4	0.2	0.0	0.6	0.0	0.4	0.2	0.0	↓

Reported Communicable Diseases:

Between April 2018 to March 2019 PHE were notified of 1556 confirmed cases of infectious diseases among Wiltshire residents, of which the local Environmental Health (EH) food safety team dealt with 748 reports. The majority of reported infections were gastrointestinal, predominantly Campylobacter. There were 7 E. coli 0157 cases during this period none of which were linked to any other cases or outbreaks.

Vaccine preventable disease cases during this period were Pertussis 37 (confirmed) and 2 (suspected) cases. 65 suspected Mumps case, 18 suspected Measles and 1 Rubella, of which only 4 mumps cases and 1 measles case was confirmed.

Scarlet Fever during this period were 185 cases reported to PHE. Quarters 1 and 2 saw an increase in scarlet fever notifications, including small outbreaks in primary schools.

Scarlet Fever

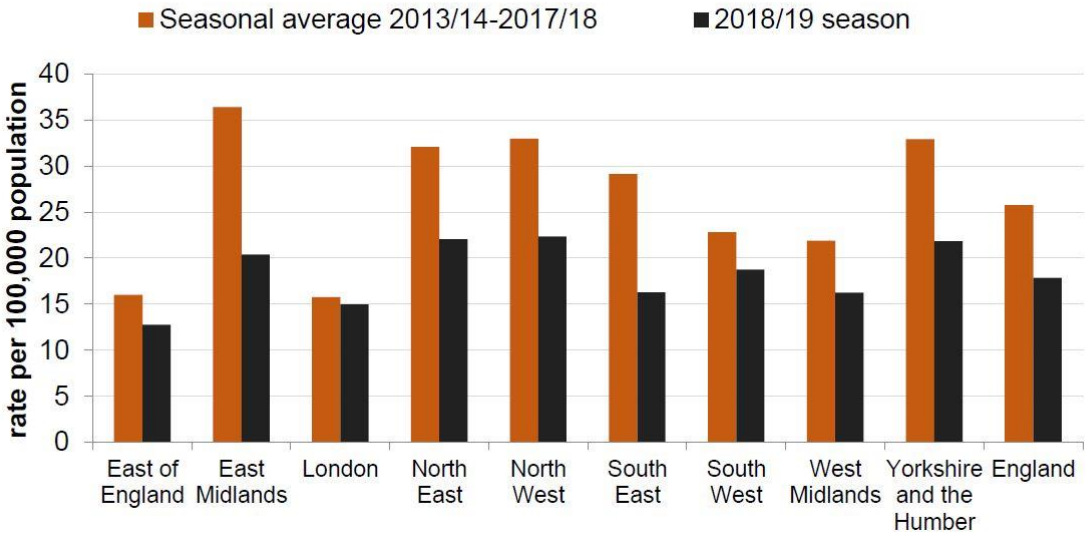
Nationally a total of 9,887 notifications of scarlet fever have been received to date this season in England (weeks 37 to 18, 2018/19), compared to an average of 14,128 for the same period in the last five seasons (2013/14 to 2017/18).

The age distribution of scarlet fever cases notified so far this season remains similar to previous years, with 89% being children under 10 years and a near equal split between males (49%) and females overall.

The scarlet fever activity this season has remained lower than seen in each successive year since the first upsurge in 2013/14, although still elevated compared to preceding seasons as far back as 1980. A real reduction in scarlet fever activity this season is further supported by lower rates of GP consultations (compared with last season)

School staff have rarely been affected and various communications with parents have been issued to the schools.

Figure 2. Regional rates of scarlet fever notification in England in 2018/19 and the seasonal average of the last five years (weeks 37 to 18)



(Source: Public Health England, 2018)

Outbreaks

An outbreak is defined as an incident were 2 or more persons have the same disease or similar symptoms that are linked in time, place and/or person association. For this period the main causes of Wiltshire outbreaks were predominantly Flu or Norovirus/gastroenteritis.

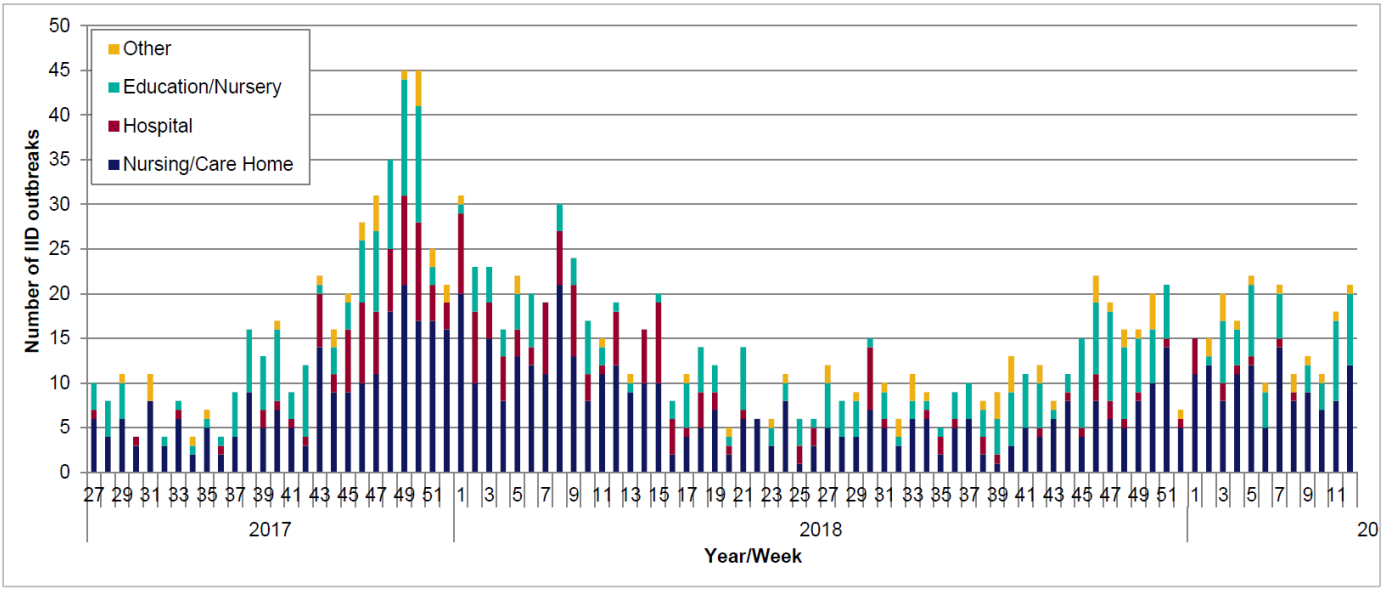
Norovirus

Since week 27, 2018 (9th August) there have been 5873 laboratory reports of norovirus in England and Wales. This is comparable to the average number for the same period in the previous 5 seasons from season 2013/14 to season 2017/18 (5944).

Wiltshire outbreak figures are:

- Care/Nursing homes = 38
- Schools/Nurseries = 9

The chart below shows all reports of infectious intestinal disease outbreaks/clusters both suspected or laboratory confirmed by setting, in the PHE South West region, 2017 week 27 to 2019 week 12. (Source PHE 2019)



Influenza (Flu)

In the 2018 to 2019 season, low to moderate levels of influenza activity were observed in the community with circulation of influenza A(H1N1) followed by influenza A(H3N2) in the latter part of the season.

Influenza transmission resulted in high impact on secondary care in terms of hospitalisations and ICU admissions. The impact of A(H1N1) was predominantly seen in the younger age groups (15-44 and 45-64 years) in both GP consultations and hospital and ICU/HDU influenza admissions.

Between week 40 2018 (week ending 07/10/2018) to week 15 2019 (week ending 14/04/2019), a total of 1,340 acute respiratory illness (ARI) outbreaks in closed settings were reported in the UK compared to 2,146 in 2017 to 2018.

Of the outbreaks in closed settings:

- 932 (69.6%) occurred in care homes, last season was 1,697 in 2017/18
- 199 (14.9%) in hospitals,
- 158 (11.8%) in schools and
- 51 (3.8%) in other settings.

Of these the total for Wiltshire is as follows:

- Care/Nursing Homes = 19
- Schools/Nurseries = 6

Tuberculosis (TB)

In May 2017, Public Health England South West Health Protection Team were notified of a case of active tuberculosis (TB) in an offender residing in HMP Erlestoke, whose symptoms began in March 2017 and who was subsequently diagnosed with bovine TB. Close contacts of this individual screened negative, however several months later a second diagnosis of bovine TB was made in HMP Erlestoke, in an offender who developed symptoms in January 2018.

Investigations revealed a further two cases of bovine TB with symptom onset in March and October 2017 and epidemiological links to HMP Erlestoke: both were family contacts of one of the resident cases.

Screening took place over 6 sessions between July and September 2018. Attendees completed a questionnaire which captured clinical, demographic, social and epidemiological risk factors for TB and had a blood test for latent TB infection (LTBI).

In total, 159 offenders completed a questionnaire and blood test; 25 staff completed a questionnaire and 23 attended for a blood test.

Among offenders, 10 cases of LTBI were identified, there were no cases of LTBI identified among staff. There was no prison setting or activity clearly associated with LTBI among those screened

On the basis of the outcomes from mass screening and further genetic test results the Outbreak control team decided that there was no evidence of bovine TB transmission within HMP Erlestoke. Whilst person-to-person transmission or a common source of infection could not be excluded, it was likely to have occurred elsewhere. The incident was closed on 19th November 2018.

Outbreak training for care homes

With the number of outbreaks in the community in the previous years and the impact this has on the health of residents and services Wiltshire CCG and Wiltshire Council put on an outbreak of infections workshop for Care/Nursing homes.

The aim was to give them the information they needed to manage outbreaks and by the end of the workshop the homes would have a better understanding of and how to:

- Define and describe outbreaks and incidents
- Discuss when to report and who to report to
- Describe key steps in the management of outbreaks and incidents
- Identify recommended documentation

It was well attended, and both organisations plan to put on another at the request of the homes/care providers, who found the workshop to be very beneficial.

Environmental Hazards

There are over 600 properties in Wiltshire on private water supplies, and the council has the responsibility to risk assess the supplies to ensure that they provide a good quality, potable source of drinking water.

The public protection team responds to hundreds of complaints each year ranging from noise and dust to odours and contaminated land and seeks to safeguard residents and reduce harm to the environment from these issues.

Environmental Permitting:

The Environmental Permitting Regulations (2010) were introduced in order to minimise the impact of activities that have the potential to damage the environment. They are requiring that the businesses apply to their local authorities when can then issue an Environmental Permit to regulate the activity.

Wiltshire Council have over 150 businesses currently holding Environmental Permits with activities ranging from the re-spraying of heavy army vehicles (including tanks) to coating of aerosol cans and delivery of petrol to the 74 filling stations holding a permit.

Our Public Protection officers visit the permitted processes at prescribed intervals with the larger businesses visited at least once a year to ensure that compliance with the conditions in the Permits and thus a high standard of environmental protection is achieved.

Air Quality Management Areas

There are currently 8 AQMAs in Wiltshire where traffic related pollution levels exceed national standards 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 are working together on 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.

Health Emergency Planning

Emergencies, such as road or rail disasters, flooding or other extreme weather conditions, or the outbreak of an infectious disease, have the potential to affect health or patient care. Organisations therefore need to plan for and respond to such emergencies.

Salisbury/Amesbury Incident

March 2018 multi-agency major incident response took place in response to the Nerve Agent incident in Amesbury/Salisbury. It started with 2 people being in an ‘extremely serious condition’ on a bench in Salisbury and taken to hospital – in a coma, in total 6 people were affected by the agent and sadly 1 of these passed away. PHE followed-up of over 400 exposed people.

Military grade nerve agent identified on them and at various locations across Salisbury initially and then Amesbury. Multiple sites were cordoned off for investigation and then decontamination. All sites have now been reopened fully and the recovery process it still ongoing in these areas.

Sexual Health

Sexual health is an important part of physical and mental health and is a key part of our identity as human beings. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

Sexual health strategy and action plan

The Wiltshire Sexual Health Partnership Board has developed and is implementing a Sexual Health and Blood Borne Virus Strategy, running through 2017-2020. The strategy contains the visions that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV.

- To ensure that residents are supported to reduce the risk of contracting an STI or BBV
- Have timely access to diagnosis and treatment services
- Individuals should be able to make informed choices when considering contraceptive choices and have easier access to them
- To have safer sexual experiences, free of coercion, discrimination and violence

Additionally, the intelligence gained from the health needs assessments and the subsequent strategy also contributes to the Council's business plan, the Health and Wellbeing Strategy and is a key contributor to reducing inequality across Wiltshire.

The health protection aspect of sexual health are the sexually transmitted infections, HIV and BBVs. This includes looking to reduce infections, transmission and promote prevention, treatment and testing.

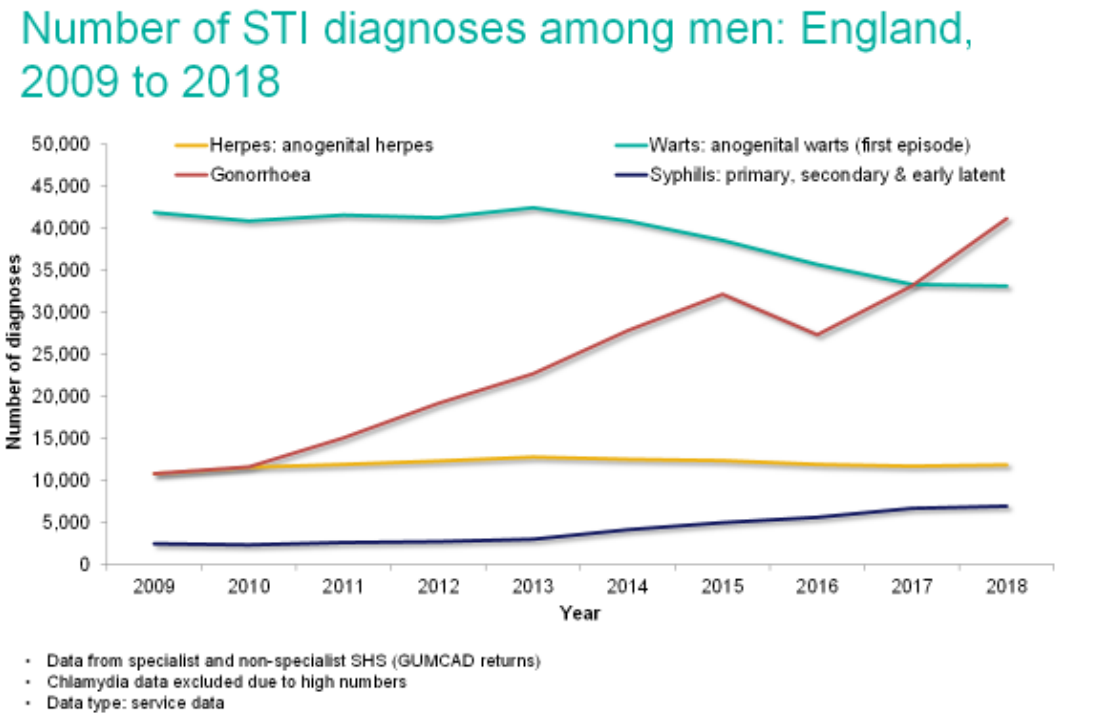
Sexual transmitted infections (STIs)

Public Health England (PHE) shows numbers of new STI diagnoses in 2018 increased by 5% in comparison to 2017 (from 424,724 to 447, 694) nationally. The number of consultations at sexual health services, both in clinic settings and online, increased by 7% between 2017 and 2018 (from 3,337,677 to 3,561,548).

Importantly, in 2018, gonorrhoea diagnoses rose by 26% from 2017 (from 44,812 in to 56,259). Gay, bisexual and other men who have sex with men (herein known as MSM) are at higher risk and over-represented, with almost half of cases diagnosed in this group.

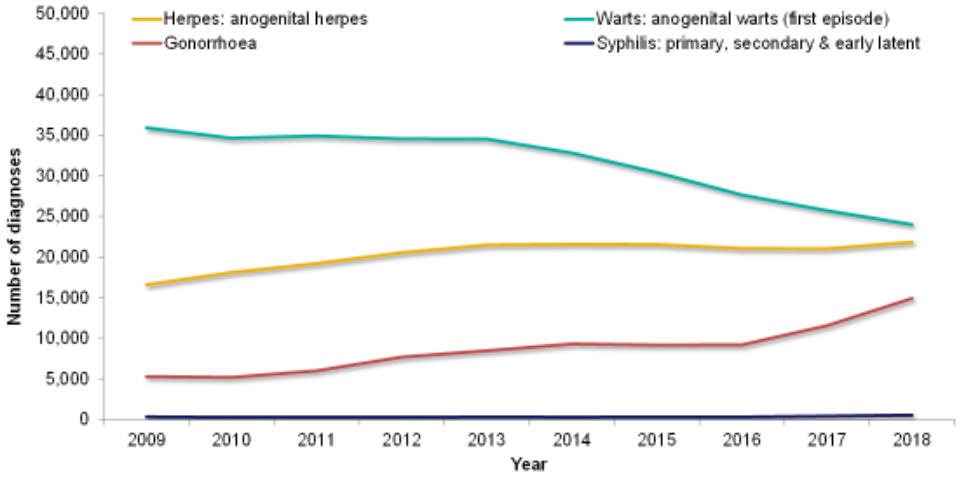
Cases of syphilis also increased and have more than doubled over the past decade (from 2,847 in 2009 to 7,541 in 2018).

Chlamydia remained the most commonly diagnosed STI, accounting for almost half of new STI diagnoses (218,095). Chlamydia most commonly affects 15 to 24 year olds, who account for 60% (131,269) of new diagnoses - an increase of 2% since 2017.



(Source: PHE 2019)

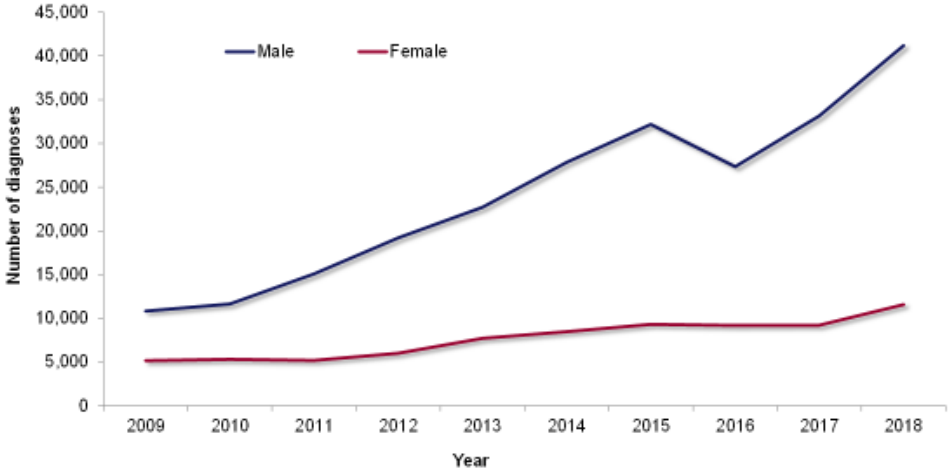
Number of STI diagnoses among women: England, 2009 to 2018



- Data from specialist and non-specialist SHS (GUMCAD returns)
- Chlamydia data excluded due to high numbers
- Data type: service data

11 Public Health England: 2018 STI Slide Set (version 1.0, published 4 June 2019)

Number of gonorrhoea diagnoses by gender: England, 2009 to 2018



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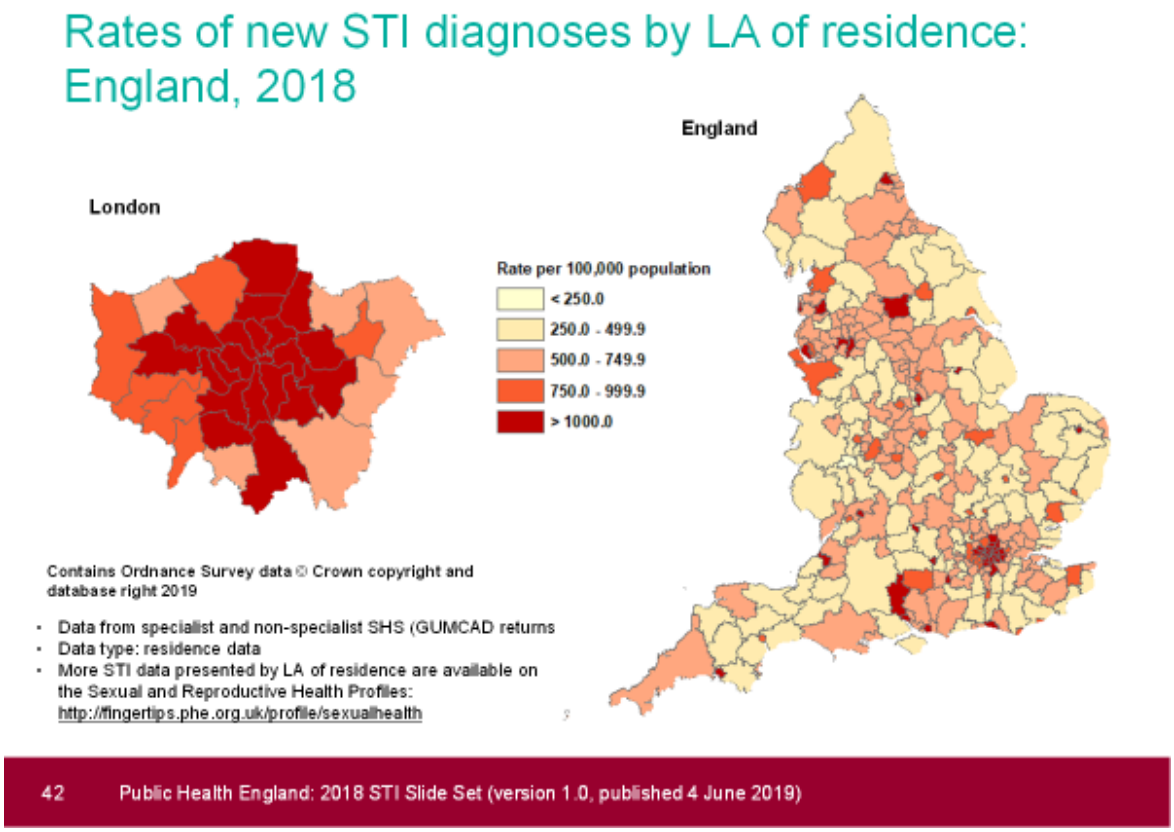
14 Public Health England: 2018 STI Slide Set (version 1.0, published 4 June 2019)

(Source: PHE 2019)

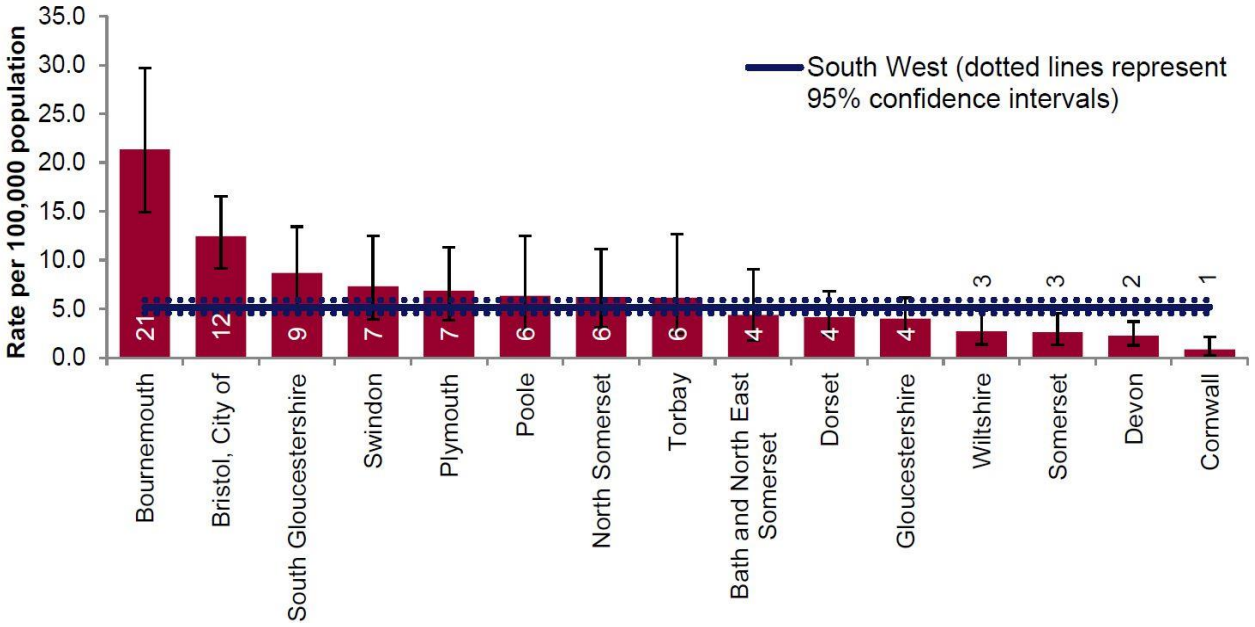


The HPV vaccination programme has led to a marked decline in genital warts diagnosis, which are caused by some strains of HPV that the vaccine protects against. The rate of genital warts diagnoses among girls aged 15 to 17 years, most of whom would have been offered the quadrivalent HPV vaccine aged 12 to 13 years old, was 92% lower in 2018 compared to 2014. A decline of 82% was seen in same aged heterosexual boys over this time period, which suggests substantial herd protection.

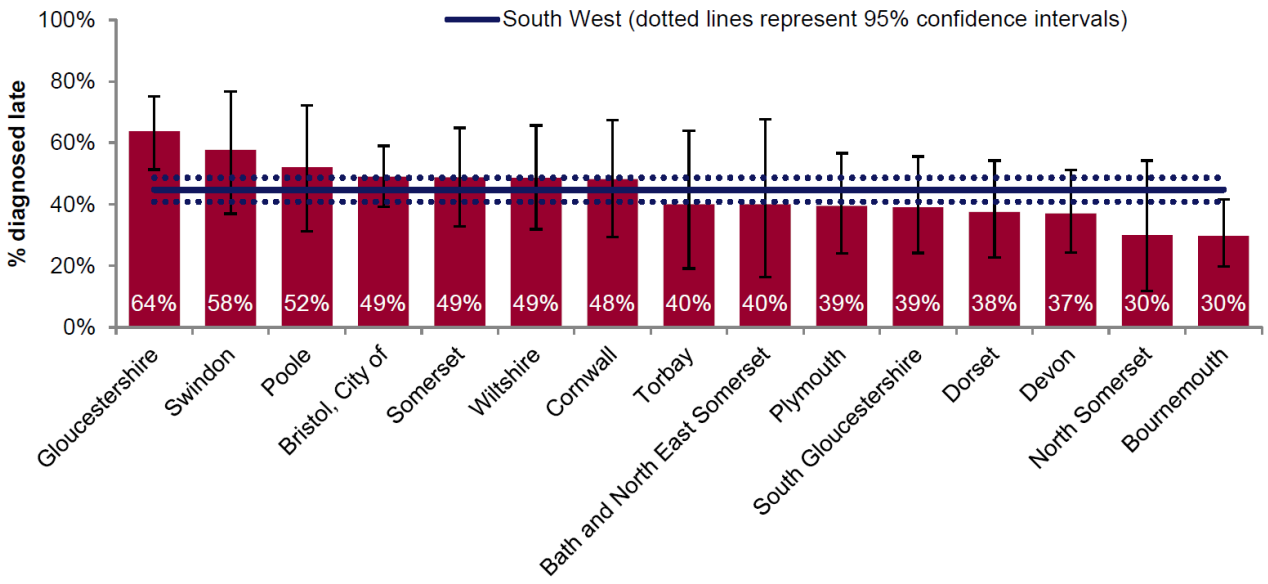
Wiltshire remains a low prevalence area for HIV infection but ensuring early access to HIV testing is vital to reducing HIV-related mortality and morbidity. People who are diagnosed with HIV at a late stage can have a ten-fold risk of death compared to those diagnosed promptly. Although diagnoses of HIV in South West residents have continued to fall, HIV remains an important public health problem in the South West and Wiltshire.

The percentage of those diagnosed late with HIV in Wiltshire was 49% over the period 2015-17, which is higher than the South West average.

New HIV diagnoses per 100,000 population aged 15 years or older by upper tier local authority of residence, South West residents, 2017 (Source: PHE 2019)



Percentage of new HIV diagnoses that were diagnosed late by upper tier local authority of residence, South West, aged 15 years and over, 2015-2017 (Source: PHE 2019)



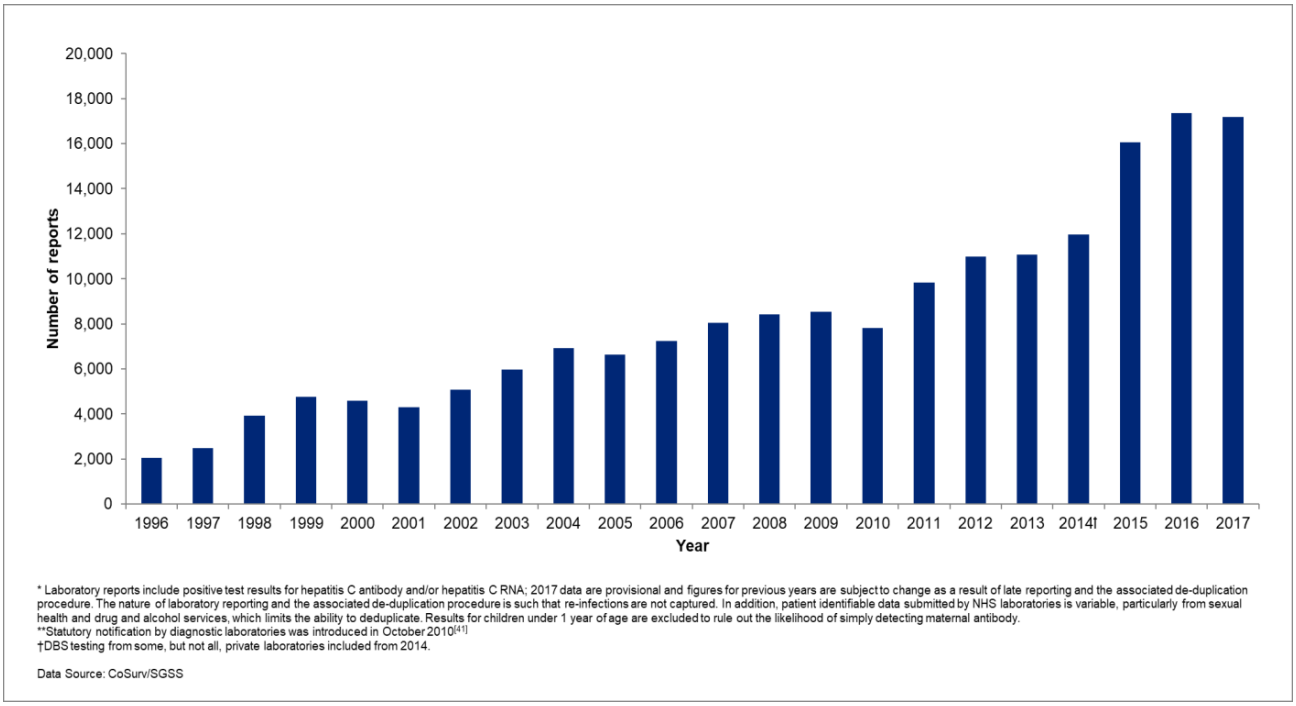
Hepatitis C

Hepatitis C (HCV) is a bloodborne virus that is often asymptomatic, and symptoms may not appear until the liver is severely damaged. Therefore, many individuals with chronic HCV infection remain undiagnosed and fail to access treatment. These individuals can then present only later with complications of HCV-related end-stage liver disease (ESLD) and primary liver cancer, which have poor survival rates.

Most recent estimates suggest that around 113,000 people in England are living with chronic HCV infection. Injecting drug use continues to be the most important risk factor for HCV infection, being cited as the risk in around 90% of all laboratory reports where risk factors have been disclosed

Over the last 2 decades (1996-2017), there has been a more than eightfold increase in the number of laboratory confirmed reports of HCV in England. Around 2-thirds of laboratory reports (69.1%) were in men and almost 1 half (44.8%) of all reports received were in individuals aged between 25 and 39 years (Figures 14 and 15).

Number of laboratory reports of HCV from England: 1996 to 2017 (source: PHE 2019)



* Laboratory reports include positive test results for hepatitis C antibody and/or hepatitis C RNA; 2017 data are provisional and figures for previous years are subject to change as a result of late reporting and the associated de-duplication procedure. The nature of laboratory reporting and the associated de-duplication procedure is such that re-infections are not captured. In addition, patient identifiable data submitted by NHS laboratories is variable, particularly from sexual health and drug and alcohol services, which limits the ability to deduplicate. Results for children under 1 year of age are excluded to rule out the likelihood of simply detecting maternal antibody.
**Statutory notification by diagnostic laboratories was introduced in October 2010[41]
†DBS testing from some, but not all, private laboratories included from 2014.

Data Source: CoSurv/SGSS

Number of laboratory reports of hepatitis C, residents of South West PHE centre by upper tier local authority, 2008-2017

Upper tier local authority of residence	Number of laboratory reports									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Wiltshire	30	52	23	26	35	24	38	39	44	48

Number of laboratory reports of hepatitis C, 2008-2017

PHE Centre of Residence	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
South West	1,123	1,008	729	981	1,120	1,004	959	1,066	841	923
England	8,431	8,671	7,917	9,961	10,921	11,088	11,619	11,682	10962	10,176

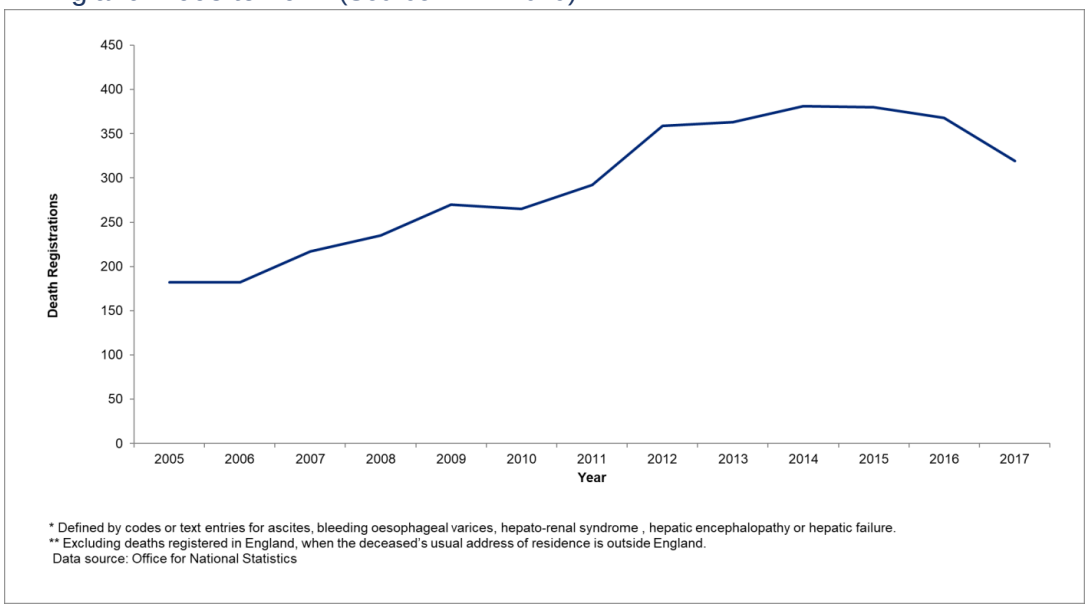
The above tables show cases for Wiltshire reported to the lab and a comparison the regional and English reports.

Opt-out bloodborne virus (BBV) testing is now fully implemented across the prison estate, and among new receptions to English prisons, levels of testing have risen from 5% in 2010/11 to 19% in 2017/18. In the 2017/18 financial year, Health and Justice Indicators of Performance (HJIP) testing data suggest that, after excluding previously confirmed cases, 75% of new receptions and transfers were offered HCV testing.

Between 2005 and 2014, death registrations for HCV-related ESLD and HCC in England more than doubled, rising from 182 in 2005 to 381 in 2014[4] (Figure 4). Since 2014, however, deaths have been falling, with a fall of 16.3% between 2014 and 2017.

The fall in registered deaths is likely to be the result of increased access to Direct-acting antiviral (DAA) drugs that were introduced from 2014/15, particularly for those individuals with more advanced disease.

Death registrations for ESLD or HCC in those with HCV mentioned on their death certificate in England: 2005 to 2017 (Source: PHE 2019)



Immunisation and Screening

Immunisation

The World Health Organization (WHO) says:

“The 2 public health interventions that have had the greatest impact on the world’s health are clean water and vaccines.”

There are a number of immunisations that are offered to the residents of Wiltshire as part of the UK national schedule. The overall aim of the routine immunisation schedule is to provide protection against vaccine-preventable infections.

Recommendations for the age at which vaccines should be administered are informed by the age-specific risk for a disease, the risk of disease complications, the ability to respond to the vaccine and the impact on spread in the population. The schedule should therefore be followed as closely as possible.

The table below lists those available and the lifecycle they are given in.

Current immunisation programmes:

	Vaccine
Childhood	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B)
	MenC vaccination (meningitis C) and MenB (meningitis B)
	PCV vaccination (pneumococcal conjugate vaccine)
	MMR vaccination (measles, mumps and rubella)
	Rotavirus vaccine
	Flu (age 2 – 9)
Young People Immunisations: school years 7 to 13	Human papillomavirus (HPV)
	Tetanus, diphtheria and polio (Td/IPV)
	Meningococcal groups A, C, W and Y disease (Men ACWY)
Adult	Pneumococcal
	Flu (at risk, pregnant and over 65s)
	Shingles
	Pertussis (during pregnancy)

Childhood:

The uptake of routine childhood immunisations among the Wiltshire population is generally good with coverage of around 95% for most routine immunisations in Jan-March 2018/19. Coverage of MMR and DTaP/IPV boosters at age 5 needs on-going attention with coverage between 90- 92% throughout 2018/19.

The table below, shows uptake figures for each childhood immunisation for each quarter in 2018 (source NHSE/PHE Immunisation team 2019)

CCG							
				2018-19			
		Minimum	Target	Q1	Q2	Q3	Q4
Childhood imms	Rotavirus (2 doses given before 24 wks)	90	95%	93.5	93.6	93.6	94.1
	DTaP/IPV/Hib 1 yrs	90	95%	96.6	95.5	95.8	95.7
	PCV 2 yrs	90	95%	95.3	95.6	94.7	95.7
	Hib/MenC 2 yrs	90	95%	95.3	95.6	94.4	95.4
	MMR 1 @ 2 yrs	90	95%	94.9	95.5	93.9	95.8
	DTaP/IPV booster 5 yrs	90	95%	90	91	92.5	92
	MMR 2 @ 5 yrs	90	95%	91.5	90.7	92.6	92.8

Wiltshire MenB at 2 years is: 93% which is higher than both the national and regional figures.

The national average uptake data Q3 2018 (source: PHE 2019)

	Minimum	Target	England	South West Region
Rotavirus	90	95%	90	92.1
DTaP/IPV/Hib (%) 1 yr.	90	95%	92.1	94.4
PCV 2 yrs.	90	95%	90.1	93.3
Hib/MenC 2 yrs.	90	95%	90.3	93.3
MMR 1 @ 2 yrs.	90	95%	90	93.1
Men B 2yrs.	90	95%	88.4	92.4
DTaPIPV @ 5 yrs.	90	95%	85.3	90.1
MMR 2 @ 5 yrs.	90	95%	86.6	91.6

The Hepatitis B vaccine was introduced late in 2017, and there appears to be no impact on local uptake figures since its introduction so far.

Young People

The data for young people is collected for each school year and not available for 2018/19 as the academic year hasn't finished. However, looking at the data for 2017/18 it shows:

Human Papillomavirus (HPV):

The HPV vaccine protects against the two types that cause most cases (over 70%) of cervical cancer. Because the vaccine does not protect against all of the other types. This vaccine will also protect against the two types of HPV that cause the majority of cases of genital warts.

Girls in Wiltshire was 89.2% which is higher than the National level 83.8% and South west Region 81.3%. It needs on-going attention, however in 2019/20 boys will be introduced to the programme. This extension will help prevent more cases of HPV-related cancers such as head and neck and ano-genital cancers in girls and boys. PHE/NHSE are also looking at whether the young person consenting themselves will improve uptake.

HPV vaccine coverage data by Local Authority, Local Team and England, Sep 2017 to Aug 2018

	Cohort 15: 12-13 Year Olds (Year 8) Birth Cohort: 1 September 2004- 31 August 2005					Cohort 14: 13-14 Year Olds (Year 9) Birth Cohort: 1 September 2003- 31 August 2004				
	Number of females in Cohort 15 (Year 8)	No. vaccinated with at least one dose by 31/08/2018	%	No. vaccinated with two doses by 31/08/2018	%	Number of females in Cohort 14 (Year 9)	No. vaccinated with at least one dose by 31/08/2018	%	No. vaccinated with two doses by 31/08/2018	%
WILTSHIRE LOCAL AUTHORITY	2,714	2,549	93.9	2,395	88.2	2,715	2,516	92.7	2,422	89.2
NHS ENGLAND SOUTH WEST (SOUTH WEST NORTH)	13,608	12,954	82.7			15,261	13,146	86.1	12,115	79.4
ENGLAND	**306,940**	**266,785**	**86.9**	**126,883**	**NA**	**300,464**	**267,689**	**89.1**	**251,919**	**83.8**

(Source: PHE 2019)

Meningococcal A, C, W and Y (MenACWY):

MenACWY immunisation was added to the national immunisation programme in August 2015 following advice from the Joint Committee on Vaccination and Immunisation (JCVI) in response to the rising number of meningococcal W (MenW) cases. The objective of the MenACWY immunisation programme when it commenced in 2015 was to immunise all adolescents in school Years 9 to 13 before they complete academic Year 13. This was met through replacing the routine adolescent MenC booster given in school years 9 or 10 with the MenACWY vaccine from September 2015, and through a series of school and general practice (GP) catch-up campaigns targeting older adolescents.

Average vaccine coverage for the LAs that delivered the MenACWY vaccine to Year 9 students in 2017/18 was 86.2%, compared to 83.6% in 2016/17.

The table below shows Wiltshire uptake figures, as well as regional and England. Wiltshire has higher figures than both for this period, there is a need for on-going attention with coverage as it is not meeting the 95% target.

MenACWY adolescent vaccine coverage data by Local Authority, Local Team and England, Sep 2017 to Aug 2018

Local Authority	MenACWY routine Cohort 3 born between 1 September 2002 - 31 August 2003			MenACWY routine Cohort 4 born between 1 September 2003 - 31 August 2004		
	School Year 10 in 2017/18 (14-15 year olds)			School Year 9 in 2017/18 (13-14 year olds)		
	Number of adolescents	Total number vaccinated with MenACWY up to 31 August 2018	% Uptake	Number of adolescents	No. vaccinated with MenACWY up to 31 August 2018	% Uptake
WILTSHIRE LOCAL AUTHORITY	5,337	4,839	90.7	5,655	5,113	90.4
NHS ENGLAND SOUTH WEST (SOUTH WEST NORTH)	26,406	22,448	85.0	27,799	23,482	84.5
Vaccine coverage (England)	**578,868**	**489,826**	**84.6**	**567,140**	**489,071**	**86.2**

(Source: PHE 2019)

Tetanus, diphtheria and polio vaccines (Td/IPV):

Tetanus, diphtheria and polio vaccines are offered at eight weeks, 12 weeks, 16 weeks (primary course), a pre-school booster at three years and four months, and a school leaver booster at 14 years old. The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases

Average vaccine coverage for the LAs that delivered the Td/IPV booster to Year 9 students in 2017/18 was 85.5%, compared to 83.0% in 2016/17

Average Year 10 coverage for the Td/IPV booster vaccine up to the end of August 2018 was 82.9% compared to 81.7% in 2016/17.

Below table shows the comparison of Wiltshire population uptake, regional and national. The Wiltshire figures are higher than both regional and national however there is still work to be done, as they do not meet the target of 95%

Td/IPV booster vaccine uptake and coverage data for England by Local Authority and Local Team, Sep 2017 to Aug 2018

Local Authority	School Year 10 in 2017/18 (14-15 year olds) born between 1 September 2002 - 31 August 2003			School Year 9 in 2017/18 (13-14 year olds) born between 1 September 2003 - 31 August 2004		
	Number of adolescents	No. vaccinated with Td/IPV booster up to 31 August 2018	% Vaccinated with Td/IPV booster	Number of adolescents	No. vaccinated with Td/IPV booster up to 31 August 2018	% Vaccinated with Td/IPV booster
WILTSHIRE LOCAL AUTHORITY	5,337	4,868	91.2	5,655	5,064	89.5
NHS ENGLAND SOUTH WEST (SOUTH WEST NORTH)	26,406	18,968	71.8	27,799	23,329	83.9
Vaccine coverage (England)	**578,868**	**479,921**	**82.9**	**567,140**	**484,943**	**85.5**

(Source: PHE 2019)

Adult Immunisations:

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

- Shingles (given at age 70 years)
- Pertussis (in pregnancy)
- Pneumococcal (given to those over 65 yrs.)
- Flu (over 65 and those adults in a risk group, including pregnancy)

Pneumococcal Polysaccharide Vaccine:

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.

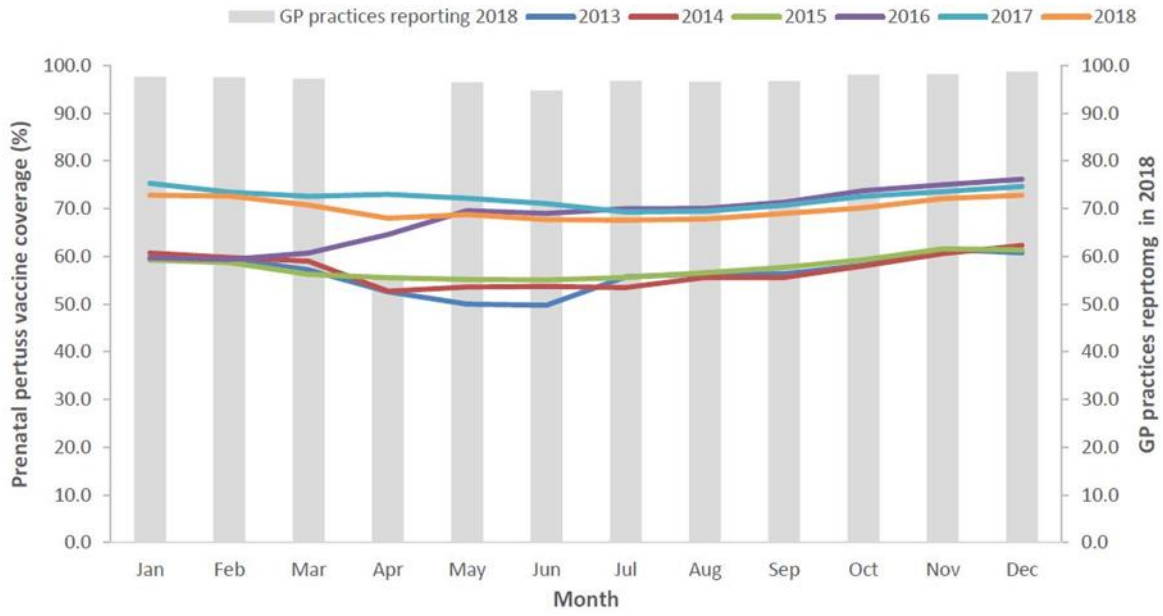
Public Health England (PHE) has corresponded directly with NHS GP Surgeries to advise on the prioritisation of available stock ‘to those newly diagnosed with conditions in the high and moderate priority groups.

High priority clinical risk group including people with asplenia or dysfunction of the spleen, immunosuppression, individuals with cerebrospinal fluid leaks, individuals with cochlear implants. Moderate priority group including people with chronic respiratory disease, chronic heart disease, chronic kidney disease, chronic liver disease, diabetes

Pertussis:

Following increased pertussis activity in all age groups, including infants under three months of age, and the declaration of a national pertussis outbreak in April 2012 pertussis vaccine has been offered to pregnant women since 1 October 2012. The prenatal pertussis vaccination programme aims to minimise disease, hospitalisation and deaths in young infants, through intra-uterine transfer of maternal antibodies, until they can be actively protected by the routine infant programme.

Monthly pertussis vaccination coverage (%) in pregnant women: England, 2013-2018



(Source: PHE 2019)

Shingles:

The shingles vaccination programme began on 1 September 2013. The aim of the programme is to offer routine vaccination to all 70-year olds each year, with a catch-up programme for older cohorts each year until 2020/21 to capture individuals born up to 1 September 1942 (i.e. aged 71 to 79 years on 1 September 2013 at the programme launch).

From 1 April 2017 the eligibility criteria for receiving shingles vaccine changed and individuals become eligible on their 70th birthday (routine cohort) or their 78th birthday (catch-up cohort) and remain eligible up to their 80th birthday

Overall nationally vaccine coverage among adults turning 70 and 78 years old during quarters 1 and 2 (1 April 2018 to 30 September 2018) is 31.4% for each cohort.

The below table shows the uptake figures for both Pertussis and Shingles for Wiltshire and the national comparative data, Wiltshire is above the national average however there is more improvement needed.

Pertussis and Shingles Uptake figures (Source: PHE/NHSE immunisation team 2019)

Pertussis	Wiltshire	SW North average
December	80.4%	74.2%
November	82.9%	75.2%
October	79.7%	72.6%
September	80.9%	73.1%

Shingles	Wiltshire		Eng Average	
	70 yrs	78 yrs	70 yrs	78 yrs
1 Sept-31 Aug 2018	50.1%	49.7%	44.4%	46.2%
1 Sept-31 Aug 2017	51.6%	52.6%	48.3%	49.4%

Influenza (flu)

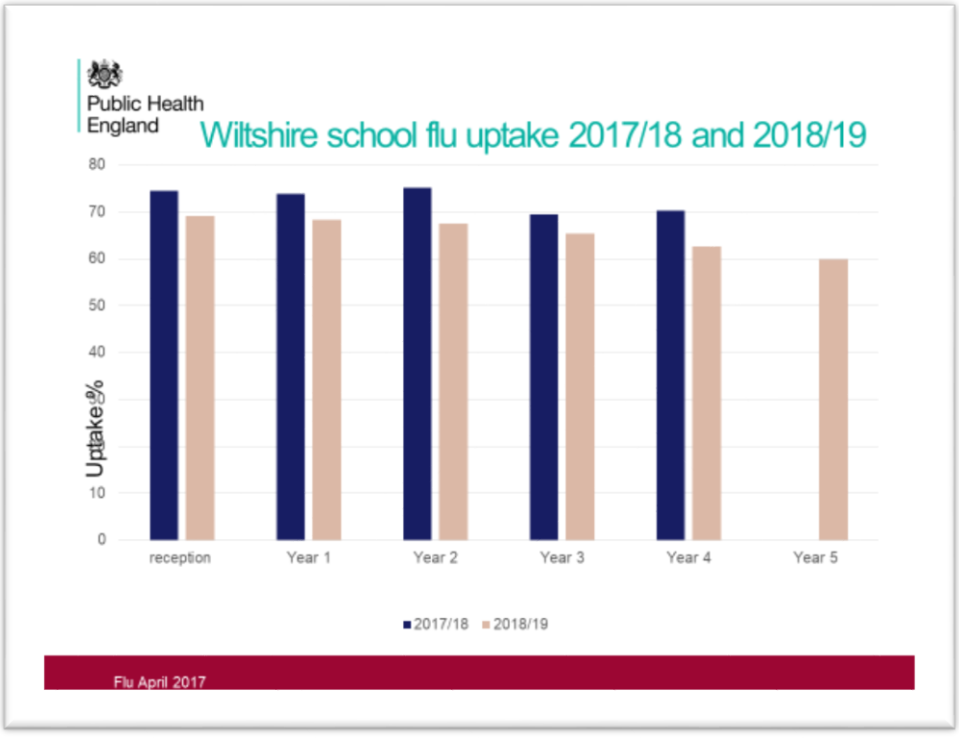
Influenza is a key focus in the health protection workstream and priorities set out included increased vaccination coverage in specific groups.

- Flu vaccination increased among healthcare workers at GP practices across Wiltshire and Salisbury NHS Foundation Trust (SFT) from 59.3% and 48.9% in 2017 to 69.1% and 63.7% in 2018 respectively.
- The South West achieved 56% uptake in 2-3-year-old children, the highest uptake across all regions in England and well above the 48% ambition and national average of 44%.
- The South West also achieved the second highest uptake rates for both the over 65's and those in eligible at-risk groups nationally.
- During the 2018/19 season there were challenges to the provision of influenza vaccine in primary care due to a phased supply of the vaccine, as well as delays in the delivery of some vaccines. In addition, some GP practices underestimated the level of vaccine needed. In November, a relaxation of the Medicines and Healthcare products Regulatory Agency (MHRA) guidelines allowed redistribution of the vaccine between practices, which was supported by leads in the CCG and NHS England.

Flu uptake figures for 2018/19 season (source: PHE/NHSE Immunisation team 2019)

	65 and over	Under 65 at risk	Pregnant women	2 yr. olds	3 yr. olds
Wiltshire					
18/19	74.2%	50.5%	49.1%	52.8%	54.3%
17/18	74.1%	51.5%	51.5%	52.4%	54.8%
16/17	71.9%	49.2%	43.9%	52.7%	53.5%
SW North					
18/19	74.7%	49.4%	47.7%	54.9%	56.1%
17/18	74.1%	50.6%	50.5%	51.0%	52.8%
16/17	71.9%	48.9%	45.8%	48.25	50.5%
England					
18/19	71.2%	48.7%	44.8%	43%	45%
17/18	72.4%	48.7%	47.1%	42.1%	44%
16/17	70.5%	48.5%	44.9%	39%	41.6%

School based programmes maintain good performance and uptake is above the national average.



(Source PHE/NHSE immunisation team 2019)

The flu vaccine is offered to all Wiltshire Council employees via clinics at each hub or by using a voucher that can be redeemed across local Wiltshire pharmacies.

Again, this year the sessions were longer but on fewer occasions and an extra half day session was added at County Hall due to the demand.

It is worth noting that the clinic numbers reduced this year which may be due to the discontinuation of provision of the service to waste staff as this service is now contracted out.

Wiltshire Council staff flu vaccine uptake figures

	2014/15	2015/16	2016/17	2017/18	2018/19
Total Staff online take up	697	1067	1099	1224	1209
Clinic places requested	441	832	804	979	956
Clinic places used (some employees have no online access)	476	742	811	994	936
Vouchers requested	256	324	392	245	253
Vouchers redeemed	Unknown	207	216	151	186
Total staff vaccinated	639	949	1027	1286	1122

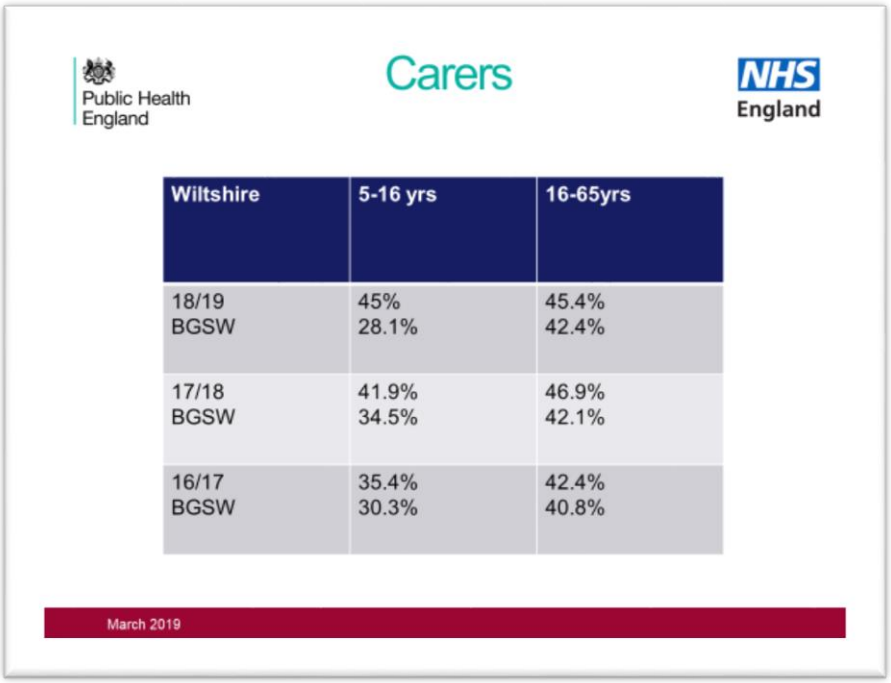
Sustainability & Transformation Partnership (STP), Prevention and Proactive Care - Flu Work Stream:

A STP-wide seasonal flu working group was established in 2017 with the aim to increase seasonal flu vaccination in specific eligible groups. The group's objectives have been identified as those adding value to the work already planned through existing structures and processes.

This year's work stream was to focus was on increasing flu vaccination uptake in carers and those with long-term health conditions. A tool kit was produced by the group that could be used for cares and those who work with carers regarding the benefits of the flu vaccine and another was produced for certain health conditions that are in the "at risk" category for the flu vaccine, e.g. heart and breath illnesses. These kits focused on social media, newsletter and information that could be handed to a carer. The aim was to increase flu vaccination uptake amongst this cohorts.

The table below shows the uptake of carers in Wiltshire and across BaNES, Gloucestershire, Swindon and Wiltshire (BGSW). Even though Wiltshire's figures are higher than BGSW there is still more work to be done, especially with those who do not recognise themselves as "carer".

Carers Flu Vaccine uptake figures (source: NHSE/PHE immunisation team 2019)



Wiltshire	5-16 yrs	16-65yrs
18/19 BGSW	45% 28.1%	45.4% 42.4%
17/18 BGSW	41.9% 34.5%	46.9% 42.1%
16/17 BGSW	35.4% 30.3%	42.4% 40.8%

Wiltshire Immunisation Group

The purpose of the Wiltshire Immunisation Group is to provide system-wide oversight and assurance of the organisations and other stakeholders contributing to Wiltshire's immunisation programmes with the aim to improve uptake, protect the health of the local population and reduce health inequalities.

The group have identified that there need to explore how we engage with health care services and those who are home schooled, especially for adolescent immunisations in particular.

Screening programmes

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

Because the NHS invites apparently healthy people for screening and screening is based on the principle of do no harm. Healthcare professionals have to ensure individuals receive

guidance to help them to make informed choices and support them through the screening process. Each NHS screening programme has a defined set of standards to ensure that services are of a high quality. The NHS and PHE are responsible for the quality assurance of population screening programmes. However, the local authority has a role to play in gaining assurance that the needs of their local population are being met, to identify where there may be issues and to ensure a reduction in inequalities in relation to screening uptake.

Cervical Screening

Increasing cervical screening coverage should be prioritised across the health and local authority system in order to reverse the declining coverage rates. The Department of Health, Public Health

England, NHS England, public health teams, local authorities, CCGs and GP surgeries all have an important part to play in achieving this goal.

Collaboration to increase screening coverage is needed to ensure that targeted and impactful activities are employed across the country.

A cervical cancer diagnosis can have significant and wide ranging emotional, physical and financial impact on the individual. The later the diagnosis, the more invasive the treatment options and the poorer the health outcomes. If 85% screening coverage was achieved the numbers diagnosed could drop by 14% in just one year and deaths could fall by 27% over five years.

With coverage decreasing, public health teams, CCGs and GP practices should look to increase accessibility of screening for women in their areas, this could include offering routine screening at local sexual health services and offering out-of-hours and weekend appointments where there is a need.

Visiting practices, particularly where attendance is low, to discuss how they can reverse this and contact non-responders

Holding educational events for practice nurses and practice staff, working with public health colleagues to promote local awareness campaigns and to train non-clinical cancer champions.

The 2 graphs below show cervical screening coverage for each practice from Wiltshire CCG up to December 2018.

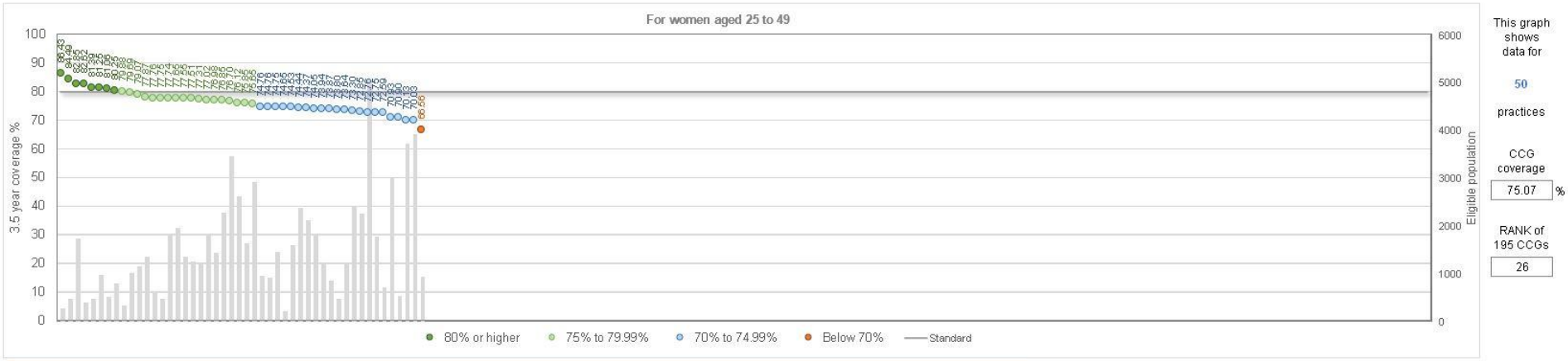
- Symbol colour denotes whether the performance for each practice:
    - meets 80% standard (dark green)
    - is between 75% & 80% (light green)
    - is between 70% & 75% (blue)
    - is below 70% (orange)

Grey columns show relative size of the eligible populations for each practice Small numbers, below 6, are suppressed and do not show on the graphs

(Source: PHE 2019)

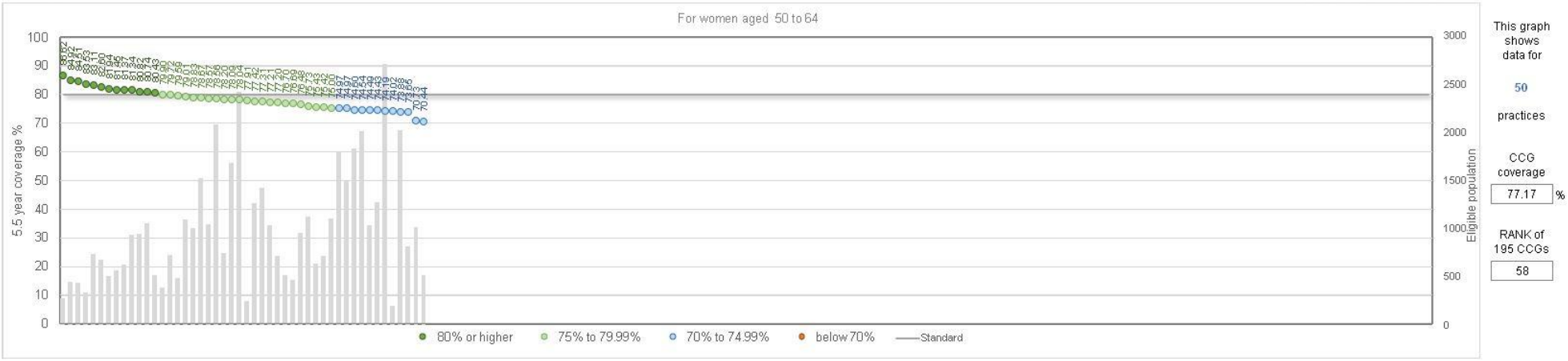
Graph 1: For women aged 25 to 49 - - Standard: 80% of women to have adequate screening test within previous 3.5 years

NHS Wiltshire CCG



Graph 2: For women aged 50 to 64 - - Standard: 80% of women to have adequate screening test within previous 5.5 years

NHS Wiltshire CCG



Breast Screening

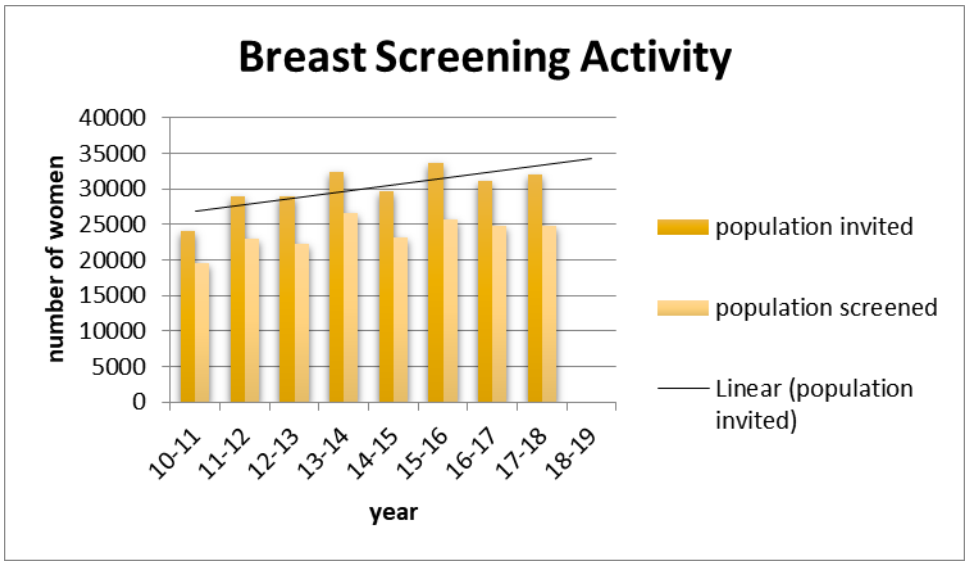
The Wiltshire Breast Screening Service has an eligible population of approximately 80,000, is hosted by Great Western Hospitals NHS Foundation Trust and is commissioned by PHE/NHS England South (South Central).

The Screening service is based in The Breast Centre which also houses the symptomatic breast service for Swindon. Screening is also carried out on two mobile screening units which travel around Wiltshire.

The service commenced screening in 1991 with a target population of 39,000 women aged 50 – 64 years and age expanded in late 2004 to include two-view mammography for women aged up to 70 years. In May 2011 the service became part of the national randomised age expansion trial for women aged 47–50 and 70–73 years. Digital mammography was introduced in 2010.

The Breast Centre and Wiltshire Breast Screening service performance measures have been good for 2017/18 and the service has a strong and committed team. The service has good wider communication with NHS England commissioners and the PH England hosted SW Quality assurance team. The service has had additional pressure this year from increasing cancer 2 week wait referrals but has had support from commissioners and the Trust and are working together to resolve.

Breast Screening numbers show an overall trend of increasing activity (see below).



Bowel screening

Bowel cancer is a common type of cancer in both men and women. About 1 in 20 people will get it during their lifetime. Most people diagnosed with it are over the age of 60. Screening can help detect bowel cancer at an early stage, when it's easier to treat.

If you are a resident in England and registered with an NHS doctor, at 60 you will be invited for screening using a home testing kit. This is offered every two years up to the age of 74 (inclusive).

The average screening uptake rate in England is 58%, In some cases, it is as low as 33%; 44% of CCGs in England are below the national average. In Wiltshire uptake is 62% this is like the rest of the South West and higher than the England's average 57%.

Substance Misuse

Drug and alcohol misuse is a complex issue. Although the number of people with a serious problem is relatively small, someone's substance misuse and their dependency affects everybody around them.

Motiv8 is the young peoples service within Wiltshire run by DHI. They are an outreach service who meet young people in their community. The service also has a strong focus on prevention and delivered educational messaging to over 7,500 young people in the county last year (2018/19)

Turning Point run the IMPACT, the drugs and alcohol adult community offer across Wiltshire and Swindon. Their model of delivery has fixed hubs within Salisbury, Trowbridge and Swindon is further complimented by a growing outreach service across the county. Closely linked to this work is the offer of dry and scripted support accommodation run by Julian House.

The Wiltshire offer is further compliment with alcohol liaison services offering brief interventions within Salisbury Foundation, The Royal United and Great Western Hospitals.

At the end of 2018-19, there were 2,198 adults within the treatment service accessing support and working towards recovery.

Community Adult treatment performance - 2018-19 (Source: PHEs national drug treatment monitoring system (NDTMS).)

	Number in treatment		New presentations to treatment (YTD)		Total exists from service (YTD)	
Opiate	Wilts	544	Wilts	156	Wilts	137
	S. West	13840	S. West	4193	S. West	3470
	England	139054	England	40918	England	34015
Non-opiate only	Wilts	180	Wilts	134	Wilts	143
	S West	1848	S West	1284	S West	3470
	England	23751	England	17104	England	16093
Non-opiate and Alcohol	Wilts	154	Wilts	105	Wilts	114
	S West	2606	S West	1763	S West	1672

	England	27938	England	19495	England	18084
Alcohol only	Wilts	538	Wilts	387	Wilts	385
	S West	6761	S West	4538	S West	4277
	England	74297	England	50952	England	48062

The data for the under 18 service is not as detailed as it is for adults, however as of March 2019, there were 704 people in treatment.

Blood borne viruses – Hepatitis C testing & Hepatitis B vaccination

Wiltshire is proactive at supporting appropriate substance misuse clients to be tested for the Hepatitis C virus (HCV). At the end of quarter 4 2018/19; the rate of those who had been 'offered and accepted testing' was substantially above the national average. Rates of no completion of HCV Test for Wiltshire for new presentations are higher than the national average. Wiltshire Hep B rates of 'Offered and accepted' and 'Offered and refused' are both above the national average.

Recommendations

The process on reaching the priorities has been informed through monitoring key performance indicators, and through intelligence, debriefs of outbreaks and incidents and work plans of the LHRP & LRF which are based on Community Risk Registers.

1. Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
2. Continue to actively participate in the management of outbreaks and incidents, to slow down and prevent the spread of communicable disease and manage environmental hazards.
3. Continue to improve routine immunisations uptake, especially those that haven't met the 95% target
4. Support all aspects of the Air Quality Action Plans.
5. Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers.
6. Continue to reduce health inequalities in screening and immunisation programmes.
7. Healthcare and other professionals should offer and recommend HIV and HCV tests to any patient who has injected drugs.
8. Ensure that population groups at increased risk can access HIV testing online and in community settings

The Health Protection Committee going forward will agree and set the priorities so that the DPH, on behalf of the local authority, is assured that suitable arrangements are in place in Wiltshire to protect the health of the population.

Glossary of Acronyms

AGW	Avon, Gloucestershire and Wiltshire
AQMA	Air Quality Management Areas
ARI	Acute respiratory infection
BaNES	Bath and North East Somerset
BGSW	BaNES, Gloucester, Swindon and Wiltshire
CCG	Clinical Commissioning Group
CDI	Clostridium difficile infection
CQUIN	Commissioning for Quality and Innovation
DAA	Direct-acting antiviral
DPH	Director of Public Health
DTaP/IPV	Diphtheria, tetanus, pertussis and polio
DTaP/IPV/Hib	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib)
E. coli	Escherichia coli
EH	Environmental Health
ESLD	End-stage liver disease
GP	General Practitioner
GNBSI	Gram-negative blood stream infection
HBV	Hepatitis B Virus
HCC	Hepatocellular carcinoma
HCV	Hepatitis C Virus
HDU	High Dependency Unit
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICU	Intensive Care Unit
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
LTBI	Latent TB infection
MMR	Measles, Mumps, Rubella
MRSA	Meticillin Resistant Staphylococcus Aureus
MSSA	Meticillin Susceptible Staphylococcus Aureus
NHS	National Health Service
NHSE	National Health Service England
PCV/PPV	Pneumococcal Conjugate Vaccine (for children) /Pneumococcal Polysaccharide Vaccine (for adults)
PHE	Public Health England
PIR	Post Infection Review
SFT	Salisbury NHS Foundation Trust
SHPB	Sexual Health Partnership Board
STP	Sustainability & Transformation Partnership
TB	Tuberculosis
Td/IPV	Tetanus, diphtheria and polio
UK	United Kingdom
UTI	Urinary Tract Infection

Appendix 1

Proposed Terms of Reference for a Health Protection Committee of the Health and Wellbeing Board Wiltshire Council

Aim

To provide assurance to the Health and Wellbeing Board of Wiltshire Council, that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.

Scope

The scope of the Health Protection Committee is to minimise hazards to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of Wiltshire resident and non-residents who visit.

The scope of health protection to be considered by the committee will include:

- Health care associated infections (including Infection prevention and control relating to this)
- Prevention and control of infectious diseases
- Control of Environmental Hazards
- Emergency planning and response (including severe weather)
- Sexual Health
- National immunisation and screening programmes
- Substance Misuse
- New and emerging infections, including zoonoses but not animal health

Objectives

1. To provide strategic oversight of the health protection system operating across Wiltshire
2. To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents or areas of underperformance.
3. To provide health protection (including emergency preparedness, resilience and response (EPRR)) assurance on regular (to be determined) basis to Wiltshire Health and Wellbeing Board and any other relevant local bodies via the Director of Public Health.

4. To ensure appropriate response to service challenges, major incidents and outbreaks – although the Committee would only need to be alerted to serious incidents, such as mismanagement of a programme, closure of a ward due/MRSA

5. To ensure that appropriate plans and policies exist to coordinate responses to public health activities, emergencies and threats

6. To ensure that health threats are prevented through implementation of relevant local and national guidance and regulations to protect public's health.

7. To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Wiltshire and their Director of Public Health's Annual Report

8. To ensure appropriate response to environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety, contaminated land incidences.

9. To ensure strong relationships between all agencies are maintained and developed to provide a robust health protection function in Wiltshire

10. To quality-assure and risk-assure health protection plans on behalf of the local authority and provide recommendations regarding the strategic and operational management of these risks.

11. To agree relevant risks and performance measures that will be overseen by the Committee.

12. To ensure appropriate governance for all health protection activities and programmes.

13. To receive reports that demonstrate compliance with, and progress against, health protection outcomes and to review quarterly performance monitoring against agreed outcomes and standards

14. To promote reduction in inequalities in health protection across Wiltshire.

15. To ensure that systems are in place for cascading major health protection concerns outside of this meeting.

16. To oversee and ratify an annual Health Protection Committee annual report.

Accountability

1. The Health Protection Board will report to Wiltshire Health and Wellbeing Board.
2. The DPH is accountable to one of the 3 Corporate directors of Wiltshire Council for discharging health protection duties of the local authority.

Membership

- DPH/Public Health Consultant Health Protection lead - (Chair)
- Wiltshire Council Cabinet Member for Wellbeing
- Public Health England: Health Protection - Consultant in Communicable Disease, or their representative
- Head of Public Health Commissioning (Local Team – NHS England)
- Chair – Wiltshire Immunisation oversight committee
- Local Health Resilience Partnership
- Health Care Associated Infections Programme Board
- Emergency Planning Officers Wiltshire
- Environmental Health lead for Air and Water Quality and Food or their representative
- CCG Director of Nursing and Quality (Director of Infection Prevention and Control-DIPC) or their representative
- Representative from Substance Misuse
- Representative for Health Protection within the Council
- Representative from Sexual Health Partnership Board
- Representative from other groups/programme areas, where needed, to make sure all areas of risk represented
- Representative from health and wellbeing board – a committee member not the chair

It is expected that core members will attend all meetings and representation will be from the appropriate senior level. Where they cannot, an appropriately competent deputy, with the relevant skills and delegated authority, should attend in their place.

Attendance of core members to committee meetings will be monitored and reported in the annual reports of the committee.

Declarations of Interest

If any member had an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the Health Protection Board has given due consideration to the matter.

All declarations of interest will be minuted.

Quorum

Chair or Deputy; and at least 5 other members from different agencies.

Frequency of meetings

3 monthly.

Agenda and minutes

The agenda (standing items listed below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

All meeting papers will be circulated at least seven days in advance of the meeting date.

TOR Review

TOR will be reviewed at 12 months usually, but at 6 months in first 2 years.

Health Protection Committee of the Health and Wellbeing Board Wiltshire Council Meeting

Date

Venue

Agenda:

1. Present, welcome and introductions and Apologies
2. Minutes of the meeting held on xxxxxxxxxxxx (attached) and Matters Arising
3. Performance report
4. Risk register and action plan review;
5. Serious incidents requiring investigation;
6. Work-programme update;
7. Communicable disease control – Update from PHE Centre; (attached)
8. Infection prevention and control – Update from the CCG Infection Control Lead; (attached)
9. Emergency planning – Update from the Emergency Planning Manager; (attached)
10. Sexual health – Update from Public Health Commissioner for Sexual Health; (attached)
11. Environmental health – Update from Assistant Director of Operations; (attached)
12. Screening and immunisation programmes – Update from the NHS England Screening and Immunisation Lead; (attached)
13. Resilience – Update from Director of Public Health/NHE England Resilience Manager; (to be tabled)
14. Policy / evidence/guideline updates (All);
15. Any other business.