

Wirral Health Protection Strategy

2023-2027

Protecting people and communities in Wirral from the impact of infectious diseases and environmental hazards in order to improve health and wellbeing, protect the economy, and reduce health inequalities.

Foreword

Wirral Council has co-developed a Health Protection Strategy with members of Wirral's Health Protection Board. The Board is a subgroup of Wirral's Health and Wellbeing Board with members from a range of Council services, NHS Cheshire and Merseyside Integrated Care Board (ICB), local NHS Trusts, NHS England and the UK Health Security Agency.

Learning from the pandemic, the strategy aims to ensure that we are prepared and resilient to be able to identify future health protection hazards and provide an effective response to reduce the impact of ill health. The strategy also aims to protect residents from wider health protection threats as well as infectious diseases. As COVID-19 demonstrated health protection issues can have wide ranging impacts not just on the health and care sector, but across all sections of society. An effective and collaborative approach to health protection is not only essential for improving health and wellbeing but will help to reduce disruption to our local economy, reduce health inequalities through protecting our most vulnerable residents, support our children and young people to achieve by keeping children in school, and reduce pressure within our already stretched health and social care services.

The strategy has been developed by assessing current performance, local health protection needs and consulting with partners. The priorities identified within this strategy are not new and are recognised system challenges for all local partners. We have a strong existing local partnership approach to build on with established leads from across sector partners and a number of multi-agency steering groups already in existence to drive progress against our agreed priorities. Case studies are also included which illustrate how we currently work in partnership.

Foreword

All system partners are currently under severe financial pressure with no sign of easing. These financial challenges highlight why it is more important than ever for us to align our priorities and work collectively to help improve health outcomes for our residents, making the best use of existing resources. To support the delivery of this strategy we will develop an implementation plan outlining priority activities, key milestones, issues and risks and mitigation measures (including resource and financial risks) for the forthcoming year which will be overseen by the Wirral Health Protection Board.



A handwritten signature in black ink that reads "Dave Bradburn".

Dave Bradburn
Director of Public Health for Wirral
Chair, Wirral Health Protection Board

Introduction

Health protection seeks to protect individuals and communities from the impact of infectious diseases and environmental hazards as well as ensuring we are prepared for, and able to respond to, emergencies. Protecting the health of the public has a long history; Dr Edward Jenner created the world's first successful vaccine against smallpox in 1796, while as far back as the early 19th century Medical Officers of Health were acting to improve environmental conditions, for example through providing clean drinking water and safe sewage disposal.

An effective local health protection response is vital to improve health and wellbeing, protect the local economy, and reduce health inequalities.

In Wirral we have a strong history of working together on this agenda. In 2018 we developed a Health Protection Call-to-Action Report setting out how Wirral Partners would work together to ensure we have robust health protection arrangements in place to deliver against identified health protection priorities. Good collective progress was being made, however in 2020 the COVID-19 pandemic hit which became the sole focus for action. The pandemic has heightened the profile of health protection, and while a challenging period it provided us with significant learning and important lessons we need to build on moving forward. As we recover and learn to live with COVID-19 now is the right time to refresh our local strategic approach to health protection in Wirral.

This strategy sets out our collective approach to ensuring we have a resilient health protection system in Wirral.

This strategy outlines what we aim to achieve and where we will focus our efforts for the next three years. No single agency can address these issues in isolation, protecting the health of the people of Wirral from infectious diseases and environmental hazards requires collaborative action. Therefore, this strategy has been developed following wide consultation and outlines how local partners will work effectively together to achieve our collectively agreed vision, aims and objectives.

Why focus on Health Protection?

- Health protection issues are a cause of significant morbidity and mortality in Wirral; much of the harm caused is avoidable and preventable.
- Health protection contributes to health inequalities within our borough. Many infectious diseases and environmental hazards disproportionately affect our most vulnerable residents; children and older people, and those living in less affluent areas.
- Health protection interventions are cost-saving, both to health services and the wider economy.
- A robust health protection response plays a key role in protecting the NHS and its most vulnerable patients. For example, by reducing pressure on the system and cost through collaborative work on immunisation to reduce infectious diseases, or through effective infection control interventions that significantly improve quality of life and reduce hospital admissions for the elderly, frail and care home residents.
- Environmental hazards such as air pollution and climate change pose a significant current and future threat to the health of local people. These challenges require collective action, with a focus on those most exposed and at risk in order to reduce inequalities in impact.
- The local COVID-19 response has demonstrated what we achieve collectively. We need to build on the lessons provided by COVID-19 and maintain our collective approach, ensuring we are prepared for and able to respond to future emergencies.

How we have developed the strategy

Protecting the health of our local communities involves a wide range of individuals and organisations, this strategy has therefore been developed following wide consultation and discussion with local and regional partners. As part of the development of the strategy, we have worked to identify and understand relationships with and between key partners, and develop local clarity regarding roles and responsibilities. This has included a range of Local Authority services, local NHS partners, and the UK Health Security Agency (UKHSA).

The UKHSA is the responsible national agency for protecting every member of every community from the impact of infectious diseases, and environmental health threats. UKHSA is currently finalising their three-year strategy and we have discussed our local strategy and approach with regional UKHSA colleagues to ensure our local strategy aligns and enables local delivery of key regional and national objectives.

The Cheshire and Merseyside Health and Care Partnership 5 year strategy includes health protection as a key priority and outlines a commitment that the newly developed Cheshire and Merseyside Integrated Care system will work closely with local partners and commit resources to ensure there are robust health protection arrangements in place in local areas.

We also work closely with colleagues across the Liverpool City Region and Cheshire and Merseyside footprints, and we have shared our local approach and sought feedback to ensure where appropriate we progress joint work on wider footprints in order to benefit our local residents and partners.

Wirral is an active member of the Cheshire and Merseyside Health Protection Leads Forum. This forum is chaired by a Director of Public Health and includes representation from the nine local authority public health teams, UKHSA, and NHS England. We will work through this forum to explore economies of scale and resource and funding opportunities.

Strategic Vision, Aim and Objectives

Following consultation, we have agreed the following collective strategic vision, aim and objectives:

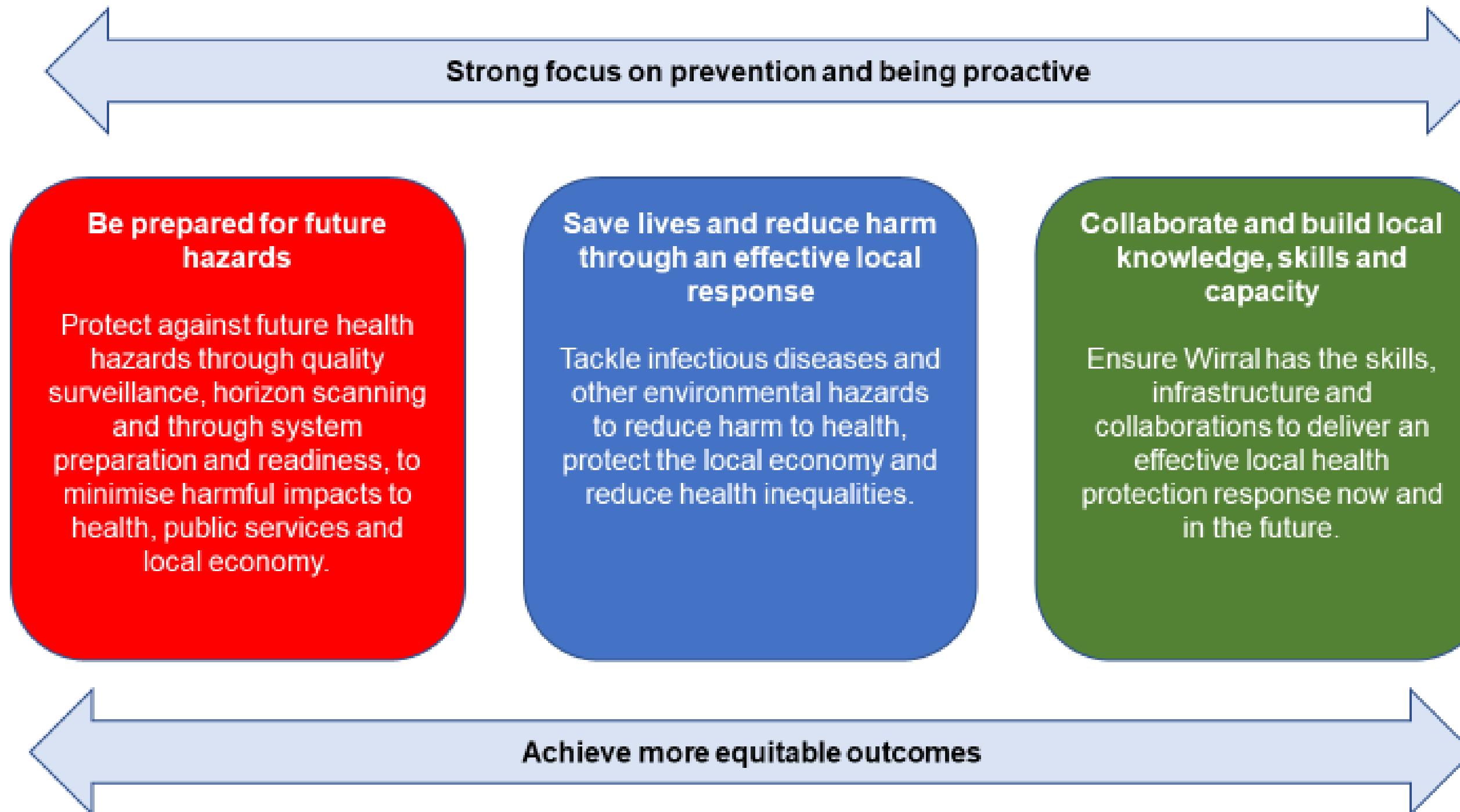


- All people in Wirral are protected from infectious diseases and environmental hazards and where such hazards do occur we minimise their impact.



- Wirral has a high-performing health protection system that works effectively with local, regional, and national partners.

Strategic Objectives



Health Protection Priorities for Wirral

Following consultation with a wide range of local and regional partners and reviewing local intelligence, we have agreed priority areas we consider require collective action. These are:

Ongoing COVID-19 response, including being prepared for new variants

Strengthen Infection Prevention and Control

Reduce the impact of Antimicrobial Resistance (AMR)

Reduce vaccine preventable diseases amongst adults and children

Strengthen preparedness, resilience and response to outbreaks, major incidents and emergencies

Reduce health harms from climate and environmental hazards

Reduce the harmful impact to health of Tuberculosis and blood-borne viruses, including Hepatitis B, Hepatitis C and HIV

Delivery Plans for each priority are included below. For each priority the delivery plan sets out the case for change, current performance, agreed system priorities, how we will measure success (agreed outcomes), and the accountable lead group for delivery.

Local System Enablers

Underpinning the delivery of our local strategy are four strategic enablers, which will ensure we protect individuals and communities from the impact of infectious diseases and environmental hazards through ensuring we have a resilient health protection system in Wirral.

Insight, intelligence, and evaluation	Being innovative and proactive in our approach, we will gather evidence bases to ensure we have a clear and common understanding of health protection challenges in Wirral. This will include gathering secondary intelligence and primary insights from local residents, organisations and partners to make sure we are addressing the issues and responding in a way that is best suited to the needs of our communities. Our evidence bases will be published on our Joint <u>Strategic Needs Assessment website</u> . We will develop effective local surveillance systems. We will ensure we measure progress and outcomes against our agreed strategic priorities. We will ensure we learn and build on what works and celebrate and share successes.
Workforce development	We will work collectively to build support and retain a skilled and resilient workforce to enable the delivery of this strategy. We will develop and upskill knowledge across wider system partners to support the delivery of the key identified health protection priorities.
Communication and Engagement	The COVID-19 pandemic highlighted the importance of effective communication and engagement. We will tailor local messages to ensure they reach our local communities. We will build upon the successful Community Champions' programme developed during the pandemic to disseminate messages and understand local issues and barriers to action
Clear governance and strong multi-agency partnership working	No single agency can deliver this strategy in isolation - protecting the health of the people of Wirral from infectious diseases and environmental hazards is everybody's business. We will ensure we have robust governance and accountability mechanisms in place.

How we will Deliver the Strategy

The Wirral Health Protection Board has responsibility to ensure that Wirral has a robust health protection system and will take the lead in delivering the strategy. The Wirral Health Protection Board is chaired by the Director of Public Health; core members of the local health protection system represented on the Wirral Health Protection Group include:

- Public Health
- Environmental Health
- Children's Services
- UK Health Security Agency
- Adult Social Care
- NHS England
- Cheshire and Wirral Partnership NHS Foundation Trust
- Corporate Resilience
- Wirral Community Health and Care NHS Foundation Trust
- Communications
- Wirral University Teaching Hospital NHS Foundation Trust
- NHS Cheshire and Merseyside Integrated Care Board (ICB)

To support the delivery of this strategy we will develop an implementation plan with priority activities, key milestones, and metrics for the forthcoming year. We are also developing an outcomes framework, which will add further detail to key performance metrics and the key milestones as defined in the implementation plan. These outputs will be completed once the strategy is finalised and will report into the Wirral Health Protection Board. The Wirral Health Protection Board feeds into the Wirral Health and Wellbeing Board; updates on progress, issues and risks (including resource and financial risks) regarding strategy implementation, will be closely monitored by the Wirral Health Protection Board and escalated as appropriate for resolution.

How we will Deliver the Strategy

Good System Leadership: Guiding Principles for the Wirral Health Protection Board

We recognise that how we work together will be crucial to delivering this strategy. Wirral Health Protection Board partners have agreed the following guiding principles for collective action:

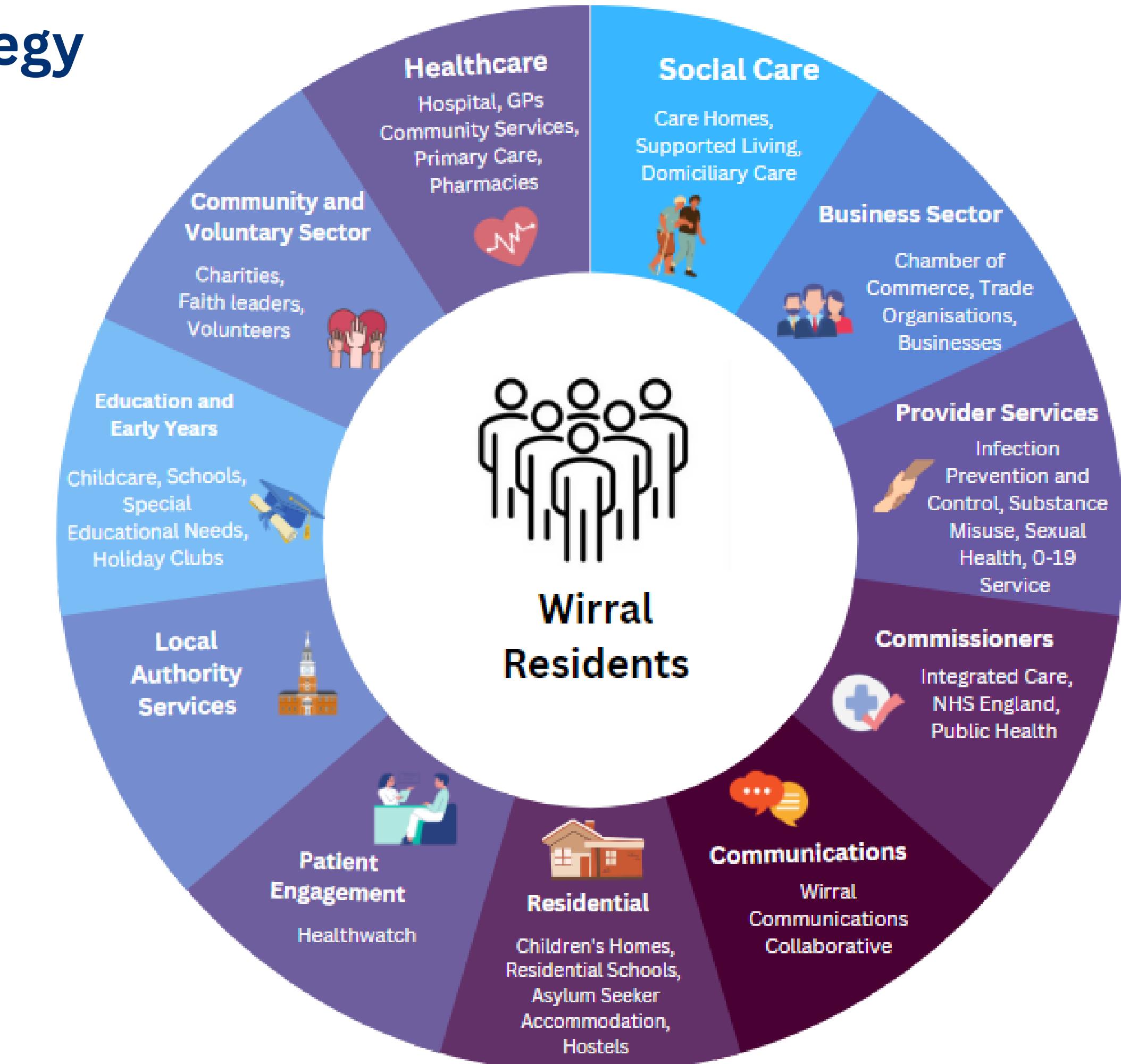
- Local system partners take collective responsibility for protecting the public's health, focusing on learning, and achieving together to provide high-quality health protection for local populations.
- Local system partners see themselves as part of wider population health systems, and seek to align policy, strategy, and resources wherever possible to best protect and improve health.
- Local system partners will work collectively to build support and retain a skilled and resilient workforce.
- Local system partners will support honest and open discussions regarding system risk and risk mitigation.

Under the Wirral Health Protection Board, a number of subgroups have been identified or established to drive progress against our agreed priorities. These subgroups will drive wider engagement across Wirral to deliver improvement in outcomes.

Health protection priorities whether related to reducing infectious diseases or environmental hazards can be scientific and specialised, with a focus on technical guidance but not always its implementation. We will locally work together to ensure that we engage the right people in the right way, to translate key messages and ensure everyone understands the role they can play across the identified priorities, with a key focus on driving action and improvement in outcomes.

How we will Deliver the Strategy

The wider partners who will be engaged in the delivery of this strategy are numerous and include:



How we will Measure Success

An effective local health protection response is vital to improve health and wellbeing, protect the local economy, and reduce health inequalities. COVID-19 has had a detrimental impact across all of our identified local priorities, with performance and health outcomes being worse than pre-pandemic levels. This is reflected across the whole of the country. As COVID-19 demonstrated health protection issues can have wide ranging impacts, not just on the health and care sector but across all sections of society. The successful delivery of this strategy will support the following high-level outcomes:

- Improvements in health and wellbeing outcomes.
- The protection of our most vulnerable residents from harm e.g., care home residents, those living in hostels, asylum seekers.
- Reduced demand on our local health and care system.
- Avoiding disruption to local businesses and supporting the local economy.
- An improvement in children's health and emotional wellbeing e.g., through enabling children to be able to access education settings.

The priorities identified within this strategy are not new and are recognised system challenges for all local partners. We have a strong existing local partnership approach to build on with established leads from across sector partners and a number of multi-agency steering groups already in existence to drive progress against our agreed priorities. Given our strong history of local collaborative work we have been able at this stage to also develop more detailed delivery plans outlining key indicators for how we will measure success for each priority, these are outlined in the delivery plans in the next section and currently reflect our high-level intentions for improvement against each of the identified priorities. As we develop our strategy implementation plan these measures will be further strengthened and refined into specific and measurable improvement targets for each priority with agreed timelines for delivery.

DELIVERY PLANS

We have worked with a wide range of partners to develop agreed delivery plans for each identified priority area. For each priority the delivery plan sets out the case for change, current performance, agreed system priorities, how we will measure success (agreed outcomes), and the accountable lead group for delivery.

ONGOING COVID-19 RESPONSE, INCLUDING BEING PREPARED FOR NEW VARIANTS

Case for change	<p>COVID-19 has been the biggest challenge faced in living memory. It is essential that lessons are learned from this experience and built upon to enhance service delivery and system resilience. There is now not only an imperative to restore service provision while remaining prepared for possible future waves of the virus and other respiratory infections, but to build on this learning to bring about positive change and renewal so that collectively, through strengthened relationships, we can support the greatest possible improvements for everyone, well beyond this crisis.</p>
Current performance	<p>In Wirral aligned to the national picture the impacts of COVID-19 have not been felt equally – the pandemic has both exposed and exacerbated longstanding inequalities in our borough. People who have been worst affected by the virus are generally those who had worse health outcomes before the pandemic, including people from ethnic minority communities and those living in poorer areas.</p> <p>Throughout the pandemic we have seen that COVID-19 cases and the number of people admitted to hospital with COVID-19 are higher in our more deprived areas. Conversely our affluent wards in Wirral have had the lowest numbers.</p> <p>We have also seen this pattern reflected in the location of workplace settings affected by outbreaks – with those affected by outbreaks also being located within our more deprived wards on the east side of the borough.</p>

	<p>We know there is no single factor that means our more deprived communities are at higher risk of transmission, rather this is due to a combination of factors including financial, occupation, demographics and household composition, attitudes and behaviours and trust in local, regional and national response systems.</p> <p>Accessing vaccination and implementing basic infection prevention and control measures remain key to protecting against severe illness and reducing the risk of hospitalisation, which help to reduce pressure on local healthcare services.</p>
What we will do	<p>In order to strengthen system preparedness, resilience, and response, to be able to manage healthcare pressure we will:</p> <ul style="list-style-type: none"> • Continue to work with regional partners to develop and enhance our local surveillance. • Focus our local efforts on protecting people, communities, and settings at highest risk of adverse outcomes due to COVID-19 – prevention and outbreak management. • Develop a local respiratory infection ‘wave plan’ to help prepare for, and strengthen Wirral’s system resilience and sector specific response to increases in local prevalence (future waves), and emergence of new variants (link to resilience priority). • Work collectively to increase uptake of COVID-19 vaccination (link to vaccination priority). • Contribute to the national COVID-19 inquiry and implement lessons learned as they emerge.
How we will measure success/ outcomes	<ul style="list-style-type: none"> • Reduction in COVID-19 cases and outbreaks in vulnerable groups and high-risk settings e.g., care homes • Reduction in COVID-19 hospital admissions • Reduction in COVID-19 deaths
Accountable lead	Wirral Health Protection Board

STRENGTHEN INFECTION PREVENTION AND CONTROL

Case for change

The COVID-19 pandemic has highlighted the importance of Infection Prevention and Control (IPC) measures to prevent against the spread of infectious diseases. Locally we have excellent specialist infection prevention and control teams within our local trusts and the community. However, IPC is everybody's business and organisations need to take ownership of challenges and solutions to keep patients, professionals, and communities safe. Public awareness of the importance of following the rules of good hygiene was also raised during the pandemic, these simple measures (e.g. hand washing), remain the key tools in helping to prevent the spread of infections.

Reducing healthcare-associated infections (HCAI) remains a high priority locally as HCAI pose a serious risk to patients, increasing morbidity, mortality, and excess costs, all of which can be prevented through effective collaborative action. In the UK, the total annual cost of HCAI is estimated to be £774 million.

Additionally, further system issues have emerged as critical during the COVID-19 pandemic, such as discharging patients to high-risk settings, the segregation of patients suspected or known to have the infection, or systems for surveillance of healthcare-associated transmission.

Effective infection prevention and control (IPC) is essential to:

- Keep people safe and deliver high quality care
- Prevent avoidable infections and hospital admissions
- Reduce excess costs on health and care system

Current performance

The Wirral health and care system currently faces several issues suggesting infection prevention and control practices could be strengthened:

We experience high rates of healthcare-associated infections:

- Clostridioides difficile (C. diff) rates for Wirral are higher than England and the Northwest

We have experienced and locally managed and supported a number of outbreaks of COVID-19, influenza (flu), diarrhoea and vomiting across local health and care residential settings (hospital, care homes and supported living settings).

We have also experienced and locally managed and supported infectious disease outbreaks in wider community settings including education settings, primary care, domiciliary care, day centres, hostels and asylum seeker accommodation.

COVID-19 has not gone away, and we are currently experiencing cases and outbreaks of other infectious diseases at a greater scale than before the pandemic.

Infection prevention and control is one of the most cost-effective interventions against anti-microbial resistance. Not only do measures help to prevent infections, they help to reduce the overuse of antibiotics which drives resistance.

Coupled with immunisation programmes, infection prevention and control measures play a significant role in reducing the risk of outbreaks of disease, and are therefore a key enabler for health and social care services to operate effectively.

What we will do	<p>In order to prevent the spread of infectious diseases and reduce the incidence of healthcare associated infections (HCAI) we will ensure effective system wide infection prevention and control (IPC) measures are in place across Wirral health and care and wider economy. We will:</p> <ul style="list-style-type: none"> • Develop a system plan for reducing healthcare associated infections (HCAI) to ensure improvements and learnings are embedded and sustained. • Supported by NHS England, undertake an externally led system peer review with the aim of reducing Clostridioides difficile rates. • Develop a training and communications campaign across the health and social care system to promote infection prevention and control as a critical component of safety and quality of care under leadership of Directors of Nursing and Medical Directors. • Ensure effective infection prevention control is included as a key measure to keep people safe and maintain service quality within local system winter plans. • Develop a Winter Wellness communications campaign and utilise the Wirral Health Protection Service to promote the importance of infection prevention and control community wide, particularly to vulnerable settings and communities.
How we will measure success/ outcomes	<ul style="list-style-type: none"> • Reduction in Healthcare Associated Infections. • Reduction in transmission and outbreaks within health and care and community settings.
Accountable lead	Wirral Infection Prevention and Control Forum

REDUCE THE IMPACT OF ANTIMICROBIAL RESISTANCE (AMR)

Case for change

Antimicrobial Resistance, (AMR), is a national and global priority, currently estimated to cause approximately 2,000 UK deaths a year and more than 700,000 deaths globally. Antimicrobial resistance is a current problem and will be a growing issue in the future unless we act now. In 2018, there were over 60,000 severe antibiotic-resistant infections in England, an increase of 9% on the previous year, this number is predicted to increase and therefore deaths due to AMR are predicted to rise.

The ability of bacteria to become resistant to the effect of antimicrobials is an inevitable evolutionary process. Misuse and over-use of antimicrobial agents exacerbates the development of antimicrobial resistance. Infections caused by resistant microorganisms often fail to respond to the standard treatment, resulting in prolonged illness, higher health care expenditure, and a greater risk of death. Limited development of new antimicrobials to treat infections caused by resistant organisms exacerbates the AMR problem.

Without effective antibiotics even minor surgery and routine operations could become high-risk procedures, leading to prolonged illnesses and higher numbers of deaths.

Prevention of infection is the starting point for Antimicrobial Stewardship. Collaborative working within the system-wide Infection Prevention and Control (IPC) agenda is integral to reducing the spread of antimicrobial resistant organisms and infections.

The UK approach to addressing the AMR problem is set out in a 20-year vision for improving antimicrobial resistance and the UK five-year action plan for antimicrobial resistance 2019 to 2024.

Current performance

We have recently reviewed intelligence related to antibiotic prescribing and have found that the local picture suggests reducing antibiotic prescribing is a local priority.

- Antibiotic prescribing in primary care in Wirral is high compared to the national average and matched peers (areas with similar populations).
- Wirral is the 4th highest prescriber of broad-spectrum antibiotic nationally and the highest prescriber within Cheshire and Merseyside.
- Wirral has the highest prescribing in England for antibiotics for urinary tract infections (UTIs) yet admissions for UTI are the 5th highest in England.
- Since the end of COVID restrictions a significant increase in antibiotic prescribing has been observed in primary care.
- Within secondary care prescribing targets for reduction of broad-spectrum antibiotics are being met. However, the rate of prescribing of intravenous antibiotics is higher than peer organisations.

Work has recently been undertaken with system partners to develop a Wirral AMR strategy 2022-25. The strategy outlines the system wide approach to Antimicrobial Stewardship (AMS) in Wirral to reduce inappropriate antibiotic use, reduce antimicrobial resistance (AMR) and improve patient safety.

What we will do	<p>In order to reduce the impact of antimicrobial resistance we will:</p> <ul style="list-style-type: none"> • Deliver the Wirral antimicrobial resistance strategy and work as a system to optimise antibiotic prescribing and reduce the risk of antibiotic resistance. • Develop education for healthcare staff, patients, and carers. Take a system wide approach to deliver education using shared resources, videos and accessible forms across all organisations and sectors to improve public awareness and reduce public demand for antibiotics for self-limiting infections. • Prevent and improve the management of urinary tract infections in adults aged 65 years and over (promoting hydration messages and local roll out of the quality improvement project “To Dip or Not to Dip”). • Support antibiotic reviews and intravenous (IV) to oral antibiotic switches in secondary care. • Address the high usage of broad spectrum antibiotics in primary care.
How we will measure success/ outcomes	<ul style="list-style-type: none"> • Reduction in total antibiotic prescribing - Wirral to meet or fall below the national average. • Reduction in broad-spectrum antibiotic prescribing in primary care to allow GP practices to meet the national target of 10% or less. • Reduction in antibiotic prescribing for Urinary Tract Infection - Wirral to meet or fall below the national average. • Reduction in admissions to hospital for UTI by 10% or more based on the 2019 admission rate.
Accountable lead	Wirral Antimicrobial Resistance Strategy Group

REDUCE VACCINE PREVENTABLE DISEASES AMONGST ADULTS AND CHILDREN

Vaccines protect against serious disease and premature death, helping people of all ages live longer, healthier lives. NHS England is accountable and responsible for the routine commissioning of national immunisation programmes and local system partners work with commissioned providers to develop community-focused approaches that put vaccination at the heart of prevention, to help people stay well.

The UK's current routine immunisation schedule provides protection against 14 infections, including measles, rubella, meningococcal disease, tetanus, whooping cough and polio. Most vaccinations are given during childhood, some vaccines such as COVID-19 and seasonal flu are offered to people across a range of ages, their carers and health and social care staff, and the vaccine to protect against shingles is offered to adults only (i.e. those aged 70-79).

Case for change

Despite recent reports of vaccine fatigue, COVID-19 and seasonal flu vaccinations remain a high priority in preventing outbreaks, severe illness and hospitalisation. The co-circulation of COVID-19 and seasonal flu poses significant challenge and pressure on already stretched health and care services. Childhood immunisation uptake rates have been slow to recover from pre-pandemic levels. Of significant concern is the downturn in Wirral's measles, mumps and rubella (MMR) vaccination uptake rate. Not being able to attain herd immunity levels ($\geq 95\%$) increases the potential for the resurgence of measles, which is highly contagious and can cause serious complications including blindness, pneumonia, meningitis, seizures and in some cases, death.

Immunisation programmes coupled with simple, effective infection prevention and control measures play a significant role in reducing the risk of outbreaks of disease, and are therefore a key enabler for effective health and social care and emergency service provision.

Current performance

Seasonal influenza vaccinations 2021/22:

- Wirral maintained an overall high uptake of the flu vaccine in those aged 65+ years (82.57%) in 2021/22, however there were inequalities in coverage, with some practices achieving less than 70% during the season.
- Influenza vaccine uptake in residents who are defined as ‘clinically at risk’ (because they have an underlying health condition) was higher in Wirral than in England however coverage within some GP practices was less than 1 in 3 of their eligible population.
- Several GP practices vaccinated less than 1 in 4 of their 2-3 year old population, with the lowest practice uptake rate for 2021/22 being just 1.2%.

COVID-19 vaccinations 2021/22:

- As at December 2021, nearly 10,000 people aged 50 and over in Wirral remain unvaccinated
- When cross-referencing the population against known COVID-19 risk factors:
 - nearly half of this cohort live within the most deprived quintile of Wirral;
 - around 1 in 5 were identified as being mildly to severely frail; and
 - more than 1 in 10 had three or more long term health conditions

Measles, Mumps and Rubella (MMR) 2021/22:

- Uptake for the MMR 1 vaccine was 98.09% in 2017/18, falling to 96.14% in 2021/22. This was a larger decrease (1.95%) than nearly two thirds of other local authorities.
- For MMR 2 (two doses by 5 years of age), uptake in 2017/18 was already below the 95% target (93.78%) and decreased by more than 3% to 90.46% by 2021/22. This is nearly 5% below the national herd immunity target of 95%. This decrease was greater than over 75% of other local authorities in England, placing Wirral in the worst quartile.
- As well as decreasing uptake, there are considerable inequalities within Wirral, with uptake in some practices as low as 66.67% for MMR2 in 2021/22.

What we will do	<p>In order to help reduce the incidence of vaccine preventable disease we will:</p> <ul style="list-style-type: none"> • Update the Vaccination and Immunisations Joint Strategic Needs Assessment and develop an immunisations data surveillance dashboard. • Work collaboratively to develop an Immunisation Locality Plan for Wirral, identifying key actions and clarifying roles and responsibilities. Initial focus will be on improving seasonal influenza, COVID-19 and MMR immunisation uptake rates, and reducing variation in coverage. • Explore and implement new strategies to reduce vaccine inequalities. • Develop and implement a shared communications plan and work with community engagement groups to target messages at under-vaccinated groups, as appropriate. • Continue to develop community and outreach solutions for under-vaccinated groups and deprived communities to support ease of access.
How we will measure success/ outcomes	<ul style="list-style-type: none"> • Increase uptake of seasonal influenza immunisation. • Increase uptake of COVID-19 vaccinations and boosters \geq nationally set objectives. • increase uptake of two doses of MMR vaccine in the routine childhood vaccination programme.
Accountable lead	Wirral Strategic Immunisation Group

STRENGTHEN PREPAREDNESS, RESILIENCE AND RESPONSE TO OUTBREAKS, MAJOR INCIDENTS, AND EMERGENCIES

Case for change

The COVID 19 pandemic has required an extended and unprecedeted response on a global scale, lasting over two years. In this context emergency preparedness resilience and response (EPRR) functions as with other aspects of service delivery, have been operating in a business continuity environment for an extended period of time. Now we are living with COVID-19 a return to business-as-usual practices has resumed, and for EPRR this means a return to the standard planning cycle, with a renewed impetus and focus across the local partnership.

Local emergency preparedness helps to be able to predict and minimise the effects of an incident or crisis which can help to reduce ill health and injuries, protect the community, and maintain business continuity. During the pandemic we developed action-based learning which helped to ensure that as a system our response was flexible, dynamic and co-ordinated. We recognise the need to build on this and collectively plan our response for a wide range of incidents and emergencies that could affect health and patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, or a major transport accident.

Under recent changes Integrated Care Boards (ICBs) have replaced local Clinical Commissioning Groups. They have been given additional EPRR responsibilities and are now Category 1 responders, alongside Local Authorities. It is therefore timely to review local EPRR arrangements and collaborative working arrangements.

Current performance

The Civil Contingencies Act 2004 requires for organisations in the health system (emergency services, local authorities, NHS bodies) to prepare for adverse events and incidents. Merseyside Resilience Forum provides a mechanism for coordinating local emergency preparedness, response and recovery activity, and provides a key interface between national government and the local areas. Cheshire and Merseyside Integrated Care Board has responsibility for representing the NHS at Local Resilience Forum level and now chair Cheshire and Merseyside Health Resilience Partnership. Both forums operate primarily at regional level.

Recognising the opportunities and value in strengthening local preparedness, resilience and response at place level, Wirral's Health Protection Board has designated EPRR a new priority. Current performance is yet to be determined and to facilitate this, a new baseline from which to measure progress will be established through the newly formed Resilience Partnership.

What we will do	<p>In order to strengthen preparedness, resilience and response to outbreaks, major incidents and emergencies we will:</p> <ul style="list-style-type: none"> • Establish a Wirral Health Resilience Partnership forum to bring together local emergency planning leads. • Develop a Wirral community risk register and a common understanding of potential hazards and threats and assure ourselves effective mitigations are in place, or take action if not. • Undertake local training exercises and scenario planning to test our local preparedness. • Ensure robust extreme weather plans are in place, covering heat waves, cold weather preparedness linked to winter planning, and flooding. • Develop a system-wide emergency plan to effectively respond to outbreaks of infectious disease for example, measles or avian flu. • Educate, empower and support high-risk settings to effectively respond and self-manage outbreaks and incidents.
How we will measure success/ outcomes	<ul style="list-style-type: none"> • A shared understanding of local, national and global threats, and potential hazards by system partners. • Increased capability and competence of workforce to respond to emergencies and incidents through training and exercising in a risk-based approach.
Accountable lead	Wirral Health Resilience Partnership

REDUCE HEALTH HARMS FROM CLIMATE AND ENVIRONMENTAL HAZARDS

Case for change

Environmental hazards such as water and air pollution, extreme weather, or chemical exposures can affect human health in a number of ways, from contributing to chronic diseases such as cancer to acute illnesses.

The Chief Medical Officer's Annual Report for 2022 focused on air pollution. The report notes that progress has been made in reducing outdoor air quality but that there is more progress to make, and highlights that improving indoor air quality also needs to be a focus for action.

The World Health Organisation describe air pollution as the greatest environmental threat to health and a leading cause of non-communicable disease, such as heart attack or stroke.

Climate change can affect the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter. In addition, adverse effects of climate change (such as flooding) can affect mental health and wellbeing.

Climate change is causing long term changes to our weather patterns with increased incidence of hotter, drier summers and longer, wetter winters. These changes will lead to increased incidence of heatwaves and extreme cold which in recent years has seen excess deaths.

Climate change and air pollution are closely linked, and strategies to mitigate the impacts of climate change has co-benefits of reducing air pollution and improving public health.

These impacts will not fall equally locally, and we know our most vulnerable residents e.g., young and old or those on low income are least able to respond to the threat posed by such hazards and will be the most affected unless we can locally mitigate such impacts.

Current performance

Local Authorities in England have duties regarding local air quality management under the Environment Act 1995. The Local Authority must regularly review and assess air quality in their areas and determine whether or not the air quality objectives are likely to be achieved. Wirral Council produces [an annual air quality status report](#) that is submitted to the Department for Environment Food and Rural Affairs.

In Wirral we have recently updated our [air quality joint strategic needs assessment](#). Locally we monitor for two individual pollutants: nitrogen dioxide and particulate matter. Monitoring results have not indicated any breaches of the UK air quality objective levels for air pollution. Wirral Council has not declared any air quality management areas in the borough. National modelling shows that the average fraction of deaths attributable to particulate air pollution in Wirral is below the England average. The most up to date figures (2020) show that the England average is 5.6%, the Northwest, 5% and Wirral being 4.9%.

To limit the impacts of climate change in Wirral, and to contribute to global efforts, the longstanding Climate Change Partnership for Wirral ‘Cool Wirral’ has set a climate change target for Wirral to be ‘net carbon neutral’ by 2041, to be delivered through the [Cool2 Climate Strategy for Wirral](#).

In July 2019 Wirral Council declared an Environment and Climate Emergency and made the commitment to being net carbon neutral by 2030, by approving the Council’s Environment and Climate Emergency Policy in March 2021.

The NHS became the world's first health service to commit to reaching carbon net zero, in response to the profound and growing threat to health posed by climate change. With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets.

Delivering a [Net Zero Health Service \(2020\) report](#) sets out a clear ambition and two evidence based targets:

- The NHS Carbon Footprint: for the directly controlled emissions, net zero by 2040.
- The NHS Carbon Footprint Plus: for emissions the NHS influences, net zero by 2045.

What we will do	<p>In order to reduce the health harms from climate and environmental hazards we will:</p> <ul style="list-style-type: none"> • Develop a Wirral air quality strategy (DEFRA has stipulated all LAs must have an air quality strategy from 2023 onwards), this will be developed in collaboration with system partners. • Extend membership of the Wirral Air Quality Group to include health partners and other anchor organisations. • Embed actions to improve air quality and reduce CO₂ emissions into local regeneration programmes e.g., through the implementation of measures to promote active travel and reduce vehicle usage. • NHS partners use their Sustainable Development Management Plans to deliver on the air quality and climate goals in the NHS Long Term Plan and share how they are supporting patients and staff to reduce the health impacts of air pollution and climate change. • Build upon local initiatives to raise awareness of climate change and air quality and the behavioural changes that can positively impact on these issues.
How we will measure success/ outcomes	<ul style="list-style-type: none"> • Reduction in emissions of CO₂ and achieved trajectories to achieve the ambition of being net carbon neutral by 2041 • Reduction in exposure to nitrogen dioxide and particulate matter
Accountable lead	<p>Wirral Air Quality Steering Group Cool Wirral Partnership</p>

REDUCE THE HARMFUL IMPACT TO HEALTH OF TUBERCULOSIS AND BLOOD-BORNE VIRUSES, INCLUDING HEPATITIS B, HEPATITIS C AND HIV

Case for change

The COVID-19 pandemic has had a significant impact on the detection, control and prevention of infectious diseases, including HIV, Hepatitis B and C, and Tuberculosis (TB). The most deprived and underserved population have been adversely affected, including prevention, testing, diagnosis and delay in treatment. In 2019, it was estimated that 6% of people living with HIV infection in England were undiagnosed. In the same year, 41% of all new diagnoses were made late, considering that late diagnosis is the most important predictor of morbidity and premature mortality among people with HIV infection.

In 2020, Hepatitis C virus (HCV) remains the most common infection among people who injected drugs (PWID) in the UK. The significant proportion of individuals not tested in 2020 indicates there is scope for improvement, particularly due to the risk of re-infection.

Nationally TB incidence has decreased dramatically since 2011. However, the rate of decline reversed in 2019, increasing by 2.4% and then, in 2020, recorded incidence fell. This may indicate undetected and unreported cases which need to be investigated.

Although new infections have reduced over the years and national strategy has had great impact in reducing blood-borne virus infection and TB in England, the elimination of these communicable diseases is still to be reached. As cases reduce and become harder to find, strategies need to evolve and adapt, and become more tailored to meet local need.

Current performance

In Wirral, the latest national data shows that overall, the incidence of Hepatitis B and C, HIV and TB is low, however:

- The number of new cases of acute Hepatitis B is higher than the North-West region and national rate.
- The Hepatitis C detection rate is lower than England and the percentage of eligible persons who have received a Hepatitis C test was 84.3%, below the national 95% target.
- The number of new cases of TB (three-year average) is lower than England and the North-West Region, which may indicate undiagnosed cases.
- The new HIV diagnosis rate is better than in England. However, the proportion of HIV late diagnosis in people first diagnosed with HIV in the Wirral is higher than North-West region and for England.

What we will do	<p>In order to reduce the harmful impact to health of Tuberculosis and blood-borne viruses, including Hepatitis B, Hepatitis C and HIV we will:</p> <ul style="list-style-type: none"> • Undertake a Joint Health Needs Assessment during 2023/2024. • Continue to build on local collaborative work with multiple partners to increase case-finding and reduce late diagnosis for HIV, Hepatitis C and TB. • Ensure prevention and behaviour change strategies such as harm reduction has been prioritised by commissioners and providers to reduce onward transmission of and avoidable deaths from blood-borne viruses, particularly among underserved population.
How we will measure success/ outcomes	<ul style="list-style-type: none"> • Achieve the micro-elimination of Hepatitis C in Wirral • Achieve national treatment across and completion targets for TB, Hepatitis and HIV • Reduction in the number of people being diagnosed late with TB, Hepatitis and HIV
Accountable lead	Wirral Health Protection Board

CASE STUDIES

Case studies are included to illustrate our collective approach to delivering this strategy, and the preventative and proactive approach we will be taking locally

CASE STUDY

INCREASING COVID-19 VACCINATION UPTAKE



Background

The COVID-19 vaccination programme aims to protect those who are at highest risk from serious illness or death from COVID-19. Since the implementation of the vaccination programme there has been variation in uptake predominantly associated with economic inequalities and reflecting existing patterns of health inequalities within the borough. There is a linear relationship between vaccine uptake and income deprivation (IMD) with the lowest rates of vaccine uptake in the areas with highest deprivation.

Action

A COVID-19 Vaccination Health Inequalities subgroup was set up to bring together a range of system partners to support the roll-out of the COVID-19 vaccine programme, identifying and tackling inequalities in vaccine coverage. The group undertook a [COVID-19 needs assessment](#) to identify key cohorts associated with risk of poor health and outcomes. A local dashboard was also developed to show variation in uptake by cohorts, deprivation, and ethnicity.

The needs assessment and dashboard highlighted target at-risk groups with lower vaccine uptake. Local engagement was undertaken to gather insight of barriers facing those with different ethnic backgrounds and communities.

Response

Based on intelligence and insight, a range of interventions to increase confidence, improve convenience and tackle complacency have been developed to drive uptake of the vaccination in targeted population groups and localities. This has included:

- Community outreach clinics, pop-up clinic, and a vaccination bus within wards with lowest vaccination uptake. This offer was supported by significant community engagement in each area, to encourage residents to get their vaccination and to discuss concerns, utilising existing community networks such as community connectors, community champions, BAME link workers, social prescribing link workers, the Humanitarian network and partner organisations.
- Targeted work with local hostels including briefing sessions for hostel staff/key workers (Communications and Engagement activity), an outreach vaccination offer provided across hostel sites, incentives for vaccination take up.
- Targeted work with local social care providers to tackle vaccine hesitancy and barriers to take up the local vaccination offer.
- Proactive phone calls with high-risk unvaccinated cohorts by local social prescribing workforce and local public health team. The calls aimed to ensure there are opportunities to listen to and discuss hesitancy and feedback was utilised to provide accessible/alternative vaccination locations.

Outcome

Local initiatives have been evaluated and there is strong evidence that targeted work has an impact on vaccination uptake, and this has led to additional people being vaccinated. Key to the success of this approach was joint working between NHS, Local Authority, community voluntary and faith sector and local communities. This approach provides significant learning for us to embed across wider programmes and priorities in the future.

CASE STUDY

WIRRAL HEALTH PROTECTION SERVICE

CASE STUDY: HEALTH PROTECTION SERVICE

During the COVID-19 pandemic the Wirral public health team built local capacity to prevent, manage and respond to COVID-19 outbreaks. Since moving into the next phase of the pandemic and out of emergency response mode, we have taken the opportunity to reflect on lessons learnt during the pandemic and develop a local health protection service, to support the delivery of our wider health protection priorities.

The objectives of the Health Protection Service are to:

- Be ready to respond to outbreaks and focused on preserving life and safeguarding the vulnerable.
- Be at the forefront of prevention as well as control and management of communicable diseases – providing advice, support and guidance to communities and settings to Keep Wirral Well.
- Protect health and improve outcomes by supporting delivery of effective action across wider Wirral health protection priorities e.g., strengthening preparedness and emergency planning and protecting Wirral communities from environmental hazards

The Wirral Health Protection Service does not duplicate effort but works collaboratively with internal and external specialist services and partners including the UK Health Security Agency (UKHSA), Infection Prevention and Control (IPC) services, Environmental Health, NHS partners, Adult Social Care, Children's and Health and Safety.

See examples of some of the proactive and preventative work being undertaken by the team in the following pages.

"The Wirral Health Protection Service provides additional local capacity and enables us to take a proactive and preventative approach to improve health and wellbeing, protect the economy, and reduce health inequalities."

Supporting Winter Preparedness

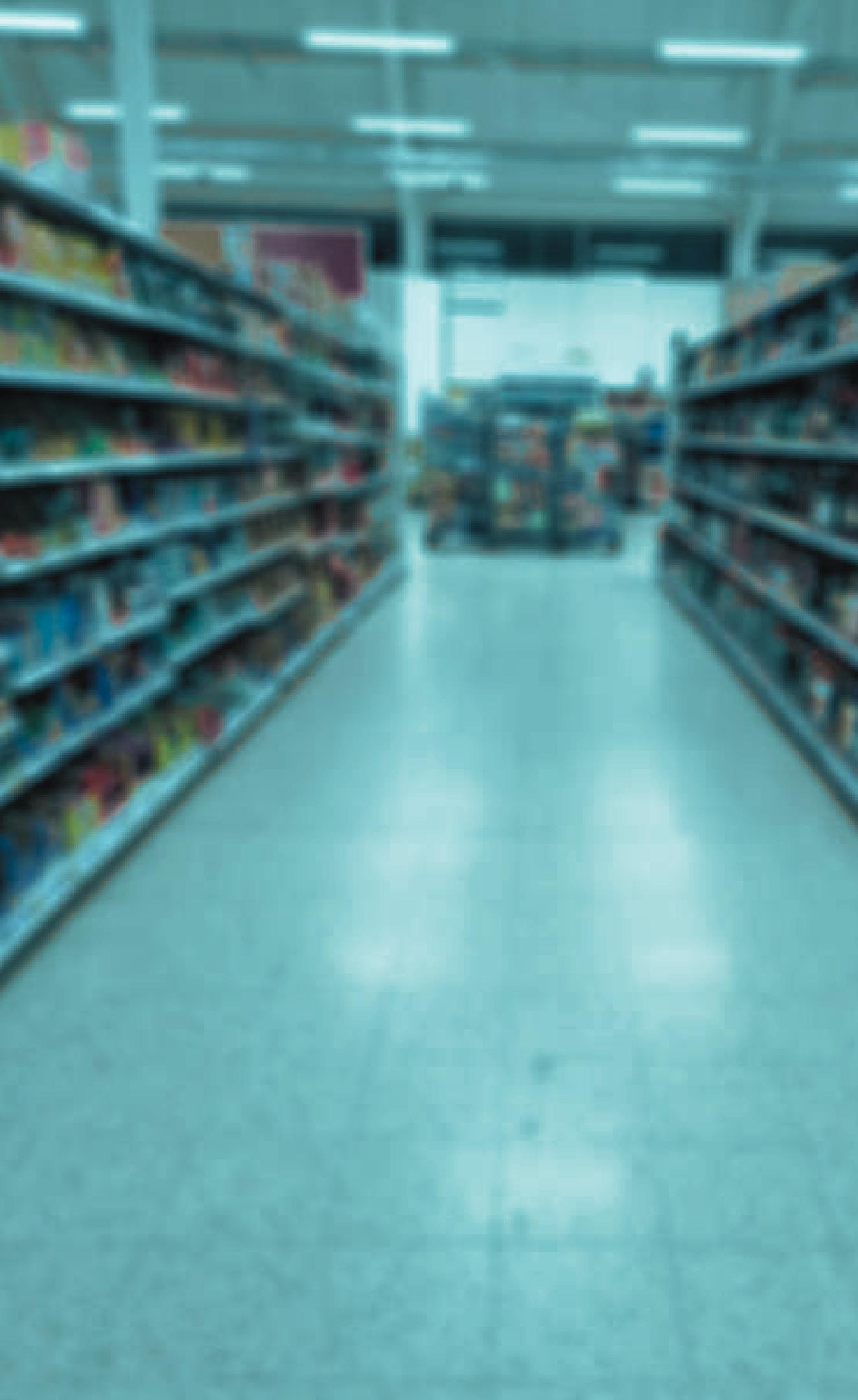
The Wirral Health Protection Service is working together with local partners to prevent and alleviate winter pressures, with a focus on protecting the most vulnerable and reducing excess winter deaths.

Key actions include:

- Creating resilience across local communities by promoting infection prevention and control measures within community settings, preventing and managing outbreaks, and promoting flu and COVID 19 vaccine uptake.
- Developing and sharing resources promoting key winter wellness messages. The team is out and about visiting community venues to increase knowledge and winter preparedness against infectious diseases, this also includes signposting people to support related to cost-of-living pressures.

Resources have been developed for:

- Care homes
- Domiciliary care
- Supported living managers
- Carers
- Local businesses
- Housing
- Hostels
- Asylum seeker hotels
- CVF sector venues e.g., warm hubs
- Alcohol and drug user services
- School/nurseries headteachers
- Council settings



Product recall linked to a Salmonella Outbreak

The Wirral Health Protection Service provided support to UKHSA, Food Standards Agency (FSA) and the Environmental Health team by undertaking spot checks of local food premises in respect of the salmonella outbreak associated with a children's chocolate product.

The FSA was concerned that products may still be available which should have been withdrawn as they were a risk to health. There were over 100 cases linked to this outbreak in the UK, the majority of the cases were in children under 5 years of age.

Salmonella infection can be severe, and many children affected in this outbreak have been very unwell and hospitalised. The FSA was therefore asking that checks were undertaken to ensure compliance with the product recall message. The team completed 299 visits to local retailers and found the recalled products still on sale within 64 of these premises.

Following the visit all 64 premises removed the products from sale, therefore reducing the risk to health of local children. The team also reinforced the communication route for product recalls and the importance of complying with future messages to protect health.

UKHSA Update regarding the outbreak:

<https://www.gov.uk/government/news/ukhsa-update-on-salmonella-cases-linked-to-confectionary-products>



Raising awareness of Tuberculosis within high-risk settings

Last year the UK Health Security Agency (UKHSA), working with NHS England (NHSE), launched a 5-year action plan to drive down tuberculosis (TB) cases in England. Tuberculosis is a serious infectious disease, which can be life-threatening without appropriate treatment. TB disproportionately impacts on under-served populations such as asylum seekers, those who have ever been homeless, spent time in prison or misused drugs and other substances making the detection of cases and ensuring treatment compliance challenging.

Working closely with the Wirral TB service the Wirral Health Protection service have run a local awareness and engagement campaign entitled ‘Not every Cough is COVID!’

This project involves engaging with managers of local hostels, asylum seeker accommodation, Wirral Ways to Recovery and third sector organisations to raise awareness about TB and its symptoms and treatment.

Sixty-eight local high-risk premises were contacted and provided with information materials on TB and its symptoms and details regarding local referral pathways. The project has helped to strengthen the relationship between Wirral TB service and local third sector organisations including Wirral Multicultural Organisation.

CASE STUDY

REDUCING ANTIBIOTIC PRESCRIBING FOR URINARY TRACT INFECTIONS

Background

The Wirral Antibiotic Steering Group has reviewed prescribing data locally to identify areas for improvement. This data highlighted that Wirral has the highest prescribing for antibiotics for urinary tract infections (UTIs) in the country while also having high rates of older people admitted to hospital due to their urinary tract infections. Dehydration increases the risk of UTIs among older residents which can lead to multiple avoidable complications including confusion, falls, and hospital admission.



Action

Local stakeholders were brought together to review the intelligence and develop an improvement project. Following discussion, it was decided to take an upstream approach to reducing antibiotic prescribing for UTIs locally by focusing on the prevention of UTIs from occurring through improving hydration.

The project aimed to improve health and reduce the number of urinary tract infections in older people by:

- improving hydration of patients in nursing homes, care homes, and domiciliary care through education of staff, carers, and residents.
- improving hydration of older people attending day centres, by education of their carers, and staff members and implementation of evidence-based strategies such as protected drinks time and fluid intake monitoring.
- improving hydration in older people by engaging with wider community settings across the Wirral economy through provision of information, leaflets and posters.

Response

The Wirral Health Protection Service used data on the UTI incidence for residents in care homes in West Wirral to identify homes where residents have the highest rates of UTI to engage with them and understand the barriers to attending training and implementing the resources. The insight gathered has been used to design training for care homes delivered by the community Infection Prevention and Control team with good engagement to date.

The Wirral Health Protection Service has visited local day centres and domiciliary care providers to engage with managers and identify gaps and needs. This work was supported by the local bladder and bowel service who provided specialist advice.

To date the Wirral Health Protection Service has contacted and visited 152 setting across Wirral including community centres, libraries, leisure centres, local churches, pharmacies, and GPs to promote hydration messages. These visits have been targeted at the over-65 cohort for example engagement sessions have been run at local “knit and natter” groups. The information has been well received by members of the public and staff locally, with people showing interest in key messages from the material (i.e. being previously unaware that foods and other drinks than water help to hydrate).

Outcome

The project is currently ongoing however we have already locally seen a reduction in antibiotic prescribing for UTIs and a reduction in UTI related hospital admissions. The project has also developed relationships with wider community organisations which can be utilised for engagement around wider health protection priorities for example sessions are also being run with community groups on keeping well over winter, promoting COVID-19 and flu vaccination uptake and key infection control messages.