

Bristol Health and Wellbeing Board

Title of Paper:	Annual Health Protection Report for Bristol
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Date of Board meeting:	12 th January 2023
Purpose:	Oversight and assurance

1. Executive Summary

This Director of Public Health annual health protection report covers the period 1st April 2021 to 31st March 2022 (financial year 2021–22). The report provides an overview of health protection in Bristol, highlighting areas of success and key risks requiring priority action for each of the following 11 areas:

- Immunisation
- Screening
- Sexual health
- Healthcare Acquired Infections and Antimicrobial resistance
- Tuberculosis
- COVID-19
- Environmental Health
- Global population health
- Asylum Seeker and Refugee health
- Non-communicable environmental health risks
- Emergency preparedness, Resilience and Response

Key successes in 2021/22

- COVID-19 vaccination uptake across the city, with significant work undertaken to increase access and vaccine confidence in lower uptake communities
- Continued delivery of COVID-19 infection prevention and control with focus on protecting our most vulnerable populations
- Effective systems approach to meet the health needs of asylum and refugee arrivals into the city
- Emergency planning functions discharged to enable response to incidents

Key priorities for coming year

- To undertake targeted work to increase immunisation uptake, with focus on the disparities in child immunisations, flu and COVID-19 programmes
- To increase uptake of cancer screening with focus on inequalities
- To lead the BNSSG joint sexual health needs assessment
- To restart HCAI case review meetings
- To continue to closely monitor TB case rates in Bristol and work towards increased awareness of TB diagnosis and treatment within GP surgeries, drug and alcohol treatment services and inclusion health groups

- To focus on recovering the backlog of food inspections in addition to programmed visits and anticipated new business registrations
- To continue to strengthen the Local Health Resilience Partnership function in light of system level changes
- For the council to launch and operate the Clean Air Zone (CAZ)

2. Purpose of the Paper

This assurance report provides information to the Health and Wellbeing Board of infectious diseases and environmental hazards profile across Bristol. It gives detail on key areas of work being undertaken to protect the health of Bristol's population.

3. Background, evidence base, and what needs to happen

Health protection covers an extensive range of exposures, risks, and disease – from air quality to port health, and cancer screening to tuberculosis.

The annual report gathers data from a variety of national and local sources to present an overview of the performance of the city in addressing health protection issues and measures against national and regional targets in line with published strategies. This enables the Health Protection Committee agree recommendations for a workplan for the coming year across the partnership.

4. Community/stakeholder engagement

Contributions to this report came from the BCC Health Protection team and the wider BCC Public Health team, BCC Environmental Health, BCC Civil Protection, The Office for Health Improvement and Disparities and the UK Health Security Agency (two organisations that replaced Public Health England), the BNSSG ICB (which replaced the BNSSG CCG), and NHS England. The report has been ratified by the Bristol Health Protection Committee and will also be shared the BNSSG ICS.

5. Recommendations

This report enables the Director of Public Health to provide assurance to the Health and Wellbeing Board (H&WB), that the health of the residents of Bristol is being protected in a proactive and effective way.

The board is asked to approve the report and the approach we are taking.

6. City Benefits

The health protection actions enable the population to be protected from infectious diseases, identify cancer at an early stage and address health emergencies.

Addressing inequalities and inclusion health is an integral part of protecting the health of the whole population.

7. Financial and Legal Implications

Not applicable.

8. Appendices

The Executive Summary follows below.

Bristol Health Protection Annual Report 2022: Executive Summary



April 2021 to March 2022

Report date: 13th December 2022

Report author: Monica Koo, Public Health Registrar Bristol City Council

Overview

Bristol is a welcoming, vibrant, and culturally diverse city. It has significant pockets of deprivation and inequalities which are drivers in health protection issues faced by the population. Bristol often presents as an outlier compared to other South West local authority areas due to differing demographics; comparison to England averages and statistically similar local authorities are presented where data is available.

The reporting period has continued to be challenging due to the ongoing response to and management of COVID-19. This has also impacted the availability of some data to fulfil this report, with some key datasets for the year 2021–22 not having been produced or published in the public domain. Please see below for a summary of current issues for the reporting period and future priorities for each domain of health protection.

Immunisations

Vaccine uptake among older adults (shingles, pneumococcal, and flu) is comparable to SW.

The population-wide COVID-19 vaccination programme was successfully delivered at scale and at considerable speed through the collective efforts of key partners including our neighbourhood and community champions, to reach into areas where uptake was lower.

However routine vaccine programmes continued to be disrupted by the COVID-19 pandemic during 2021–22. Additionally, childhood vaccine uptake levels in Bristol are lower compared to SW and England and remain below the 95% target for population protection and therefore remains a significant risk.

Priorities for the next reporting period

- To establish system-level Maximising Immunisation Uptake Groups in 2022–23 to increase childhood immunisation uptake
- To maintain focus on COVID-19 and flu vaccine uptake among eligible groups, particularly where there are known inequalities

Screening

The majority of screening programmes have recovered from backlogs following initial disruptions due to the COVID-19 pandemic. However cancer screening uptake is poor compared to the SW, particularly cervical cancer screening where almost a third (32%) of 25–49 year olds and over a quarter (27%) of 50–64 year olds are not accessing screening.

Priorities for the next reporting period

- To return to and overtake pre-pandemic screening uptake levels

- To focus on inequalities in screening uptake

Sexual Health

Bristol continues to see a higher incidence of sexually transmitted infections (STIs) compared to SW and England. While there has been a decrease in STI diagnoses in the reporting period, this is attributable to less testing, in line with patterns seen nationally. HIV incidence in Bristol continues to decrease but remains higher than the SW average and is similar to England.

Priorities for the next reporting period

- BNSSG Joint Sexual Health Needs Assessment will be conducted and led by BCC PH team
- To examine syphilis diagnosis rates in light of recent changes in trends and data reporting methodologies
- To monitor impact of national changes to chlamydia screening implemented in April 2022 (removing offer of opportunistic screening among men)
- To support several health promotion campaigns/outreach events led by Unity and Terrence Higgins Trust including a focus on HIV testing, and a SW-wide campaign to encourage access to pre-exposure prophylaxis (PrEP)

HCAI and AMR

Health care acquired infection (HCAI) case review procedures continued to be disrupted due to the COVID-19 pandemic and response (e.g. staff redeployment). An unexpected and unexplained spike of *Clostridium Difficile* infections occurred across Bristol and BNSSG in June 2021, which led to the convening of a South West *Clostridium Difficile* collaborative group.

Flu vaccine uptake among healthcare staff was lower compared to the last reporting period. This may be partly due to the diversion of resources to the COVID-19 vaccination programme and COVID-19 infection-related workplace absences.

Priorities for the next reporting period

- To restart HCAI case review meetings from April 2022
- To review findings from a pilot study of Clorehexidine wipes for people who inject drugs which was initiated to reduce the spread of Methicillin Resistant *Staphylococcus Aureus* (MRSA)
- To undertake a cohort review of *P. aeruginosa* bacteraemia to understand local drivers
- To undertake two antibiotic prescribing projects (review of cellulitis and pyelonephritis treatment)

Tuberculosis

Tuberculosis (TB) incidence is higher in Bristol compared to SW and England, although it is showing a downward trend.

Bristol is the only city to have latent TB testing service in the SW region and treatment pathways are well established. However, a greater proportion of Bristol cases experience delayed diagnosis and start treatment late compared to the English average. Delayed diagnosis and treatment of TB often means poorer clinical outcomes for individuals, as well as greater risk of onward transmission to others. Certain populations (ethnic minorities, people from poorer areas, or those with social risk factors) are at greater risk of TB and delayed treatment.

Priorities for the next reporting period

- To continue to closely monitor the case rates in Bristol and work towards increased awareness of TB diagnosis and treatment within GP surgeries, drug and alcohol treatment services and inclusion health groups
- To set up a new TB control board in December 2022
- To seek clarity on the causes of delayed diagnosis and treatment

COVID-19

The COVID-19 response remained an important priority for BCC-led health protection during the reporting period. Case rates in Bristol reached the highest rate to date in January 2022 but there were less than half the number of deaths compared to the previous reporting period. The COVID-19 mortality rate in Bristol was higher than the SW but lower than the rest of England.

Priorities for the next reporting period

- Continue to support outbreak management in high-risk settings
- Continue to monitor vaccine uptake and the impact of long COVID in Bristol

Environmental Health

The food safety inspections schedule was severely disrupted due to the COVID-19 pandemic and associated restrictions on business operations. Adherence to COVID-19 control measures in ships and vessels was monitored, and ship inspections and sampling for non-COVID-19 infection control were also carried out.

Priorities for the next reporting period

- Focus on recovering the backlog of food inspections in addition to programmed visits and anticipated new business registrations

Global population health

The movement of people through international travel and migration can contribute to the transmission of infectious disease. Antimicrobial resistance and antibiotic use is a global concern, as are vaccine preventable diseases which persist in certain areas and populations.

Priorities for the next reporting period

- The upcoming annual DPH report (September 2023) will focus on the borderless aspect of infectious diseases.

Asylum Seeker and Refugee health

Several arrivals of large asylum seeker and refugee (ASR) groups were coordinated during the reporting period (ASR in August 2021, Afghanistan in September 2021 and Ukraine in early 2022).

Priorities for the next reporting period

- Continue the multi-agency group to support health and wellbeing of the ASR population
- System commissioners to undertake funding reviews to ensure that services are sufficient for the increasing ASR population

Non-communicable environmental health risks

Annual nitrogen dioxide levels in Bristol are decreasing but continue to exceed legal limits. The development and launch of the Clean Air Zone will support further reductions.

The previously reported fly pollution problem in Avonmouth has been resolved. The Pollution Control team has continued to undertake environmental permit checks and the investigation of lead-poisoning reports.

Priorities for the next reporting period

- To refresh the Clean Air Plan for Bristol

Emergency preparedness, Resilience and Response

The Civil Protection Unit supported COVID-19 testing across the city during the reporting period. The surge testing programme was debriefed as publicly accessible free testing came to an end in April 2022.

In addition, there were 44 incidents during the reporting period including domestic fires, water leaks, suspected bombs, public disorder, and Storm Eunice (February 2022). A multi-agency Control of Major Accident Hazards (COMAH) exercise was conducted in November 2021 which successfully identified recommendations to be adopted.

There were 136 demonstrations during the reporting period, which represents more than double reported in 2020–21, likely influenced by the standing down of COVID-19 restrictions.

Priorities for the next reporting period

- Continue to strengthen the coordination of response by re-establishing the Local Health Resilience Partnership in light of system level changes
- Maintain and increase our staff training and awareness of emergency response and capability to act
- Update the Corporate Recovery Plan and review and update the corporate business continuity framework with supporting impact assessment and plan templates