Community-led Health Protection: Delivering BBV, TB and Cardiovascular screening and awareness through mobile clinics

Rayyan Nasser – Health Protection Officer, Coventry City Council

Context

Coventry has one of the highest HIV rates in the region, with new diagnosis disproportionately higher in patients with Black African ethnicities.

In 2023, Coventry City Council commissioned *Wellbeing Monitor*, a community organisation, to deliver culturally tailored engagement to improve awareness and access to HIV, TB and hepatitis services.

The service worked in partnership with hepatology and healthy lifestyle services to deliver monthly 'Health Check Days' community testing clinics in a high-need area, using the Hepatitis C bus. This clinic offers NHS Health Checks, cardiovascular screening, and HIV/hepatitis B and C testing via dry blood spot sampling. This service ran between Jan 2024- Oct 2025.

Image 1: Joint working across services to support accessible, community-led screening.

Model and delivery

- Monthly mobile clinic in a church car park that's available to anyone living in Coventry
- Integrated screening offer was available for: Hep B, Hep C, HIV, Cardiovascular checks.
- Partners:
  - Wellbeing Monitor – Engaged with locals and encouraged testing
  - UHCW Hepatology – administered the dry blood sampling,
  - Hep C bus – offered a base for carrying out confidential and safe testing
  - Healthy Lifestyles Coventry – Cardiovascular checks/ NHS health check
  - RCCG Holy Ghost Zone Church – endorsed by local trusted venue
- The clinic garnered interest and was supported by local barbers, shopkeepers, who acted as community champions towards the cause.
- The service relied on strong street-based volunteer outreach.

Reach and engagement

- 167 residents were tested
- 3% BBV positivity rate from tests (HIV and HBV +ve)
- All new diagnoses linked into specialist care.
- Several previously disengaged residents re-engaged with treatment.

Key takeaways

The clinic reduced stigma around infectious-disease testing. Strong, sustained community demand demonstrated clear unmet needs. Multi-agency efforts is better received compared to offering a single service on it's own.

Image 2&3: Growing queues reflect increasing trust and demand for screening

Coventry City Council

WOLVERHAMPTON MMR NON-RESPONDER FOLLOW UP PROJECT

A PILOT TO EXPLORE THE POTENTIAL FOR PROACTIVE FOLLOW UP OF NON-ATTENDERS TO IMPROVE UPTAKE OF MMR VACCINATION AMONG UNDER 5S IN WOLVERHAMPTON

CITY OF WOLVERHAMPTON COUNCIL

Introduction

In 2021/22 Wolverhampton's MMR first dose vaccination coverage rate was 85%, below the WHO target of 95%.

A pilot was established to test out approaches for following up nonattenders in a lower uptake GP practice over a three-month period. Project group included GP Practice, Public Health and Child Health Information Service (CHIS).

Funded via Black Country ICB Health Inequalities monies.

Aims

Test if proactive follow up of nonattenders increases uptake of first dose MMR.

Objectives

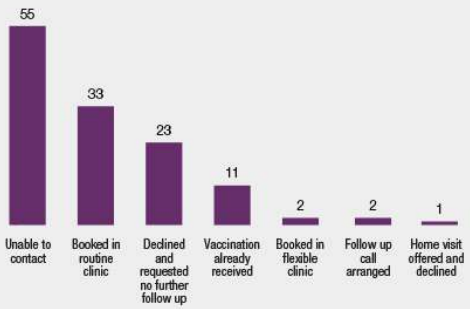
- Identify and call eligible nonattenders
- Capture reasons for nonattendance
- Identify impact of offering flexible appointments including home visits
- Offer information to enable informed decision making
- Record outcomes (i.e. number of vaccinations received following intervention).

Methodology

- Recruited a large lower uptake practice (using experimental GP cover data for Jan-Mar) with multiple sites and a diverse patient population.
- Devised a search strategy for identifying nonattenders using CHIS data to produce eligible participant list.
- Compared to practice records and cleansed eligible patient list.
- Practice nurse called eligible patients and offers a quality conversation using the conversation crib sheet.
  3 x call attempts made on different days times if initial contact not made.
- Identify barriers to vaccination and remove them.
- Record outcomes.

Results

Summary of results (call outcomes)



Key Headlines

127 eligible nonattenders contacted

22% (28) vaccinated as result of intervention

A further nine were booked in to receive a vaccination after final pilot data submission

Majority of these cited ***"forgot / lost invite"*** as the reason for initial nonattendance

Conclusion

Following up non-attenders for MMR vaccination has several benefits:

- Enabling an initial cleanse of practice records
- Supporting previous nonattenders that had forgotten or lost their original invite to book into a clinic / receive a vaccination
- Enabling those who have decided not to take up the offer to make and communicate their informed decision.

It has also provided the opportunity to develop a robust model for follow up of non-attenders; specifically, that an achievable follow up call list can be provided by CHIS using a monthly search strategy and that three contact attempts should be made on different days / times.

Key Learning

First call could be made by a suitably trained staff member under the supervision of a practice nurse.

healthprotection@wolverhampton.gov.uk

Staffordshire Lead in Drinking Water Incident (2024)

The UK recognises access to safe drinking water as a fundamental human right. Approximately 8 million homes still contain lead pipes. The failure to inform residents of the risks and the lack of affordable resolutions means inequities in exposure risk and long-term health outcomes.

The Incident

A Staffordshire resident requested a routine drinking water test, uncovering **lead levels above the UK regulatory standard (10 µg/L)**.

Subsequent sampling exposed **a wider cluster** of contamination

A major multi-agency **public health response** involved UKHSA, Staffordshire County Council, Severn Trent Water, NHS partners, Stafford Borough Council and the Drinking Water Inspectorate.

Health Impact of Lead Exposure

Lead exposure, even at low levels, can affect **cardiovascular, neurological, immune and reproductive health.**

Young children and pregnant women are at highest risk.

There is **no safe level** of lead exposure.

Long term exposure is linked to **early labour, developmental delays, and behavioural changes**.

The Multi-Agency Response

- 'Do Not Drink' notices issued to households
- Contamination traced to private supply pipes, not the water company's communication pipes
- Rapid targeted sampling and risk mapping
- Public buildings inspected for evidence of elevated lead levels, to protect vulnerable groups
- Clear, accessible communication to residents, GPs and midwives
- Homeowner guidance on lead pipe replacement
- Deployment of orthophosphoric acid dosing to reduce lead dissolution
- Enforcement action with private landlords failing to act

Our Recommendations to the Minister for Water

- **Routine testing** for homes built before 1970
- **Mandatory disclosure** of lead piping during property sales
- **Landlord requirements** to identify and replace lead supply pipes
- **Financial support schemes** for homeowners to replace their lead water pipes
- **Reduction of UK lead standard** from 10 µg/L to 5 µg/L to align with the EU

Data at a Glance

132 properties issued 'do not drink' notices

483.7 µg/L - Highest lead reading detected

60 properties remain on 'do not drink' notices (March 26)

8 million homes in England with lead pipes

Poster Presentation Author: Lucy Hegarty, Public Health Specialist, Staffordshire County Council

NHS Health Check Programme – Data Management & Extraction (DME) and Programme Quality Improvement

Danny Kemp – Health and Wellbeing Programme Manager – Office for Health Improvement and Disparities – MIDLANDS
Ryan Davies – Public Health Registrar – Office for Health Improvement and Disparities – MIDLANDS

Background

Cardiovascular disease (CVD) remains a leading cause of mortality and morbidity and the main driver of the life expectancy gap by deprivation in the UK. Finding and treating those with risk factors is a cornerstone of the prevention strategy. NHS Health Checks (NHSHCs) remain the main platform for early identification of these modifiable factors, at scale. However, this programme can only be viewed as successful if those at risk *are* identified and their risks *are* subsequently modified. Without good data, however, it is hard to know how successful NHSHCs are at achieving these aims. Therefore, OHID Midlands have undertaken a project to improve data management and extraction (DME), evaluate the programme regionally, and allow guided and standardised improvements.

Why CVD matters to health protection

Health improvement is an important consideration to pandemic preparedness. A key lesson from Covid-19 was increased susceptibility & mortality due to (largely preventable) co-morbidities, particularly CVD. For example, there is a 4-times greater risk of death from infection than those without CVD. This is particularly for respiratory diseases, such as Flu, TB and Pneumonia but includes all infectious disease susceptibility.[6] This is further complicated by a higher CVD event likelihood post infection period .[7] There are also other bidirectional relationships, such as heart failure development following hospitalisation for respiratory infection.[8] A further consideration is that those with poorly managed CVD due to low engagement are also therefore, less likely to be vaccinated. This represents both a potential dual risk and added inequality.

Data	Stage	Rationale	Key Metric
Invites & Uptake	1	Statutory requirement.	100% TEP Invited. PHG spend per invite and check
Modifiable factors and diagnoses identified	2	How well is the programme performing compared to estimated undiagnosed rates?	At or above estimated undiagnosed rates within a representative age spread
Referrals, uptake and treatment offered or initiated	3	Are those with identified risks or diagnoses being appropriately counselled and managed?	100% appropriately counselled and offered referral or treatment, where recommended by BPGs.
The demographic breakdown for all the above	4	Are the proportions of invites, uptake, referrals and treatment representative of the population?	Representative of population demographics. Risk stratification used to 'level up' or increase identification rate by targeting certain demographics but should not default to older ages.
Clinical follow-up of factors that have been modified	5	Has people's risk reduced because of the programme? Are the underserved 'hard to find' also the undertreated?	Minimum rate of those going on to medical treatment managed to target should be equal to current proportional performance (i.e. 70% for Hypertension). NB. There is a financial risk for primary care where this is not the case

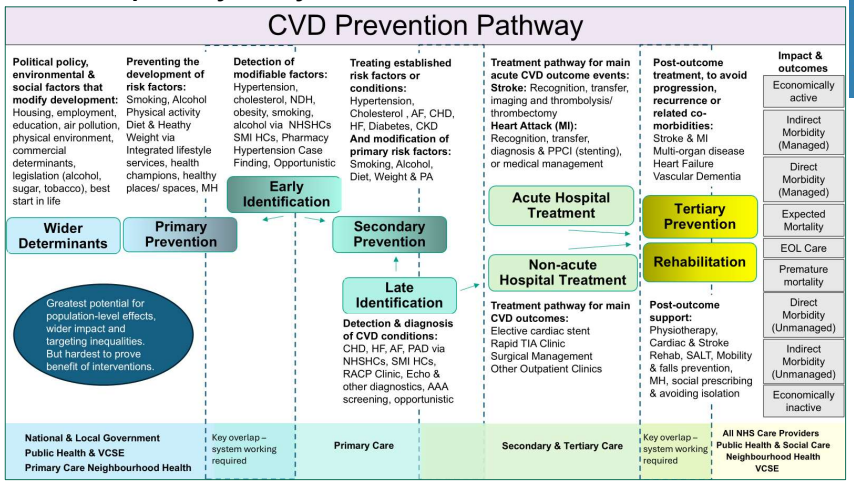
Improvements to date

Health check invites and number of local authorities by bracket			Health checks received and number of local authorities by bracket			DME stage and number of local authorities by bracket		
	Q1 2020 – Q3 2024/25	Q1 2021 – Q2 2025/26		Q1 2020 – Q3 2024/25	Q1 2021 – Q2 2025/26		Mar 2025	Nov 2025
			>50%	1	2	Stage 1	6	4
>75%	8	10	40-50%	3	5	Stage 2	6	7
50-75%	7	10	30-40%	7	5	Stage 3	8	9
40-50%	5	2	20-30%	7	7	Stage 4	4	4
<40%	4	2	<20%	6	5	Stage 5	0	0* (2 in progress)

Why Identification matters

ICB	Estimated numbers and rate of undiagnosed adult hypertension[1,2]	Total numbers if 80% of these were identified[3]	Total numbers if these were then treated at current proportions (shown)[4]	Size of the prize estimate of events that would be subsequently prevented in 3 years[5]		
				Heart Attacks	Strokes	Deaths
Birmingham & Solihull	79,380 (8.1%)	63,504	41, 595 (65.5%)	250	372	200
Black Country	91,160 (8.6%)	72,928	49,153 (67.4%)	295	440	236
Coventry & Warwickshire	66,392 (8.6%)	53,114	36,118 (68.0%)	217	323	173
Derby & Derbyshire	77,130 (9.0%)	61,704	44,427 (70.2%)	267	398	213
Herefordshire & Worcestershire	61,272 (9.2%)	49,018	33,920 (69.2%)	203	303	163
Leicester, Leicestershire & Rutland	76,330 (8.5%)	61,064	41,768 (68.4%)	251	374	200
Lincolnshire	88,634 (9.1%)	70,907	50,131 (70.7%)	301	449	240
Northamptonshire	56,028 (8.7%)	44,822	29,896 (66.7%)	179	268	143
Nottingham & Nottinghamshire	103,190 (8.5%)	82,552	55,888 (67.7%)	335	500	268
Shropshire, Telford & Wrekin	38,402 (9.1%)	30,722	19,508 (63.5%)	117	175	94
Staffordshire and Stoke-on-Trent	81,810 (9.0%)	65,448	44,374 (67.8%)	266	397	213
East Midlands*	357,054 (8.6%)	285,643	193,952 (67.9%)	1,164	1,737	930
West Midlands*	434,725 (8.6%)	347,780	236,143 (67.9%)	1,417	2,114	1,133
Regional	791,779 (8.6%)	633,423	430,094 (67.9%)	2,580	3,851	2,063

The CVD pathway & why NHSHCs can't be considered in isolation



What are the barriers to improving NHSHC data?

We surveyed local authority programme leads as to the main barriers to improving DME:

- Limited aggregated data received via ICB or CSU
- Cost – where data may be otherwise available
- System incompatibility between Primary Care & 3rd parties
- Primary Care unwilling or unaware of need to share data,
- Concerns regarding patient identifiable information & legacy issue with contracts

Therefore, we have since presented and discussed the issue further with: ICB and NHSE Primary Care leads, ICB data team leads & regional and national NHSHC leads

- The main barrier remains the inputting of extractable data within primary care.
- Secondary reasons are capacity of ICBs (post CSUs) or PH data teams to search and extract this data, and an agreement to share this at zero cost, where available.

What does a success look like?

Equity – Increased understanding and engagement to better enable risk stratification, prioritisation & incentivisation of those with greatest need and the historically under-served (often same populations). Combined with the universal offer.
Efficiency - Focus on finding those with modifiable risks, especially highest combined risks, ***and*** improving conversion to managing these either through lifestyle services, medical treatment or both.
Effectiveness - Fully integrated within a system approach to CVDRM prevention, via PHM, neighbourhood health & engagement, lifestyle services, primary care and the ICB. Quality assured, with improvements in meaningful metrics appropriate impact modelling.

How to get there - a potential solution

- Increase or reallocate NHSHC programme funding for full DME. Primary Care apply info standards and extractable data input. & ICBs to extract and share data by mutual interest

This requires joint working between these organisations as follows:
Public Health. Programme commissioners, providing quality assurance, facilitating lifestyle pathways and using data to guide programme improvements, primary prevention & PHM.
Primary Care. Service delivery, or if provided by a 3rd party, data input will still be by practice or PCN. Incentives are payment, efficiency savings, capacity and QOF assistance.
ICBs as the data providers . Likely to be the most efficient and mutually beneficial means of future working. Incentives are vested interest in the pathway, PHM & downstream impact.
OHID & Regional Senior Leadership. To support programme improvements and wider metric evaluation. Working with Local Authorities & ICBs to provide coding & search templates and co-create a locally aligned quality improvement framework, in conjunction with StARS & BPGs to help enable the above.

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STRENGTHENING RSE IN WOLVERHAMPTON SCHOOLS – A TARGETED APPROACH

CITY OF WOLVERHAMPTON COUNCIL

1. Introduction

During the Covid-19 pandemic, attendance by young people aged 18 and under at Wolverhampton's sexual health service, Embrace, dropped sharply. Although attendance has been rising since, it still hasn't reached pre-Covid levels (Figure 1).

STI testing and contraception within clinics for this age group shows the same pattern and remains below pre-pandemic levels (Figure 2). Online testing, introduced during the pandemic, now provides another option, with 16–17 year-olds making up 1.5% of online users in 2024–25. For some young people, this replaces the need to attend a clinic. The data emphasises the importance of educating young people on the importance of STI testing and the different ways tests can be accessed.

Overall, the data highlights a clear need to continue educating young people about why STI testing matters and the different ways they can access it, whether in person or online.

- A key source of information for young people on how to look after their sexual health is their Relationships and Sex Education (RSE) lessons in school.
- From March-July 2025, Public Health carried out an RSE pilot in four Wolverhampton secondary schools. The aims of the pilot were as follows:
- Identify the barriers to effective RSE delivery and the areas for improvement in the selected schools.
- Identify how RSE delivery and other messaging about sexual health can be improved in the selected schools.
- Provide recommendations for improvement of RSE delivery and messaging about sexual health.

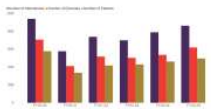


Figure 1: Attendance at Embrace – 18 and under (Source: PowerBI Dashboard)

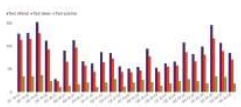


Figure 2: Quarterly STI Screening – 18 and under (Source: PowerBI Dashboard)

2. Methodology

The schools were selected for the pilot based on four sources of data:

- Wolverhampton's Health Related Behaviour Survey (HRBS) results; the Index of Multiple Deprivation (IMD) scores for the school locations; the Income Deprivation Affecting Children Index (IDACI) for the school locations; and the percentage births to teenage mothers for the school locations.
- The schools were ranked based on the IMD and IDACI scores, as well as their responses to the relevant HRBS questions, with certain questions given a greater weighting. (Figure 3)
- The lowest ranking schools were invited to take part in the pilot. An in-person focus group was carried out with a group of Year 9 and 10 students from each of the selected schools. Schools who teach RSE at each of the schools were also sent a survey to fill in through Microsoft Forms.
- Questions for staff and students focused on understanding the barriers to effective RSE delivery.

School	Overall Rank*
School A	8
School B	2
School C	10
School D	5
School E	9
School F	4
School G	3
School H	12
School I	7
School J	13
School K	1
School L	6
School M	11
School N	14
School O	15

*Lower – worse, higher – better

Figure 3: Overall School Rankings

3. Findings

- Common findings across the board were that students have limited knowledge of Wolverhampton's Sexual Health Service, Embrace.
- Students currently seek sexual health information from Google and would find it useful if RSE was delivered in a more interactive, discussion-based way.
- Students find case studies and real-life examples useful to aid understanding and would value having a professional come in to deliver lessons on certain topics.
- Students at the different schools also highlighted different ways in which sexual health information could be shared in school, outside of RSE lessons. For example, through posters, the school website, digital screens, etc.
- The results of the staff survey show that staff generally have high levels of self-perceived confidence in delivering RSE. However, they highlighted several ways that they could be better supported in their teaching – for instance, having high quality resources to aid teaching, and the support of school nurses in delivering lessons on certain topics. (Figures 4 and 5)

Figure 4: Staff Survey Responses 1

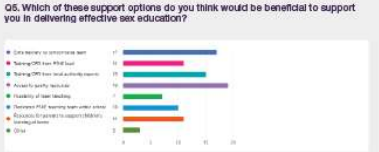


Figure 5: Staff Survey Responses 2

4. Recommendations

Based on the findings, a series of recommendations were put forward for school PSHE Leads, City of Wolverhampton Council Public Health and school nurses, including:

- That school nurses work with schools to increase student awareness of their drop-ins and the location of their drop-ins.
- That City of Wolverhampton Council Public Health and the school nurses work together to ensure that teaching resources are up to date with the correct information.
- That City of Wolverhampton Council Public Health deliver training to staff, based on feedback from the staff surveys.
- That schools listen to young people's feedback about the best ways to signpost them to sexual health services.

These recommendations are being implemented. They are aimed at tackling the barriers to delivering RSE and sexual health messaging in the target schools, to improve students' knowledge of sexual health and relationships. This should help students feel more confident in knowing how and being able to access sexual health support such as STI tests and contraception.

5. Progress So Far

- Schools have received targets to improve RSE delivery based on feedback from student voices and have been offered support to implement them.
- PSHE lesson resources from Cre8tive have been licenced by City of Wolverhampton Council Public Health for use in Wolverhampton secondary schools.
- Lessons on contraception and STIs have been adapted by Embrace Sexual Health Service to include Wolverhampton relevant data and signposting, to enable ease of delivery by school nurses.
- The 2026 HRBS is in progress and the results from this will be used to help assess the impact of the changes and review future support and implementation needs.

Ravi.Seehra@wolverhampton.gov.uk | Charlotte.Duckett@wolverhampton.gov.uk

PROMOTING EFFECTIVE HANDWASHING IN WORCESTERSHIRE

Victoria Moulston (Senior Public Health Practitioner), Ian Arblaster (Advanced Public Health Practitioner) & Matt Fung (Consultant in Public Health)

BACKGROUND

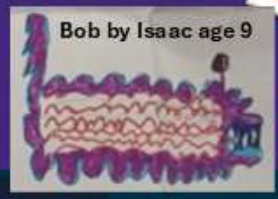
The "Clean Hands, Safe Hands" campaign was launched in Worcestershire following a rise in Norovirus cases after the COVID-19 pandemic. Increased reliance on alcohol-based hand sanitiser—ineffective against Norovirus— may have contributed to ongoing transmission.

In response, Worcestershire County Council (WCC) developed a county-wide programme promoting effective handwashing with soap and water in settings such as schools, nurseries, care homes, prisons, and workplaces. The campaign uses child-friendly characters and a narrative about "defeating ugly bugs," supported by radio, advertising, and educational materials to boost engagement.

METHODOLOGY

The campaign uses a practical, community-based health education approach. Key components included:

- Interactive learning sessions delivered in schools, SEND settings, family hubs, prisons, care homes, and workplaces. Sessions covered when, why, and how to wash hands, using demonstrations and UV lightboxes so participants could see germs left behind after poor handwashing. Tailored versions were provided for different audience types.
- The development of resources - bespoke toolkits, posters, lesson packs and activity sheets available on a dedicated webpage to reinforce messages at home and in settings ."Handwashing Hero" characters were used to strengthen engagement and recall. Children were also invited to create their own ugly bugs which are displayed on WCC website and social media.



ADDRESSING INEQUALITIES

Bringing sessions directly into settings reduces barriers related to literacy, access, and engagement, supporting more consistent adoption of effective handwashing behaviour.

OUTCOME AND EVALUATION

The delivery of learning sessions within schools started in October 2025 and to date over **1300 children** have attended a session. The aggregated survey results show that the vast majority of sessions were rated **'Excellent'** (over 83%), with all respondents indicating that the sessions engaged pupils effectively, clearly communicated key handwashing messages, and improved pupils' understanding of correct technique. Most found the session materials appropriate and useful, and none requested further support or resources.

FUTURE PLANNING

The campaign is now being rolled out to adult social care settings. Since January 2026 sessions have been delivered to 13 care homes engaging with over **200 people**. The offer to educations settings will continue along with other settings, such as workplaces and community hubs. Further evaluation will focus on whether the sessions have changed peoples long term handwashing activities and reduced infectious disease transmission

Scan QR code for more information

CLEAN HANDS SAFE HANDS WORCESTERSHIRE

Get all the latest updates at www.worcestershire.gov.uk

Be a Handwashing Hero

worcestershire county council

Bridging the Gap

A multi-agency partnership model improving healthcare access for asylum seekers & refugees in Warwickshire

4	+700	3
Contingency Hotels	Residents Supported	Partnership Meetings

Warwickshire County Council · Public Health Team

BACKGROUND

Asylum seekers & refugees (ASR) frequently face significant barriers accessing healthcare including GP registration difficulties, language support gaps, unreliable transport, and navigating complex health systems. In Warwickshire, 790 ASR residents are housed across 4 contingency hotels, creating a need for locally-led support to ensure healthcare services are accessible and coordinated.

THE FOUR SITES

~400	Dunchurch Park	~200	Delta Hotel
~130	Grosvenor	~60	Episode Hotel

MULTI-AGENCY PARTNERSHIP

Public Health chair and coordinate a multi-disciplinary team including:

· Primary Care · ICB · SERCO · Hotel Management · Health Visiting · Midwifery · Mental Health Support · Migration Services · TB Community Service

TIMELINE & PROGRESS TO DATE

July 2024 — Dunchurch Park Hotel Health Partnership

· GP registration pathway with triage — continually troubleshot · Secured IPC-inspected clinical space · Deep Dive discussions raising awareness of services and referral routes · Healthy Start Vitamin provision · Dunchurch Park Health Event — 19+ stallholders, well attended · TB community service clinic in place

Feb 2025 — Delta Hotel Partnership

· Same model as Dunchurch —includes GP practice, ICB, SERCO, mental health, migration services, TB community service · Primary Care onsite clinic offer supported · TB community service clinic established · Meets monthly

Jun 2025 — Quarterly Health Partnership — All Four Sites

· Share best practice and learning across all sites · Understand barriers to primary care — suggested solutions · Connect services via deep dives · Identify funding gaps

IMPACT

Multilingual Resources

Dunchurch Health Event

- ✓ Regular onsite clinics established
- ✓ Improved GP registration pathways
- ✓ Large health & wellbeing event (19+ stalls)
- ✓ Multilingual resources provided
- ✓ Rapid outbreak response: TB, Diphtheria, Scabies, Listeria
- ✓ IPC-inspected clinical space secured
- ✓ Healthy Start Vitamins provision
- ✓ Social prescribers embedded
- ✓ Minor ailments pilot in development

CHALLENGES

Transport

Taxi provision removed — risk of missed GP appointments and delayed treatment for infectious diseases. Partnership reviewing mitigation strategies.

Data Sharing

SERCO ↔ Primary Care protocols under review to improve timely GP registration and deregistration.

Changing Landscape

Landscape continues to evolve, requiring partnership flexibility and rapid collective responses.

FUTURE WORK

Minor Ailments Pilot — April 2026

This pilot enables access to free over-the-counter medications for minor ailments through local pharmacies — reducing GP appointments, easing A&E pressure, and enabling faster infection treatment (e.g. scabies). Two pharmacies agreed in principle.

Also exploring: Oral health provision · Future primary care models

Antimicrobial Resistance & Vaccine Education

Key Stage 2 Schools Initiative · Warwickshire County Council · Foundation Year 2 Doctors, Public Health Rotation, UHCW NHS Trust

Warwickshire County Council

BACKGROUND

Antimicrobial resistance (AMR) is one of the most pressing global health threats. Changing antibiotic behaviours early has a generational impact. Foundation Year 2 doctors on Public Health rotation delivered evidence-based sessions to Key Stage 2 pupils across Warwickshire.

OBJECTIVES

- Promote safe antibiotic use and course completion
- Improve population-level understanding of AMR
- Teach effective handwashing and hygiene
- Deliver vaccine education on herd immunity

SESSION FORMAT

45-minute interactive sessions using adapted e-Bug (UKHSA) national resources for Years 3–6. Delivered via structured presentation, discussion, comic strip scenarios, and paired vocabulary worksheets.

- Microbes & bacteria
- Antibiotic resistance
- Hand hygiene
- Vaccines & herd immunity

METHODS

Emails were sent to all Warwickshire County Council primary schools. Two F2 doctors reviewed UKHSA literature and adapted the national e-Bug programme to match their learning objectives and 45-minute time frame.

01 School outreach via email to Warwickshire LA network

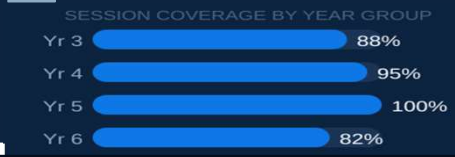
02 Literature review — UKHSA & national e-Bug resources

03 45-min interactive delivery to Year 3–6 classes

04 Paired vocabulary worksheet with answer debrief

05 Contact details retained for next F2 cohort handover

SESSION COVERAGE BY YEAR GROUP



RESULTS

23 Schools expressed interest

11 Schools visited

~1,380 Students reached

~44 Classes taught

SCHOOLS REACHED

STUDENTS BY TOPIC

KEY FINDINGS

- All 11 sessions well received by students and teachers
- High engagement with interactive worksheets and discussion
- Vaccine module successfully piloted at one school
- Reach significantly exceeded team expectations
- Contact list retained for seamless F2 cohort handover

CONCLUSIONS

The project improved AMR literacy in over 1,380 Key Stage 2 pupils across Warwickshire. Interactive pedagogy — discussion, scenario-based worksheets, and role-play — drove strong engagement at every school visited.

NEXT STEPS

- Hand over resources and school contacts to next F2 cohort
- Expand vaccine sessions to remaining 12 schools
- Develop new topics: vector-borne disease, cardiovascular health
- Pursue formal pre/post-session knowledge assessment

Reference: WHO Antimicrobial Resistance Fact Sheet · UKHSA e-Bug National Teaching Resources · Public Health Rotation, UHCW NHS Trust

STRENGTHENING SEXUAL HEALTH IN WOLVERHAMPTON – INCREASING STI TESTING THROUGH PARTNERSHIP, AWARENESS – A SYSTEM COLLABORATION

CITY OF WOLVERHAMPTON COUNCIL

Since 2021, Wolverhampton has seen a significant increase in STI testing rates. In 2024, testing rates were higher than both the West Midlands and England averages (Figure 1). Although more tests were completed, leading to more diagnoses, the positivity rate fell (Figure 2).

This poster shows the approaches that contributed to higher testing uptake and a lower proportion of positive results.

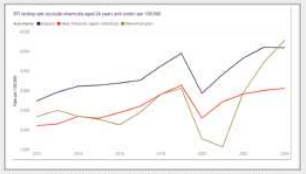


Figure 1. STI testing rate (excluding chlamydia aged 24 years and under) per 100,000 (Source: PHOF)

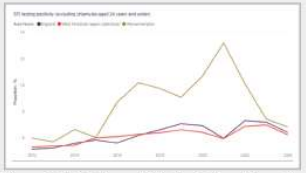


Figure 2. STI testing positivity (excluding chlamydia aged 24 years and under) (Source: PHOF)

Using Data to Drive Action

We developed PowerBI dashboards using local data from Wolverhampton's sexual health service, Embrace. This allowed us to:

- Track increasing clinic attendance, now above pre-Covid levels (Figure 3)
- Map variation in STI diagnoses by ward (Figure 4)
- Identify higher risk, more deprived areas for outreach activity
- Expand capacity and increase awareness by working with local community partners

This data-driven approach ensures interventions are targeted and responsive.

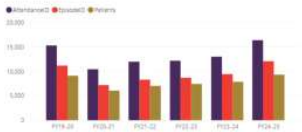


Figure 3. Embrace Sexual Health Service Usage (Source: PowerBI Dashboard)

31,887 Patients | **53,825** Episodes | **79,053** Attendances

Figure 4. STI Rates by Ward for Wolverhampton (Source: PowerBI Dashboard)

A Whole-System Partnership

In 2023/24 we established a city-wide strategic alliance involving:

Public Health, Social Care, Black Country ICB, NHS England, Royal Wolverhampton NHS Trust, Primary Care, Healthwatch, and the voluntary and community sector. Together, we agreed and focused on:

- Increasing awareness and access to STI testing and treatment
- Promoting good reproductive health across the life course
- Supporting young people to develop skills for healthy relationships
- Strengthening capacity across services

This collective approach provides consistent, quality sexual health support across Wolverhampton.

Expanding Online Testing

Post-Covid behaviour changes mean more people now choose online testing. This offers: A convenient, discreet alternative and reach into groups less likely to attend clinics. In 2024 Embrace led on a BBV online testing pilot:

- Online testing identified more HIV diagnoses than clinics
- 75% of those diagnosed online were outside traditional high risk categories

This demonstrates the value of diverse testing routes.

Co Designed Campaigns

We tailor national and local campaigns to the needs of Wolverhampton residents. For example, the 'Ouch' campaign (Figure 5) was co-designed with young health champions in schools and promotes STI testing and condom use to prevent transmission. Co-design ensures messaging is meaningful, age-appropriate, and culturally relevant.

Figure 5: 'Ouch' Campaign Poster

Figure 6: Sexual Health Toolkit

Building System Capacity

We have prioritised increasing the confidence of professionals across the system to talk about sexual health. Our new Sexual and Reproductive Health Toolkit is used across; primary care, education, social care, foster care and VCS. It builds workforce knowledge on STIs, HIV, contraception, and local services (Figure 6), helping ensure consistent signposting and support for residents.

Conclusion

By working together building strong relationships, using data effectively, and taking a whole system approach, Wolverhampton is improving sexual health outcomes for its residents.

Ravi.Seehra@wolverhampton.gov.uk | Charlotte.Duckett@wolverhampton.gov.uk

When Roads Meet Public Health: Suicide Prevention in the A46

Ahmed Khan OHID Midlands

Background

- OHID Midlands reviewed the A46 Newark Bypass NSIP.
- Suicide risk was missing from the initial NSIP.
- OHID Midlands raised this gap and worked with Nottinghamshire public health teams using recent JSNA suicide-prevention data.
- The Examining Authority requested the applicant to address suicide-risk issues.
- By July 2025, the applicant agreed to apply the National Highways Suicide Prevention Toolkit.

Confront and reduce inequalities

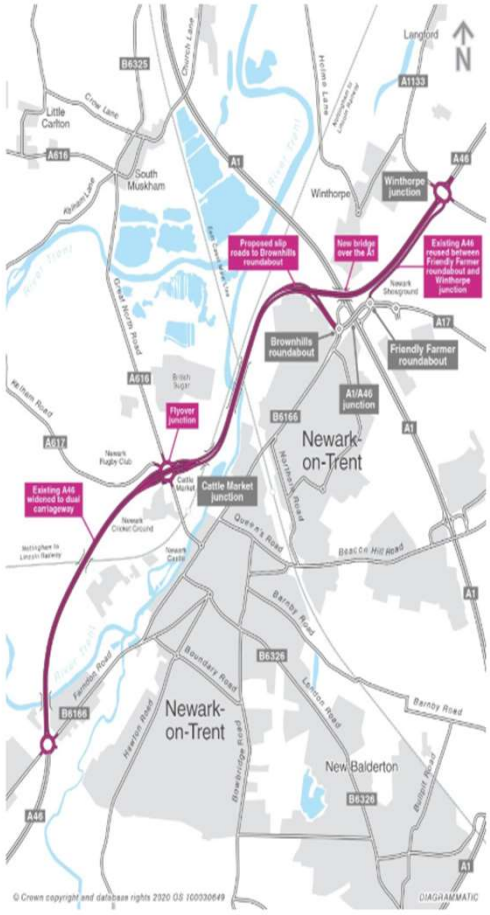
- We highlighted a preventable suicide-risk affecting vulnerable women near the scheme.
- It was formally recognised so their needs were not overlooked in major infrastructure decisions.

Shared learning and lived experience

- Working with the Nottinghamshire public health team, using their lived experience, we strengthened collaborative learning.
- This work can also serve as a case study for other regions facing similar NSIP-related risks.

Shape the next phase of our regional health protection journey

- Influencing the Examining Authority and securing use of the National Highways Suicide Prevention Toolkit, we strengthened a clearer, more ambitious regional approach to suicide prevention in infrastructure planning.
- This shows how united, evidence-led input can shape future design decisions and enhance protective measures.



A46 Newark Bypass route

Strengthen our collective resilience

- Swift NSIP process required early, proactive work with the local DPH and public health team.
- Using updated JSNA data, we improved the system's ability to identify and respond to emerging risks.

Key highlights of our work:

• Highlighted a critical oversight in the NSIP scoping report by flagging the absence of suicide risk assessment near a vulnerable women's mental health facility.
• Brought local expertise into the process, using Nottinghamshire's up to date Suicide Prevention JSNA to strengthen the evidence base.
• Triggered formal scrutiny, prompting the Examining Authority to question the applicant directly on suicide risk mitigation.
• Secured a concrete commitment from the applicant to apply the National Highways Suicide Prevention Toolkit in the scheme's detailed design.
• Protected a high-risk group by ensuring suicide prevention was recognised as a necessary part of infrastructure planning.

Further Reading:
NSIP A46 Newark Bypass scoping documents
Examining Authority recommendation report
National Highways Suicide Prevention Strategy 2022

Dudley Pneumococcal Vaccination Pilot: increasing uptake and reducing health inequalities for COPD patients

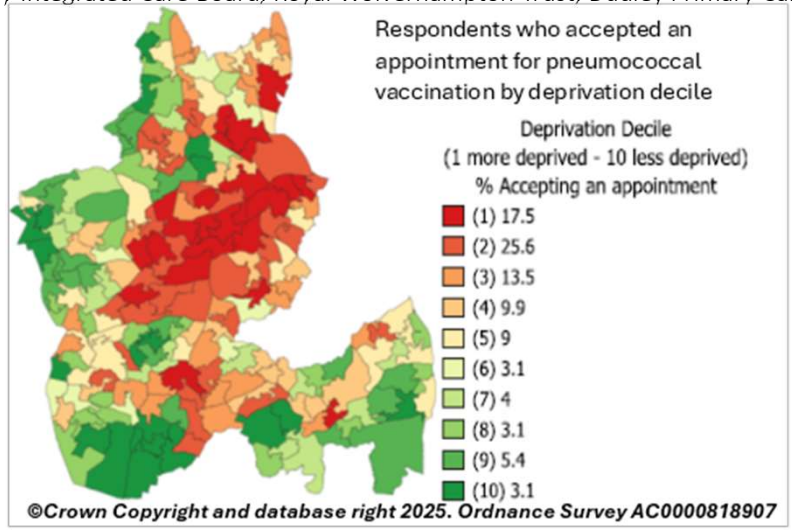
Delivered by Dudley Health Protection in partnership with: Dudley Council Intelligence Team, Dudley Pharmacy Team, Black Country Integrated Care Board, Royal Wolverhampton Trust, Dudley Primary Care

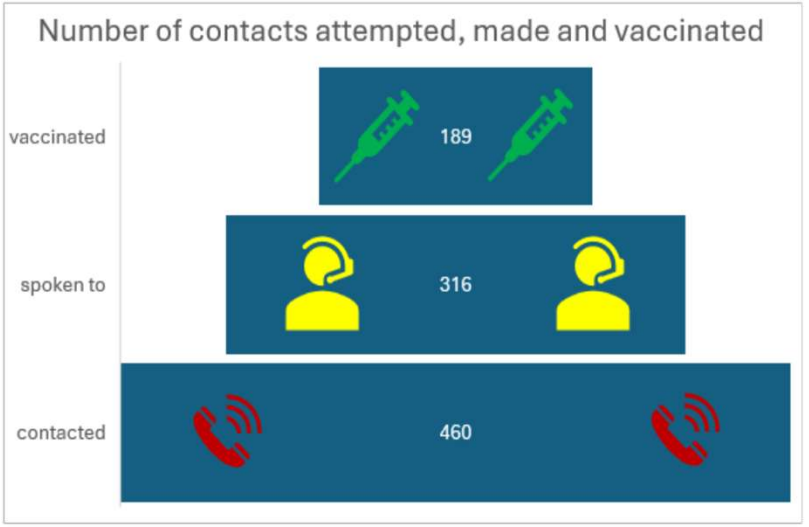
Liz Jones, Dudley Health Protection Senior Practitioner

Contact: liz.jones@dudley.gov.uk

Introduction

- Chronic Obstructive Pulmonary Disease accounts for 1 in 8 emergency hospital admissions (2023/24).
- Dudley COPD emergency admissions above England average at 477 per 100,000 (2023/24).
- 1 in 8 acute hospital discharges require step-down care, 39% of these require longer-term support.
- Partnership working improved vaccine uptake in those most at risk, supported GP Practice's CORE20PLUS5 aims at no additional cost.





Methods

The following activities were delivered between May 2024 and April 2025:

- GP EMIS system report searches developed to identify patients with COPD; 18 years+ and care home residents, 65 years+, with no previous history of pneumococcal vaccination.
- Dudley Pharmacy Team's Medicine Optimisation Support Hub (MOSH) had supportive telephone conversations with identified patients.
- Telephone calls to patients from CORE20PLUS5 practices prioritised.
- GP Practices allocated appointments which the MOSH team could book for patients requesting the vaccine at time of call, housebound patients and care home residents referred to the ICB commissioned Roving Vaccination Team.
- Patients wanting more time to consider the pneumococcal vaccine were provided with online information links, the opportunity to speak to a Specialist Respiratory Pharmacist and local stop smoking support was provided to patients identified as smokers.

Results

- 316 patients with COPD registered with 31 Dudley GP Practices were spoken to.
- 223 (70.7%) accepted appointment for pneumococcal vaccination.
- 189 (60%) received a pneumococcal vaccine.
- 43.1% of those accepting appointments were from the 20% most deprived areas.
- 184 care home residents received their pneumococcal vaccination.
- 196 (62%) patients stated they were unaware they were eligible for the vaccine.
- 75.3% of all patients spoken to rated the intervention 5/5 for usefulness.

Conclusions

- Extrapolating Dudley pneumococcal vaccination pilot outputs to research by Walters, et al. (2017) indicates that the pilot may have prevented 47 acute exacerbations of COPD and 18 episodes of community acquired pneumonia.
- By prioritising CORE20PLUS5 GP practices, this pilot helped to improve health outcomes for vulnerable groups and reduce health inequalities through vaccination and signposting to stop smoking support.

Lessons learned from investigating an outbreak of measles in an extended Travelling family in South Staffordshire

James Bell[1], Wendy Holmes[1], Sophie Logan[2], Eleanor Wade[2], Ainka Hastick[2], Andreea Chirita[2], Hadijah Bbosa[1], India Clancy[2], Naveed Sayed[1], Emma Booth[1]

1: West Midlands Health Protection Team, UKHSA
2: Midlands Field Services, UKHSA

CONTEXT

In November and December 2025 several cases of measles were reported or identified in South Staffordshire. The outbreak took place on a site occupied by several Traveller families living across 5 chalets. Additional cases were later identified on a separate site.

EPIDEMIOLOGICAL OVERVIEW

On Site 1:

- 7 confirmed cases, 6 probable cases and 2 possible cases on Site 1
- Average age of 14 (range: 9 months to 28 years)
- 40% female
- One probable case had 2 MMR vaccines, no other cases had any MMRs
- Some cases developed complications, including pneumonia
- No source was identified. Possible source may have been a Church in the area

On Site 2:

- 2 confirmed cases
- No links established between the two sites

PUBLIC HEALTH ACTIONS

- Incident Management Team (IMT): to enable contact tracing and community outreach
- Contact tracing: done by Royal Wolverhampton Trust and Princess Royal Hospital
- One person administered intravenous immunoglobulin
- Advice to site residents on recognising measles and safely visiting healthcare settings using appropriate communication tools
- Outreach to answer queries and promote MMR vaccination
- Communication with religious setting

FIGURES

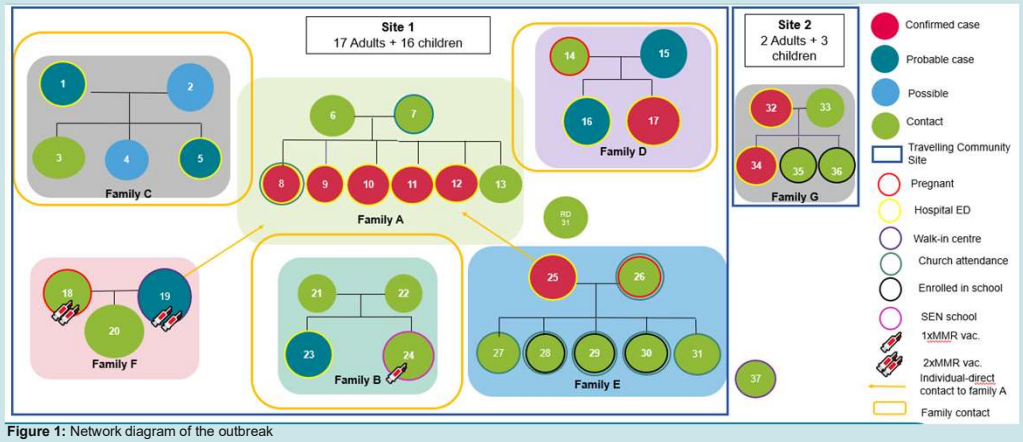


Figure 1: Network diagram of the outbreak

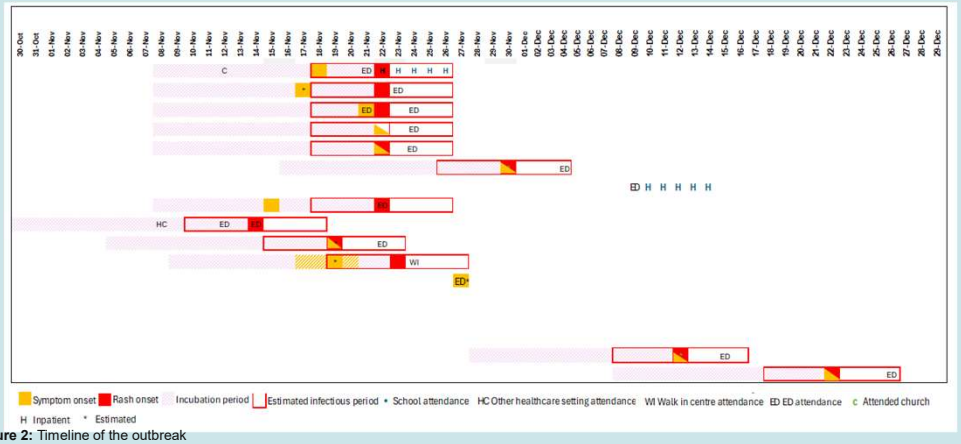


Figure 2: Timeline of the outbreak

LESSONS LEARNED

1 Working with trusted community partners is essential

This is vital to collect information to inform public health actions (e.g. family structure and relationships) and to engage community members with prevention messaging

2 Messages must be tailored appropriately

Messages were more likely to be disseminated through the site if they were in the form of videos or short WhatsApp messages that could be forwarded easily. Sharing messages via a trusted point person was effective

3 We were not successful in encouraging MMR vaccination

Various options to promote MMR were considered and offered (mobile vaccination, health visitor, GP/ nurse visit) but none were accepted due to beliefs about vaccination and autism. Understanding specific community barriers and offering sustained support to consider MMRs may be useful in future outbreaks

ACKNOWLEDGEMENTS

We would like to acknowledge the contribution of the partners who attended the IMTs, including Royal Wolverhampton NHS Trust, Staffordshire County Council, MPFT and BCICB. We would particularly like to acknowledge the valuable contributions of Emma Spooner (Royal Wolverhampton NHS Trust) and Caroline Escott (Staffordshire County Council)

A WHOLE SYSTEMS APPROACH TO TACKLING TUBERCULOSIS (TB) IN WOLVERHAMPTON

CITY OF WOLVERHAMPTON COUNCIL

Background

Wolverhampton experiences one of the highest TB incidence rates in England. The 3-year-average incidence between 2022-2024 was 22.3 per 100,000, meaning Wolverhampton is the 12th highest local authority area in England.

TB disproportionately affects those born in very high incidence countries, as well those experiencing one or more social risk factors (SRF); homelessness, alcohol / substance use, imprisonment, refugee / migration issues.

In confronting these entrenched inequalities, partners across Wolverhampton have built a cohesive and resilient whole-systems approach, drawing on lived experience, innovation and cross-sector learning to strengthen the city's health protection response and reduce health inequalities.

Integrated Leadership & Joint Commissioning

- A long-term Service Level Agreement between City of Wolverhampton Council and Black Country ICB enables joint commissioning, shared governance and unified priorities for TB services.
- This partnership ensures that specialist TB nursing, latent TB infection (LTBI) testing, referral pathways, and inclusion health initiatives are delivered as an integrated system rather than isolated programmes.
- It strengthens collective resilience by reducing fragmentation and enabling the system to adapt rapidly during outbreaks or surges in need.
- The RWT TB Nursing Service provides a comprehensive offer including testing, diagnosis, treatment, contact tracing, outbreak management, DOT/VOT, and workforce training across NHS, social care, housing and VCS partners. This cross-sector capacity building helps reduce inequalities in access, awareness and capability across frontline services.

Addressing Structural Inequalities: Homelessness, TB & NRPF

- Recognising the acute vulnerability of people experiencing homelessness, partners across Wolverhampton established a dedicated, jointly delivered TB Accommodation & Support Service.
- Through close collaboration between LA Public Health, supported housing providers, and TB Nursing, the pathway provides rapid access to self-contained accommodation, wrap-around trauma-informed support, and early, proactive exit planning to promote stability beyond treatment.
- The partnership ensures that individuals who are infectious with TB, including those with no recourse to public funds, receive coordinated clinical, practical and social support, ensuring no one is excluded from lifesaving treatment or left without safe accommodation during their recovery.
- A regional NRPF TB risk-share arrangement with neighbouring ICBs further strengthens this collaborative model, embedding shared responsibility, unified public health protection and resilience across the wider system.
- A prolonged TB outbreak in a large private hostel revealed that poor primary care access was worsening TB outcomes and driving crisis-based A&E use.
- In response, partners co-designed the Healthier Hostel Primary Care In-Reach Pilot, providing onsite GP clinics, proactive health checks, vaccinations, mental health support and referral pathways. Residents reported increased trust and improved health.

Reaching High-Risk Populations: LTBI Outreach in Two Contingency Hotel

- To adapt to the rapid changes in local accommodation for newly arrived or transient residents, the TB Nursing Team deliver onsite LTBI clinics across contingency hotels in the city.
- Clinics are delivered through a strong partnership between the RWT TB Nursing Service, two contingency hotels, and LA Public Health, ensuring coordinated engagement, resident support and seamless operational delivery.
- Nursing staff facilitate resident engagement, ensuring high uptake among groups known to face substantial barriers to care.
- A snapshot of three clinics delivered across two contingency hotels screened in one month saw 34 residents screened with a 17.6% positivity rate. These results highlight the impact of flexible, onsite LTBI testing for newly arrived or transient groups.

Screening Model	Positivity Rate	DNA Rate
Flag 4 LTBI	14.35%	51.1%
Hotel Screening	18.3%	23.3%

Royal Wolverhampton Trust TB Nurse Team

Delivering LTBI screening within inclusion health settings appears to offer a more effective and efficient approach than relying solely on the Flag 4 invitation system. Analysis of Wolverhampton's Flag 4 LTBI data from January 2023 to December 2025 shows an overall positivity rate of 14.35% and a DNA rate of 51.1%. In contrast, screening undertaken in two migrant contingency hotels during 2025 demonstrated a higher combined positivity rate of 18.3% and a substantially lower DNA rate of 23.3%.

These findings indicate that targeted LTBI screening in inclusion environments may enhance case detection while reducing missed appointments, thereby contributing to more effective TB prevention and potentially lowering future incidence rates.

A Unified, Learning Health Protection System

Wolverhampton's approach confronts inequalities, strengthens resilience, embeds shared learning, and shapes the next phase of regional health protection through scalable, compassionate and evidence-informed TB pathways.

healthprotection@wolverhampton.gov.uk

Transforming HIV Data into Action

Supporting strategic planning and system leadership in Walsall

Akika Shibata[1], Vikki Tolley[2], Dr. Claire J. Heath[1], David Walker[2], Dr. Uma Viswanathan[2]

Business Intelligence[1] and Public Health Services[2], Walsall Council, The Civic Centre, Darwall Street, Walsall, WS1 1TP

Akika.Shibata@walsall.gov.uk

www.walsallintelligence.org.uk

Background

- There is a national ambition towards achieving zero new HIV infections, AIDS and HIV-related deaths in England by 2030.[1]
- Due to ongoing increased transmission in the borough, Walsall Council Public Health identified a need to improve data-driven strategic and operational planning to ensure more precise targeting of HIV outreach and testing initiatives.
- Late diagnosis is a key factor associated with increased morbidity and early mortality amongst individuals with HIV infection, and it also increases the likelihood of onward transmission. Nationally, people who were diagnosed late in 2022 were 10 times more likely to die within a year compared to those who are not.[2] Therefore, it is crucial to reduce late and undiagnosed HIV to improve patient prognosis as well as to reduce onward transmission.
- Data on HIV prevalence, testing uptake, and late diagnosis has historically been fragmented across multiple sources and formats, including Fingertips, UKHSA Local Authority HIV surveillance data, SPLASH reports, GUMCAD and local sexual health service systems.
- This fragmentation has presented challenges to data-informed decision making, including the identification of gaps in service provision and access, and responding to changes in local patterns of diagnosis, transmission, and characteristics of at-risk groups.

Objective

To utilise Power BI to integrate multiple and complex datasets into a single interactive HIV dashboard to improve the visibility and accessibility of various HIV data to support evidence-based decision making.

Methodology

The dashboard incorporates surveillance data on HIV testing, coverage, trends in diagnosis and late diagnosis rates, treatment, and the analysis of geographical and demographic patterns. Strict adherence to data governance and confidentiality standards was maintained throughout (UKHSA approved data for publication).

The key stages of this approach included:

- Engaging with clinical, commissioning, and patient engagement professionals to identify information/data needs
- Mapping and consolidating all relevant data sources into a secure dedicated database
- Developing dashboard interface with layered data visualisations
- Piloting the dashboard and conducting user-acceptance testing with senior public health professionals and iterating based on their feedback
- Presentation of the integrated dashboard at partnerships and utilisation of the platform to:
  - inform Health Protection activities,
  - develop local HIV action plan, and
  - underpin Walsall's 2025-2030 Sexual and Reproductive Health Strategy.

Findings

New HIV Diagnoses

- Walsall has a lower HIV testing rate (*Fig.* 1)[3], lower new diagnosis rate (*Fig.* 2)[4], and higher proportion of late diagnosis (*Fig.* 3)[2] compared to the national average.
- In 2022, due to increased local testing efforts, the absolute number of people newly diagnosed with HIV increased to 17 compared to 7 in 2021.[4]
- **The proportion of these new diagnoses classed as late rose significantly by almost 250%; from 2021 (20%) to 2022 (69%) (*Fig.* 4).[5]**
- However, between 2022 and 2024, the proportion of late diagnoses has decreased from 69% to 44% despite increased testing, indicating that testing efforts was adequately targeted.

***Fig.* 1 HIV testing rate per 100,000 population in Walsall compared to national and regional average**

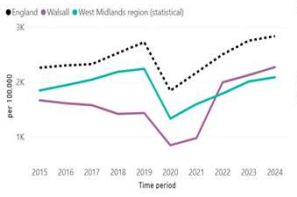


***Fig.* 2 New HIV diagnoses rate per 100,000 population in Walsall compared to national and regional average**

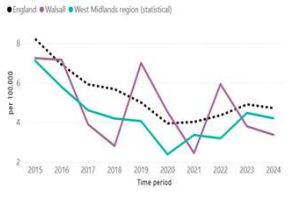


***Fig.* 3 HIV late diagnosis in Walsall compared to national and regional average (3-year average)**

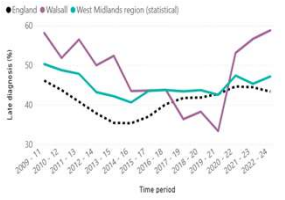
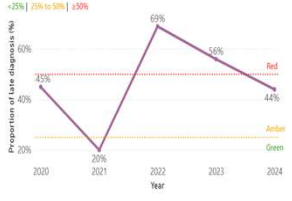


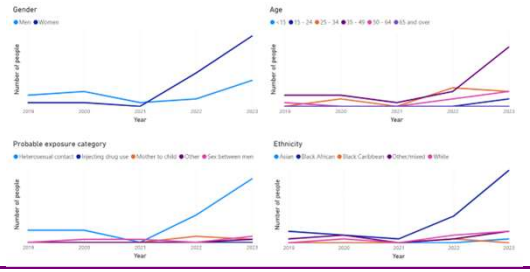
***Fig.* 4 Proportion of new HIV diagnoses classed as late in Walsall**



People Diagnosed with HIV Continuing Care in England

- Since 2021, Walsall has experienced a significant rise in the number of individuals diagnosed with HIV who are continuing care after an initial diagnosis abroad, reflecting a trend similar to the rest of the West Midlands.
- In 2024 in Walsall, 25% of people diagnosed with HIV continuing care in England had a late diagnosis.[5] This is higher than both the national and regional average of 16%.[6, 7]
- This cohort's proportion of late diagnoses is significantly lower than the proportion of diagnoses classed as late for those newly diagnosed first in the UK (25% vs 44%).[5] This cohort is excluded from the national metric "HIV late diagnosis" as they are often already on treatment when they are subsequently diagnosed in England.
- In 2023, there was a significant rise in heterosexual Black African women age 35-49 (*Fig.* 5) in this group.[5] 2024 figures are unavailable due to suppression.

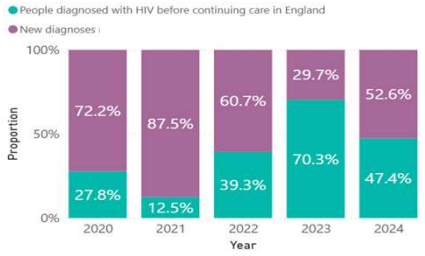
***Fig.* 5 Demographic trend of Walsall residents diagnosed with HIV continuing care in England.**



Proportion of All HIV Diagnoses

- In Walsall, there was a sharp increase in the proportion of people diagnosed with HIV before continuing care in England from 12.5% to 70.3% between 2021 and 2023 (*Fig.* 6).[5]
- However, in 2024, this proportion dropped to 47.4%, and over half (52.6%) of all HIV diagnoses were new diagnoses.
- The proportion of all HIV diagnoses in Walsall in 2024 was very similar to the national average where 52% were those with new diagnoses and 48% were among people diagnosed with HIV before continuing care in England.[6]

***Fig.* 6 Proportional distribution of all HIV diagnoses of Walsall residents**



Outcomes

- The dashboard has improved data accessibility and actionable insights by having clear "key takeaway" points. The dashboard ensures that both decision makers and front-line clinical workers can readily access and interpret quantitative statistics, supporting targeted interventions and operational planning.
- Public Health commissioners now have increased confidence in the accuracy, timeliness and relevance of data provided by the HIV dashboard, enabling them to make more timely, informed, and evidence-based decisions regarding resource allocation and service provision.
- Insights from the dashboard have informed the strategic updating and targeting of outreach work, as well as the planning of focused HIV testing and awareness campaigns, maximising impact within key populations and supporting overall public health objectives.

Recommendations

- Given the importance of measuring HIV late diagnosis to achieve the zero-transmission ambition, it is essential to utilise this platform to continue to closely surveillance local diagnoses, HIV service delivery, population demographics, and sustain system leadership.
- Future plans for the dashboard include the adoption of automated data processes (e.g. exploration of APIs) for sustainable maintenance, regular updates and continued horizon scanning for other relevant datasets for incorporation.
- Other public health teams should consider adopting this approach, as it demonstrates innovation, provides a robust surveillance infrastructure that enables timely identification of emerging trends and rates and supports data-driven intervention strategies.

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[5] UK Health Security Agency Walsall Local Authority HIV Surveillance Data Tables (2025)

[6] UK Health Security Agency. (2025, October 7). HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2025 report. GOV.UK. Retrieved 21st Nov 2025, from https://www.gov.uk

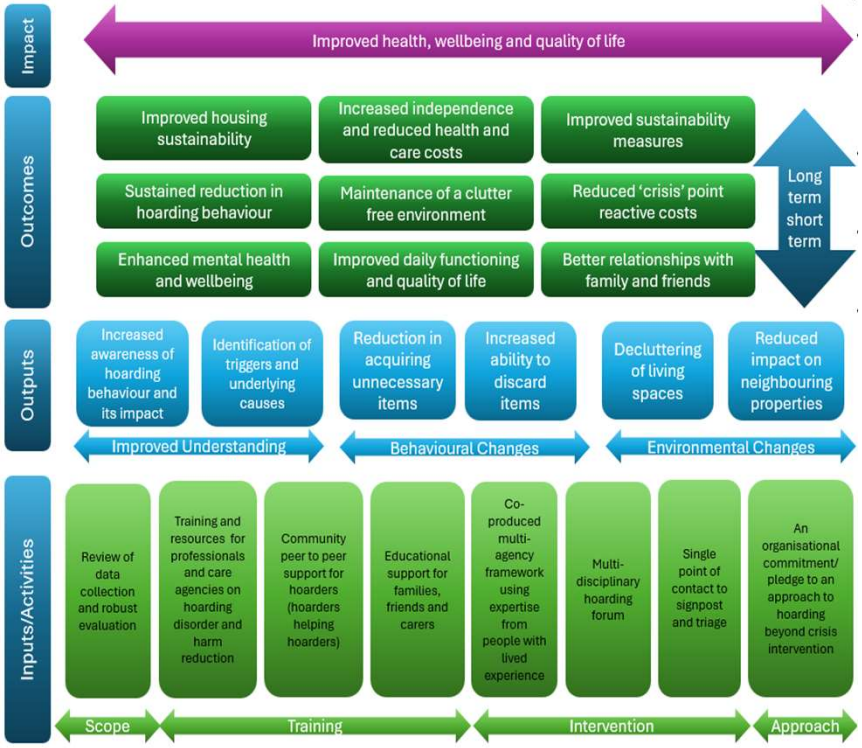
[7] UK Health Security Agency West Midlands HIV Surveillance Data Tables (2025)

Multi-agency Approach to Hoarding across Staffordshire

Poster Presentation Author: Beth Hadnum, Infection Control and Outbreak Management Lead, Staffordshire County Council

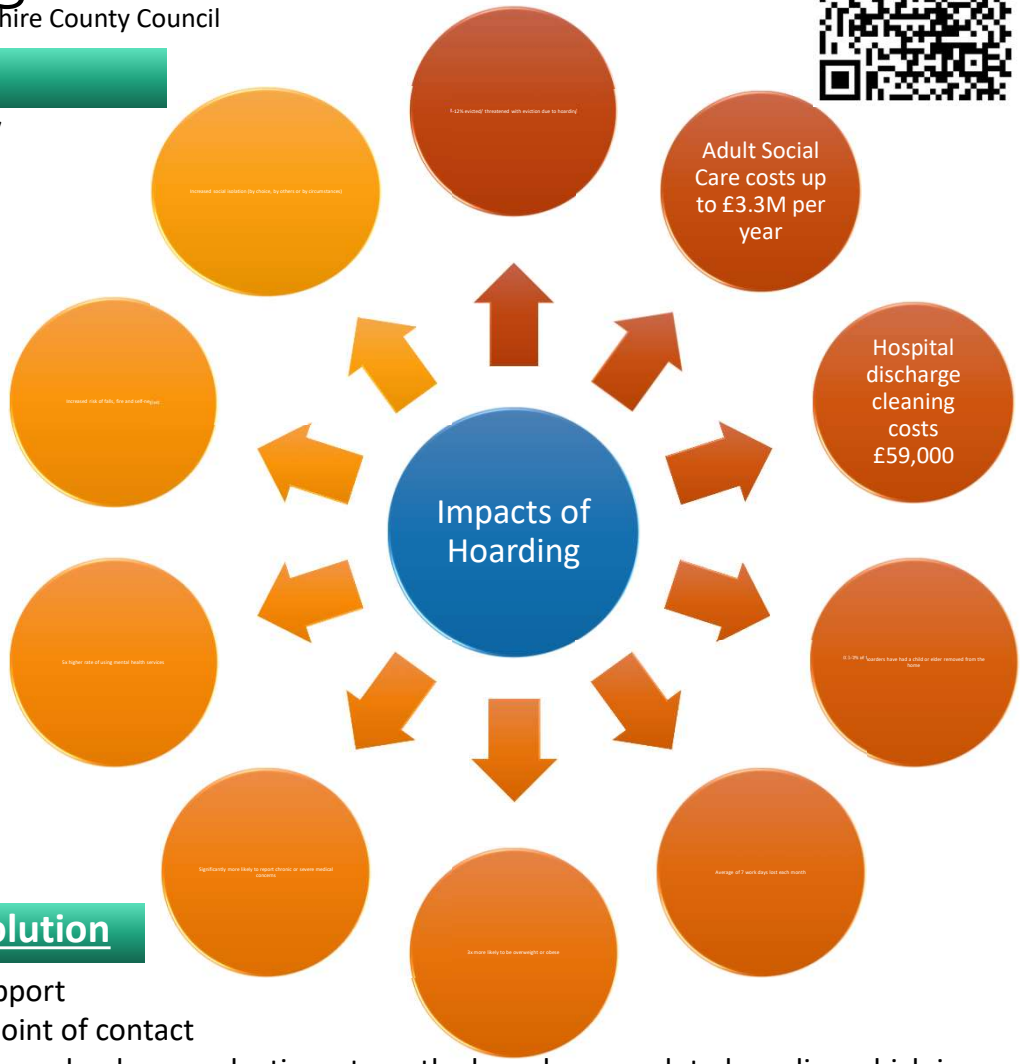
The Problem

- Hoarding is **excessive** collection and retention of any material to the point that it **impedes day to day functioning**
- **2.5%** of households, which equates to **9,380** households in Staffordshire exhibit hoarding behaviors, but only **5%** reach statutory services due to stigma and lack of awareness.



The Approach

- Developed **multi-agency** task and finish group
- **Harm reduction** approach to **prevent** crisis point
- Shared hoarding **protocol**
- Literature review
- Local **data analysis** included **cost-benefit** analysis
- Active **engagement** with people who hoard
- Community capacity audit
- Two-year pilot **specialist hoarding support service**



The Co-Produced Solution

A specialised hoarding support service to act as a single point of contact to co-produce solutions towards a harm reduction, strengths-based approach to hoarding which is outcome focused and person centred.

UK Health Security Agency

CHANGING LIVES

Improving support for sex workers in Walsall

Insights from lived experience and local service providers and commissioners

Walsall Council

Background: Sex workers in Walsall experience significant and intersecting health inequalities shaped by stigma, trauma, unstable housing, policing practices, fragmented services, and inconsistent access to mental health support. This research project, coproduced by UKHSA West Midlands, Walsall Council, and Changing Lives, draws on interviews with women engaged in sex work and focus groups with local commissioners / providers. Using a socioecological framework, it shows how individual, interpersonal, community and structural factors combine to influence access to care.

Results: Insights from women, local providers and commissioners show that the current system is often difficult to navigate, inflexible, and not trauma informed, leading many women to disengage from support. Women described stigma in healthcare, complex housing pathways, mixed experiences with police, and limited mental health support.

"We need co-commissioning informed by lived experience and frontline staff"

Providers highlighted short term funding, unclear referral pathways, and heavy reliance on the voluntary sector to fill critical gaps. Across all groups, consistent outreach, trusting relationships, and safe women only spaces were identified as the strongest enablers of engagement.

You always get judged... people look down on you... it's very off-putting

"When I went through to be seen.. the way that I felt they were judging me.. made me walk out and I didn't get any treatment"

Conclusion and recommendations: A more coherent, trauma informed and person-centred system is required. The insights from this study provide a strong evidence base for shaping future commissioning decisions across health, housing, mental health, and community safety.

The findings highlight the importance of commissioning for consistency, with stable, long-term funding that protects outreach, drop-ins, and specialist support. They also point to the need for co-located and flexible access models, including evening outreach, women-only hubs and informal safe spaces that reduce barriers created by rigid appointment systems.

Embedding lived experience and frontline insight within commissioning cycles and strategies is essential to ensure service models reflect women's realities and provides an opportunity to support more equitable and responsive system that supports the health, safety and wellbeing of sex workers in Walsall.

STRENGTHENING INFECTION CONTROL IN ADULT SOCIAL CARE IN WOLVERHAMPTON THROUGH AN INTEGRATED HEALTH PROTECTION PARTNERSHIP MODEL

CITY OF WOLVERHAMPTON COUNCIL

What We Provide

- Two annual audits per care home with individual improvement plans
- Group and bespoke training in infection prevention and control, including training packages and handbooks
- Outbreak management including 24-hour response to notification, in-person visits where required, risk assessment in conjunction with UKHSA, and support for Incident Management Teams (IMTs)
- Senior nurse oversight at all times
- General infection control advice, single point of contact, to eligible settings
- Weekly surveillance emails to partners
- Operating hours: Monday to Friday, 9:00am – 5:00pm

Eligible Settings

- Care homes (65+ settings caring for 2,000+ residents)
- Supported living
- Hostels
- Day care
- Emergency accommodation

Partnership Working

- UKHSA
- ICB Health Protection Team
- City of Wolverhampton Council Public Health Team
- Pathology Lab
- Acute Trust Teams including the Rapid Intervention Team (supporting care home residents to avoid unnecessary hospital admissions)
- Care Home Managers and other Adult Social Care Setting Management Teams

Performance (First 24 Months)

2X

100%
of core care homes received two annual audits, each supported by an improvement plan

100%
of care homes received training; some requested repeat sessions

8
open group training sessions delivered across all eligible settings

169
incidents and clusters reported and supported

100%
of incidents and clusters contacted within 24 hours (or next working day)

114
outbreaks reported and supported

26
outbreaks received in-person visits and on-site support

Various
IMTs
supported

healthprotection@wolverhampton.gov.uk

Reducing Inequalities Through Vaccination
Pop-up Clinics For Children And Young People In Worcestershire

Authors: Victoria Moulston (Senior Public Health Practitioner), Youstina Metry (GP Registrar), Sarah Wilks (Local Authority Research Practitioner), Matthew Fung (Consultant in Public Health)

Background

Cases and outbreaks of measles are rising nationally. 11,162 cases were notified nationally in 2024, and 3,268 notifications in 2025. Early signs in 2026 suggest another high-incidence year for notifications. Childhood vaccinations are a cornerstone of prevention which we want to increase.

Worcestershire vaccination rates are in the top-quartile nationally for MMR and HPV, however:

- **MMR 2nd-dose uptake** = 90.6% (2023/24) – below WHO's 95% target.
- **HPV uptake** = 78% - 80% (12- to 13-year-old males and females, respectively), leaving a significant cohort unprotected.

Barriers incl **ital exclusion, language needs, mistrust**, and **access difficulty for working families**.

Pop up clinics during previous outbreaks were hindered through lack of collective resources, staff and capacity. A plan was formulated to preemptively start work on pop-up clinics in mid-2025 to improve access to MMR, HPV and flu vaccination in children and young people in early 2026.

Aim

- Preemptively plan vaccination pop up clinics prior to outbreaks using an intelligence led approach.
- Offer vaccination clinics directly within **underserved communities.**
- Provide **walk-in and self-referral options** to remove access barriers.
- Offer **catch-up MMR, HPV & Flu vaccinations** to children, young people who missed routine doses.

Approach/Method

- Clinics were scheduled within 9 neighbourhood venues using past uptake data including **family hubs & libraries.**
- Planned and delivered jointly by **Public Health, school immunisation teams** and **local NHS partners**.
- Targeted comms and outreach:
  - Targeted text alerts to families
  - Social media campaigns.
  - Radio, newspaper, online news
  - Engagement with schools, early years settings and community groups.
- Survey for parents/guardians attending clinics.

Results/Impact

- **Good uptake** observed across sessions, especially in areas of low historical coverage ~200 young people have been vaccinated to date (programme has not yet completed)
  - Most attendees surveyed had missed a previous vaccination and found this clinic convenient to access.
  - Anxiety was noted as a reason that previous vaccination had been missed – venues and staff were helpful in reducing anxiety.
- **Expanded access** for digitally excluded and low-income families through booking and walk-in model.
- **Increased reach** into areas of deprivation and ethnic minority communities.
- **Improved awareness** of routine vaccination schedules among parents.
- **Model is scalable** and **repeatable**.

Learning/What Worked

- Using community venues **reduces transport and appointment barriers**.
- Using **trusted local settings** such as libraries helps build confidence and reduces anxiety.
- **Multi-vaccination offer** (Flu + MMR + HPV) maximises turnout and efficiency.
- **Joint planning and delivery** with school immunisation teams increases credibility & continuity.

What Next/Future Work

- Worcestershire is taking a **horizon scanning and forward planning** approach to pop up clinics, preempting future threats and leveraging opportunities for prevention.
- Rolling programme **Jan–March 2026** with planning already beginning for 2027.
- Continued focus on outreach targeted to:
  - Low-uptake wards
  - Home-educated children
  - Digitally excluded groups
- Develop a **data dashboard** to track hyper-local area uptake.
- Strengthen links with communities, local GPs, schools, libraries and voluntary/community partners to codevelop future clinics and solutions.

Acknowledgements

With thanks to the following organisations who made this work possible:

- **NHS England**
- **Vaccination UK**
- **WCC** Public Health, Libraries, Family Hubs and Communications Teams

Reducing Vaccine Inequalities Through Community Based Catch-Up Clinics

Rayyan Nasser – Health Protection Officer, Coventry City Council
Lily Makurah – Consultant in Public Health, Coventry City Council

Context

Purpose: A Community-based model to improve vaccine access and confidence in Coventry's greatest need areas through using trusted venues.

Barriers to vaccination include:

- Access issues
- Vaccine hesitancy
- Limited engagement opportunities

Model and delivery:

- ICB funded a PCN to deliver vaccine clinics at two Family Hubs to encourage catch-up in pre-school vaccinations
- Monthly clinics (May–July 2025) → **now** twice monthly
- 1:1 conversations with nurses
- Use of hybrid recording system (RAVS, Emis)
- On-site vaccination delivery in:
  - ✓ MMR1 & MMR2
  - ✓ DTaP 4-in-1
  - ✓ Infant vaccines: Rotavirus, MenB, Pneumococcal, Hib/MenC
  - ✓ Expanded offer: RSV, HPV, Flu

Reach & Engagement

- 127 families engaged in the initial pilot (May–July 2025)
- 84% report children up to date
- Majority reported that Family Hubs clinic was helpful for vaccine discussions
- Improved trust and confidence
- Enabled opportunistic vaccination

Image 1: Clinic set-up at Hillfield's Family Hub

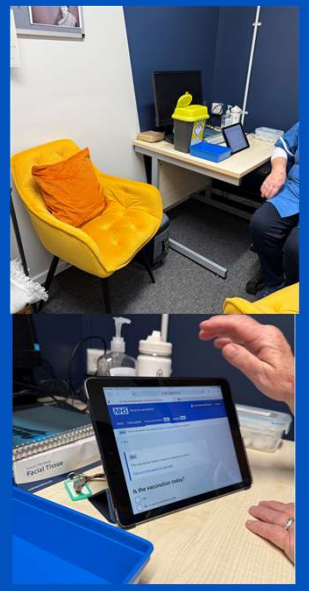


Image 2&3: RAVS in use during vaccine clinics

Key takeaways

Trusted community spaces = **higher engagement**
Visibility + consistency = **stronger trust**
Integrated systems = **better access & delivery**

Scalability

This has demonstrated proof of concept and now expanded to:

- More frequent clinics
- Wider age groups (children + adults)

Coventry City Council