

Shared Regulatory Services

Communicable Disease and Health Service Plan

2017/18



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Introduction

Local Authorities have a responsibility to provide comprehensive health protection service to businesses, residents and visitors of Bridgend, Cardiff and the Vale of Glamorgan. This is largely achieved through the investigation of cases and outbreaks of communicable disease and the application of control, preventative and enforcement measures together with a number of other proactive activities. This Service Plan is produced to inform the business community and wider audience of the arrangements Bridgend, Cardiff and the Vale of Glamorgan has in place to discharge this duty.

This Service Plan contains the arrangements, supporting structures and controls that enable interventions to be delivered, together with an action plan to fulfil our major purpose of protecting and improving the health of people across the region.

Christina Hill
Operational Manager Commercial Services

1. Service Aims and Objectives

1.1 Primary aims

The Communicable Disease Service is committed to protecting individuals from harm, preventing communicable disease and promoting health improvement and to demonstrate this; the service has adopted the following aims and objectives.

The overall aim of the service is:-

The protection and improvement of the health of the people of Bridgend, Cardiff and the Vale of Glamorgan

To achieve this, the service has adopted the following key delivery priorities:-

- The timely investigation, surveillance, control, and prevention of sporadic and outbreak cases of communicable disease, including the development and implementation of related public health intervention strategies.
- The enforcement of Health Protection legislation to minimise the spread of communicable disease and contamination from radiation and chemicals that threaten health.
- The provision of infection control and nutritional training.
- Leading and supporting the work of council services and external organisations including local communities and industry to protect and minimise the impact of public health risks to the population of Bridgend, Cardiff and the Vale of Glamorgan.
- In line with Cardiff's Healthy City status undertake targeted health promotion and intervention activities by acting upon the social, economic, environmental and biological determinants of health and well being.

1.2 Links to Corporate Objectives and local plans

As a regional organisation providing regulatory services across three local authority areas, we place the **corporate priorities** and outcomes of the three councils at the heart of all that we do (Appendix B). In developing our own strategic priorities and outcomes for Shared Regulatory Services, we have considered the priorities of all the three authorities, together with the needs and aspirations of our partners and customers so they translate into priorities that meet local needs.

SRS priorities



SRS outcomes

Improving health and wellbeing	Safeguarding the vulnerable	Protecting the environment
<ul style="list-style-type: none"> • The food chain is safe and free from risks; • Risks in the workplace are managed properly; • Noise and air emissions are controlled; • A safe trading environment is maintained; • Licensed premises operate responsibly; • The quality of private rented property is improved; • Infectious disease is controlled and prevented. 	<ul style="list-style-type: none"> • Children are protected from harmful substances and products; • Older and vulnerable people are protected from rogue traders and scams; • Illegal money lending activities are prevented • Taxi provision is safe and fair. 	<ul style="list-style-type: none"> • The environment is protected from harmful emissions to land, air and water; • People will use energy efficient buildings and products • Communities are protected from nuisance and are safer • Resources are used sustainably.
	Supporting the local economy	Maximising the use of resources
	<ul style="list-style-type: none"> • A fair trading environment is maintained; • Informed and confident consumers; • Improved business practices and operation; • Accessible services responsive to business needs. 	<ul style="list-style-type: none"> • SRS operates effectively and efficiently across all 3 areas; • Public and stakeholders are able to access our services; • Income generation underpins sustainable service delivery; • Staff are effective in their roles.

Improving health and wellbeing Amongst other factors impacting on health, the service works with others to protect public health by controlling and preventing sporadic cases and outbreaks of communicable disease contributing to the reduction in ill health in people.

Supporting the local economy The provision of timely advice and education on health and infection control issues to businesses, stakeholders, and other local authorities and bodies can benefit the economic viability of businesses. The equitable enforcement of regulations helps to maintain a level playing field, allowing businesses to compete on equal terms.

Safeguarding the vulnerable Much of the reactive surveillance work forms the foundation for proactive evidence based interventions focused on vulnerable and ‘at risk’ sectors of our community. This work routinely involves working in partnership with the business community, Public Health Wales, voluntary organisations and supporting other Council services such as Schools.

Nationally the service also contributes to the **Welsh National Enforcement Priorities for Wales** for local regulatory delivery which highlight the positive contribution that regulatory services, together with local and national partners, can make in delivering better outcomes:-

- Protecting individuals from harm and promoting health improvement
- Ensuring the safety and quality of the food chain to minimise risk to human and animal health
- Promoting a fair and just environment for citizens and business
- Improving the local environment to positively influence quality of life and promote sustainability.

The Local Public Health Plan 2017/18 published as part of the Local Public Health Strategic Framework provides details of how local Public Health teams work in partnership to improve and protect the health and well-being of the local population. The Plan sets out several priority work areas and actions necessary to achieve improvement. Priority areas include:-

- | | | |
|-----------------|------------------|----------------------------|
| • Tobacco | • Health at work | • Falls prevention |
| • Obesity | • Immunisation | • Health protection |
| • Sexual health | • Alcohol | • Healthcare public health |

The Communicable Disease Service contributes to the ‘Health Protection’ priority work area by working towards a reduction in the incidence and impact of infectious disease. Further details on this priority area can be found in Appendix A.

2. Overview of the Service

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2.1 Area profile

Shared Regulatory Services covers the Council areas of Bridgend, Cardiff and the Vale of Glamorgan and serves over 600,000 residents. Extending from St Mellons in the East of Cardiff to Maesteg in the west, the area encompasses Cardiff, the capital City of Wales with its array of cultural, financial and commercial organisations and the rural areas of Bridgend and the Vale of Glamorgan with their vibrant tourist and agricultural economies.



Bridgend is situated on the south coast straddling the M4 corridor. It comprises an area of 28,500 hectares and a population of just over 140,000 residents. To the north of the M4, the area consists of mainly ex-coal mining valley communities with Maesteg as the main centre of population. To the south of the M4, the ex-market town of Bridgend is the largest town, the hub of the economy and its employment base. To the south west on the coast lies Porthcawl, a traditional seaside resort, a traditional seaside resort with a high proportion of elderly residents, which is subject to a major influx of tourists during the summer period.



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Cardiff is the capital city of Wales and is continuing to grow faster than any other capital city in Europe. In population terms, it is the largest city in Wales with a population of 360,000. Measures of population however, belies Cardiff's significance as a regional trading and business centre. The population swells by approximately 70,000 daily with commuters and visitors. Cardiff is the seat of government and the commercial, financial and administrative centre of Wales. Cardiff boasts one of the most vibrant city centres in the UK and on a typical weekend, Cardiff's night time economy can attract over 40,000 people and sometimes more than 100,000 when the City's Millennium Stadium hosts international events.



The Vale of Glamorgan is bounded to the north by the M4 motorway and to the south by the Severn Estuary. It covers 33,097 hectares with 53 kilometres of coastline, and a population of over 130,000 residents. The area is predominantly rural in character, but contains several urban areas of note such as Barry, Penarth, Dinas Powys and the historic towns of Cowbridge and Llantwit Major. Barry is the largest town, a key employment area and popular seaside resort. The rural parts of the Vale provide a strong agricultural base together with a quality environment, which is a key part of the area's attraction. The area includes Barry Docks area and Cardiff International Airport.



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2.2 Organisational Structure

Communicable Disease Services are provided by the Commercial Services Team within Shared Regulatory Services. The Teams consists largely of Environmental Health Officers providing services across the three local authority areas. The Vale of Glamorgan Council act as the host authority for the Service with functions associated with this Plan delegated to the Shared Service Joint Committee.

Operational functions within the Service are illustrated in the following table with those that have responsibility for public health issues highlighted in darker blue.

Shared Regulatory Services Organisational Chart



2.3 Scope of the Communicable Disease Service

A comprehensive health protection and improvement service is delivered by combining surveillance, public health intervention, epidemiological studies, enforcement, advice, training and promotion. Much of the reactive surveillance work forms the foundation for proactive evidence based interventions focused on vulnerable and 'at risk' sectors of our community in particular young people and the elderly. Recent work includes the Infection Control intervention in early years and educational settings and the proactive intervention around the health and safety and infection control of the elderly in residential care homes will be extended for a further year. This work routinely involves working in partnership with the business community, Public Health Wales, voluntary organisations and supporting other Council services namely Schools, Leisure and Parks.

The success of the service relies on enhanced surveillance, partnership working, and customer/stakeholder engagement and cooperation. All outbreak and cluster investigations are reviewed and actioned. Proactive evidence-based work, epidemiological studies and surveillance programmes are always completed, reported, actioned and evaluated. The Service leads nationally on aspects of communicable disease and health protection activities and as such set the standard for programmes and policies examples include the Good Practice Statement for Campylobacter Investigation and Surveillance, infection control in residential care homes and the promotion of infection control in tattooists and beauty therapist and the 'Special Procedures' requirement of the recent Public Health Bill.

The Key services delivered are:

- The investigation of confirmed sporadic and outbreak cases of communicable disease and all actions required as a result of those investigations;
- Responding to complaints of suspected food poisoning and communicable disease risks including resultant partnership working with the relevant stakeholders commonly other services Shared Regulatory Services, Public Health Wales and other Council services such as education and corporate health and safety.
- Enforcement of Health Protection legislation including the service of 'Requests for Cooperation', the application for Part 2A Orders and exclusion of infected cases or close contacts from place of work, education or leisure activities.
- Lead on local and national communicable disease surveillance programmes: Campylobacter enhanced surveillance and previously swimming pool associated cryptosporidium project.
- Lead and provide health promotion and public health intervention activities including production of training materials such as the Cryptosporidium video, and production of the 'Before you Ink – Think' video, a safe tattooing initiative. This initiative will be extended to invasive beauty therapy practices this year.
- Management and delivery of infection control and nutritional training.
- Coordination of student and work placement training.

Service delivery points

Communicable Disease Services are delivered primarily from County Hall, Cardiff with the Vale and Bridgend Hubs utilised as the service demands. The Service generally operates office hours from Mondays to Fridays. Outside of office hours the service operates a 24 hour

emergency service which involves the immediate investigation and control of communicable diseases of public health significance such as E. Coli O157, Typhoid and Legionnaires’ disease. In addition, officers frequently conduct investigations at other hours as required for the timely investigation and control of communicable disease.

The Shared Regulatory Services website provides information on the services provided and the website address is www.srs.wales/

2.4 Resources

Financial allocation

The expenditure directly involved in providing the Communicable Disease Service for 2017/18 is included in the Service budget and is considered adequate to ensure the effective delivery of the service.

Staffing allocation The table below indicates the actual number of staff working on Communicable Disease Control and related matters (in terms of full time equivalents FTE).

Position	Function	FTE
Head of Shared Regulatory Services	Management of Shared Regulatory Service.	0.05
Operational Manager Regulatory Commercial Services x 1	Management of Commercial Services	0.10
Team Manager Communicable Disease and Health and Safety x 1	Management and delivery of the Communicable Disease Service.	0.50
Lead Officer for Communicable Disease x 2	All aspects of communicable disease investigation, enforcement, control and prevention.	1.8
Commercial Services Technical Officer (Communicable Disease) x 2	All aspects of communicable disease investigation and enforcement	1.60

2.5 Staff Development and Competency

This is now the second year of the new Shared Regulatory Service across three distinct areas, together with the implementation of a new structure and new ways of working have now been embedded in the team but will continue to evolve over the next year. Shared Regulatory Service’s approach to managing this is through the development of a Workforce Development Plan that provides a plan for developing the workforce to ensure the right mix of experience, knowledge and skills required to fulfil our goals and to ensure we get the right number of the right people in the right place at the right time.

The Workforce Development Plan will provide a framework that addresses wide ranging issues and bring together the following areas:-

- Developing organisational culture

- Leadership and management development
- Skills development
- Recruitment, retention and progression
- Communication and employee engagement
- Employee performance management

Workforce development will also be enhanced through regular performance reviews which require line managers with their staff to identify personal objectives and assess training needs for staff.

Professional Development (CPD) is actively encouraged and officers will be offered the opportunities to attend a wide range of training courses, seminars, meetings and briefings to help maintain competency and improve technical, legal and administrative knowledge. The foundation of professional development in the communicable disease specialism is the National Communicable Disease Lead Officer Training Programme funded by Welsh Government and which the Team actively participates. This programme is supported by the Welsh CIEH Six Pack and Public Health Wales training events.

As well as this comprehensive programme the officers within the Communicable Disease Team also have access to the technical support and expertise of the local CCDC (Consultant in Communicable Disease Control) and Health Protection Team as well as attendance at regional and national Task Groups and internal training and review at staff team meetings.

The Regulators Development Needs Analysis (RDNA) tool assists the Council in identifying training and developmental needs of Inspectors and a revised competency led approach to authorisation of health and safety inspectors has been implemented. In addition the Service ensures that competency is secured by appointing appropriately qualified and experienced personnel to health and safety enforcement duties. There are specific job descriptions and person specifications for all employees of Shared Regulatory Services and all appointments are made in accordance with the procedures for recruitment and selection.

2.6 Challenges for the year ahead

Financial - The budget for the Shared Regulatory Service has been provided by the three authorities and was set for a three year period; 2015 - 2017. The next budget setting regime will be confirmed in December 2017 for the years 2018 to 2020.

Income streams already exist within the Service however there will be a need to extend these opportunities to meet the target set for 2017/18. Income generation provides a means to offset some of the likely budget reductions that the service will face over the next three years and will be generated through a number of activities. This includes the development of products and services that can be sold to businesses, offering to provide services to other local authorities and could include expanding the partnership to include new partners.

Income generation is not an answer in itself and cannot be used to generate a profit. Consequently income generation may not be sufficient to prevent reductions in service delivery, but may allow the service to maintain a “critical mass” of staff and enable the service to deliver ancillary services to support the objectives of the statutory functions.

Developing the new Service: The Communicable Disease Team will continue to develop this financial year and promote their services within the three authorities to encourage partnership working. This approach will facilitate clear benefits for business, staff and stakeholders as it is hoped to reduce burdens on local businesses by reducing the number of visits and improving advice and support services and harmonising regulatory controls between the regulatory functions. There are also opportunities to enhance and extend the technical capabilities of staff, provide improved access for all partners to new and/or scarce skills and very importantly an opportunity to allow the collaborative authorities to achieve required budget savings. In 2016/17 particular focus was placed on educational and care settings which are common environments for gastrointestinal outbreaks.

Challenges presented by rare, emerging and re-emerging pathogens: From time to time we are presented either nationally or locally with challenges presented by rare or emerging pathogens. In 2016 the team investigated increased incidence of Hepatitis A in Cardiff and an continued incidence of Hepatitis throughout the 3 authorities and a Leptospirosis case associated with a farm worker, 2 cases of indigenous Lyme Disease, 4 sporadic cases of cyclospora associated with travelling to a particular resort in Mexico and a MDR TB (multi-drug resistant TB) case has taken considerable resources to manage and effectively protect public health, the management of this case relies on partnership working with Public Health Wales, the Courts and the local health board and will continue this year. To date, in relation to the case of MDR TB, two Part 2A Orders have been executed to assure protection of public health.

On all occasions these challenges have been met but it is worthy to note that their investigation and control often require an increased level of time and resource. This is because each pathogen will have specific characteristics relating to it's persistence within the environment, it's source and modes of transmission together with its perception of risk within the community. These factors can often be complex and to effectively protect public health require a detailed understanding and good partnership working to ensure containment and where possible eradication of the source or at best contributory factors.

Move to a new National Surveillance Database – Tarian:

Tarian was developed for the mutual benefit and use of all local authorities in Wales and Public Health Wales. It is the primary tool for the collation of data for surveillance purposes, case management, reporting requirements and outbreak / incident control. This database was launched in May 2017 and currently staff are adapting to the new system which whilst an improvement in the collaborative management of incidents has offered challenges to the day to day management of cases and the analysis of specific pathogens.

Cardiff's City Status: Cardiff is the capital city of Wales and the largest Local Authority in Wales, with a population of 360,000 which swells by approximately 70,000 daily with commuters and visitors. Its popularity as a shopping and leisure destination extends across Europe and as far afield as New Zealand, Australia and Japan. This status presents a range of public health risks whose control and prevention is the responsibility of the Communicable Disease Team in partnership with Public Health Wales. The risks vary in terms of complexity, significance and resource application.

2.7 Action Plan 2017/18

The following action plan is evidence based and has been developed for 2017/18 and outlines how through reactive and proactive work the Service will:

1. Improve health and well being
2. Safeguard the vulnerable
3. Support the local economy and
4. Maximise the use of resources

In addition the Communicable Disease Service contributes to the Section 18 Health and Safety Enforcement Plan and the Food Law Enforcement Plan, details of this contribution are contained within those documents.

Communicable Disease Action Plan 2017/18	
Relevant Strategic Priorities	Objective
	Investigate and control sporadic and outbreak notifications of communicable disease and undertake public health interventions to prevent increased incidence of illness and minimise onward transmission
1, 2, 3, 4	<p>Q1 Secure approval of the Communicable Disease Business Plan from Public Protection Committee 2017/18</p> <p>1, 3, 4 In partnership with the Food Safety Team continue to utilise the database for the collation and review of standards within businesses associated with food poisoning illness with the view to informing future interventions and funding streams</p> <p>1, 2, 3 Undertake timely investigations of sporadic and outbreak cases of communicable disease and apply appropriate control and preventive measures</p>
1, 2, 3	<p>Q2 Undertake a review of the management and impact of seasonal flu in Residential Care and Nursing Homes in SRS.</p> <p>1, 2, 3 Undertake timely investigations of sporadic and outbreak cases of communicable disease and apply appropriate control and preventive measures</p>
1, 2, 3, 4	<p>Q3 In partnership with Public Health Wales and the Health and Safety Enforcement Team organise and deliver Infection Control Workshops for Beauty Therapists to ensure consistent compliance with legislation and to prepare businesses for the requirements set out in the Public Health Bill</p> <p>1, 3, 4 Undertake timely investigations of sporadic and outbreak cases of communicable disease and apply appropriate control and preventive measures</p>
1, 2	<p>Q4 Prepare and produce a video targeting young people that highlights the risks and promotes the controls associated with semi permanent make-up and other invasive cosmetic treatments.</p> <p>1, 2, 3 Undertake timely investigations of sporadic and outbreak cases of communicable disease and apply appropriate control and preventive measures</p>

3. Service Delivery and Performance 2016/17

3.1 Introduction

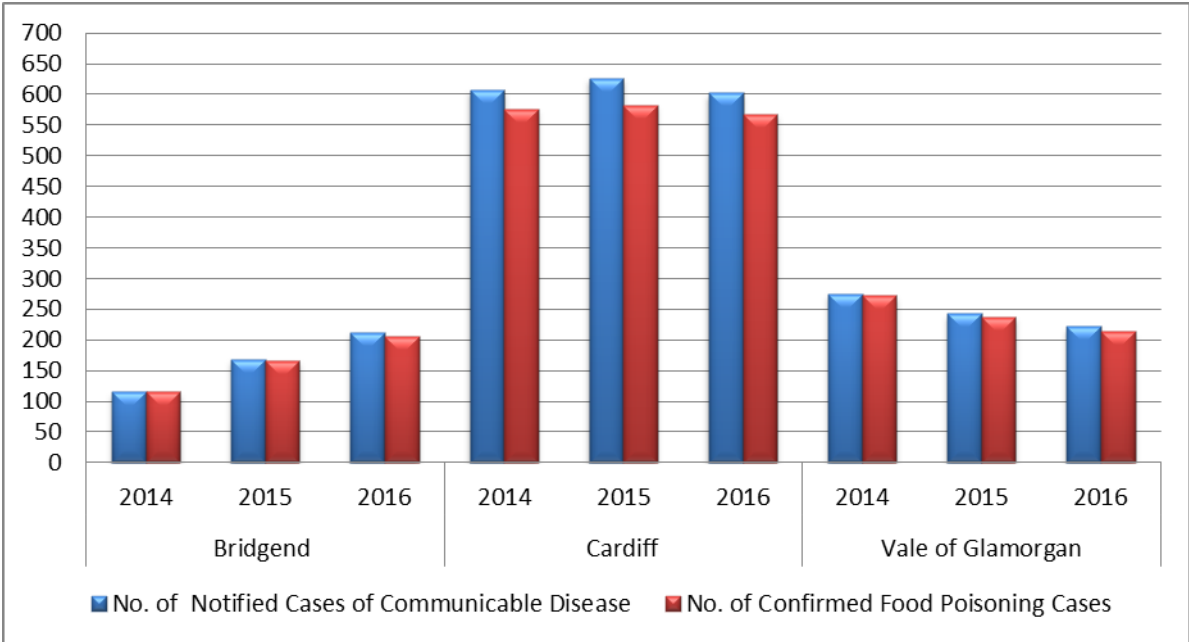
The new SRS structure has now been fully implemented and all inconsistencies in reporting and investigating of sporadic and outbreaks cases of communicable disease in 2015/16 have now been addressed. This has included the harmonisation of procedures supported by staff training. The positive impact of this in Bridgend and the Vale of Glamorgan is particularly evident.

The Communicable Disease Service is supported by an active surveillance system managed through a national database known as IBID which is based on notification data received from laboratories, GPs and members of the public. All local authorities in Wales subscribe to this system and all information obtained during the course of investigations is stored here. IBID was replaced in May 2017 with a national case management system known as Tarian which is also utilised by all Welsh authorities and managed by Public Health Wales.

The use of a national surveillance system facilitates effective communication between stakeholders, supports effective case management and early detection of outbreaks and enables identification of unusual disease trends. Timely notification and action assures minimal disruption to businesses and the public. All data reviews for 2016 have been derived from previous national surveillance system IBID.

In 2016, SRS was notified of 1,281 cases of communicable disease of which 1,036 (81%) were laboratory confirmed the remaining 19% (313) were unconfirmed cases (suspected cases of food poisoning). This compares to 2015: 1,085 communicable diseases cases were notified, and 1,039 (96%) were confirmed. The graph below outlines the incidence of communicable disease over the last three years by each local authority and highlights that the greatest incidence is observed in Cardiff, this is likely to be reflected by the population size and activity.

Graph: Incidence of notifiable communicable disease cases in the 3 SRS local authorities between 2014 and 2016



The Table below provides more details of the figures for 2016 by each local authority.

	Notified CD Cases (¹ CFP)	Unconfirmed CD cases	Total CD cases
• Cardiff	602 (568)	164	766
• Vale	222 (213)	36	258
• Bridgend	212 (206)	45	257
• Total	1036 (987)	313	1281

The noticeable increase in figures this year was observed in unconfirmed cases of communicable disease for all 3 local authorities (2015: Cardiff 31, Vale 13 and Bridgend 2). In the main these cases are members of the public who suspect that they have suffered food poisoning, in general the majority of these are viral gastro enteritis most likely to have been acquired through person to person transmission or within the environment. The greater proportion of these cases are observed in the winter months when Norovirus is particularly prevalent within the community. The increase in cases in Bridgend and the Vale can be also explained by the change in reporting as these local authorities adopted the same system as Cardiff.

3.2 Performance activities

The investigation of sporadic and outbreak cases of communicable disease require a reactive service and our performance measures therefore reflect this by measuring response to notifications. The Notification Guidance made under the Health Protection (Notification) (Wales) Regulations 2010, (updated 2016) dictates the response times required to be taken by local authorities investigating cases of communicable disease. All cases of communicable disease notified to SRS are responded to and every effort is made to undertake a full investigation. The response time is dependent on the public health significance of individual pathogens see below.

Table: Target response times for common communicable disease pathogens

Pathogen	Response time
Campylobacter	Within 2 working days, unless part of cluster
Cryptosporidium	Within 1 working day, or same day if outbreak
Giardia	Within 1 working day
Salmonella spp.	Within 1 working day, typhoid, paratyphoid – immediate action
E. coli O157	Immediate action
Hepatitis A	Same day
Hepatitis E	Next working day
Shigella	Sonnei – Within 1 working day, other sp. immediate action
Legionella spp.	Same day

A review of response and interview times for Campylobacter investigation (the most common gastrointestinal pathogen) in 2016 confirmed consistent response rates and interview times over the 3 authorities and shows a notable improvement in response rates to those previously observed in Bridgend and the Vale of Glamorgan since adopting the approach utilised by Cardiff.

¹ Confirmed food poisoning

The response rates (the percentage of Campylobacter cases interviewed) in the 3 authorities from 2016 and 2014 are outlined below:

	2016	2015	2014
Cardiff	94%	96%	91%
Bridgend	97%	77%	75%
The Vale	96%	50%	44%

Response rates are determined by the method of interview and the promptness to respond to notifications. Response rates will be good when cases are interviewed by telephone within a couple of days of notification. Evidence confirms that people are more willing to engage if still experiencing symptoms or have recently recovered. This approach always assures a better quality interview and facilitates early detection of a cluster or outbreak of cases. Considerable improvements in the response times for cases in Bridgend and the Vale has been achieved in 2016.

The Table below outlines the mean, median, mode and range for the number of days between the date of notification of a campylobacter case and the interview date in 2016 and compares this with 2015 data. This evidence further endorses the benefit of harmonising procedures to those of Cardiff which reflect the Good Practice Statement for Campylobacter Investigation and Surveillance.

LA	Mean		Median		Mode		Range	
	2016	2015	2016	2015	2016	2015	2016	2015
Bridgend	2.7	6	2	2	2	0	0-17	0-26
Cardiff	2.4	3	2	2	0	2	0-26	0-38
Vale	2.2	14	1	11	0	7	0-24	0-37

The Good Practice Statement helps support local authorities better understand the epidemiology of Campylobacter, the most common cause of food poisoning in the UK and therefore provide a more efficient service that more effectively addresses the risks associated with this illness.

The Table below outlines the range and frequency of the common notifiable communicable disease cases reported and investigated in the 3 authorities.

Table: Incidence of notifiable communicable disease cases in the 3 SRS local authorities between 2014 and 2016

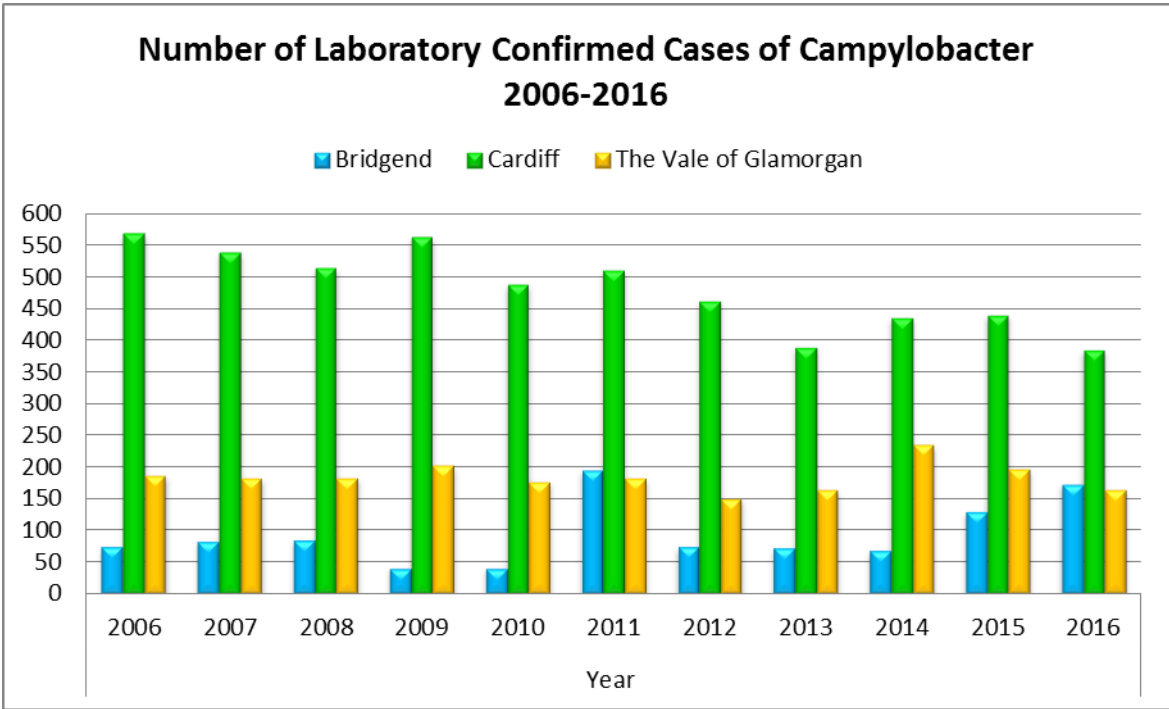
	Bridgend			Cardiff			Vale of Glamorgan		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Campylobacter	85	137	173	435	442	385	234	198	164
Salmonella	16	14	13	40	53	60	10	12	16
Cryptosporidium	7	6	12	35	42	71	10	15	18
Giardia	1	2	1	49	29	39	10	10	7
E. coli O157	4	1	1	4	4	2	2	2	2
Hepatitis E	1	6	2	5	7	4	4	1	4
Hepatitis A	0	0	0	5	1	3	0	0	0
Listeria	0	0	0	0	2	1	1	0	2
Legionella	0	2	2	10	9	3	2	2	0
Shigella	0	0	0	8	13	3	1	3	0
Other	1	1	8	11	25	31	1	0	9
Total	115	169	212	602	627	602	275	243	222

NB. 'Other' includes Entamoeba histolytica/dispar, Borrelia burgdorferi, leptospira, Vibrio cholera, Taenia, Cyclospora, salmonella typhi, norovirus

Campylobacter Infection

The incidence of Campylobacter infection throughout SRS far exceeds other notifiable diseases including common food poisoning pathogens and this is a trend observed nationally. At the early part of the millennium infection appeared to be decreasing but over the last 3 – 4 years there has been a year on year increase although 2016 has seen a decrease in case notification for Cardiff and the Vale of Glamorgan.

Graph: Reported cases of Campylobacter from 2006 – 2016



Campylobacter is the most common cause of food poisoning in the UK and many developed countries around the world. Most cases are sporadic and food borne outbreaks are rare. A number of risk factors are known to be associated with Campylobacter infection. The most common risk factor is poultry and in particular, the consumption of undercooked chicken and commercially prepared chicken. Other less common risk factors include dairy and other animal products, consumption of untreated or contaminated water, contact with animals, both domestic and farm, home sewerage problems and also travel abroad underlying medical problems such as diabetes and reduced gastric acidity also can increase the risk of infection.

All cases notified to the Service are contacted and interviewed primarily by phone and occasionally by face to face interview. Interview questions relate to exposures within the 10 days prior to the onset of illness and include clinical and demographic information, food history and environmental exposures, foreign and domestic travel, and with regard to chicken domestic food preparation and purchasing practices and commercial dining locations.

722 cases of Campylobacter occurred in SRS in 2016 of these 685 were interviewed, a response rate of 95%. The highest rates of infection were observed in age groups: 64+ years,

45 – 54 years and 25-34 years and the highest incidence of Campylobacter in Cardiff occurred in June and July.

539/650 cases (83%) reported residing in the SRS area during their incubation period and therefore contracted their infection within the SRS boundary of Bridgend, Cardiff or Vale of Glamorgan. The remaining 111 (17%) cases had travelled during their incubation period including abroad. The common travel destinations were:

- Europe (80, 72%) (Spain: 26% Portugal: 13% and France: 8%)
- Asia (9, 8%)
- North America (5, 4.5%)
- Africa (4, 3.6%)
- Australia (1, 0.9%)

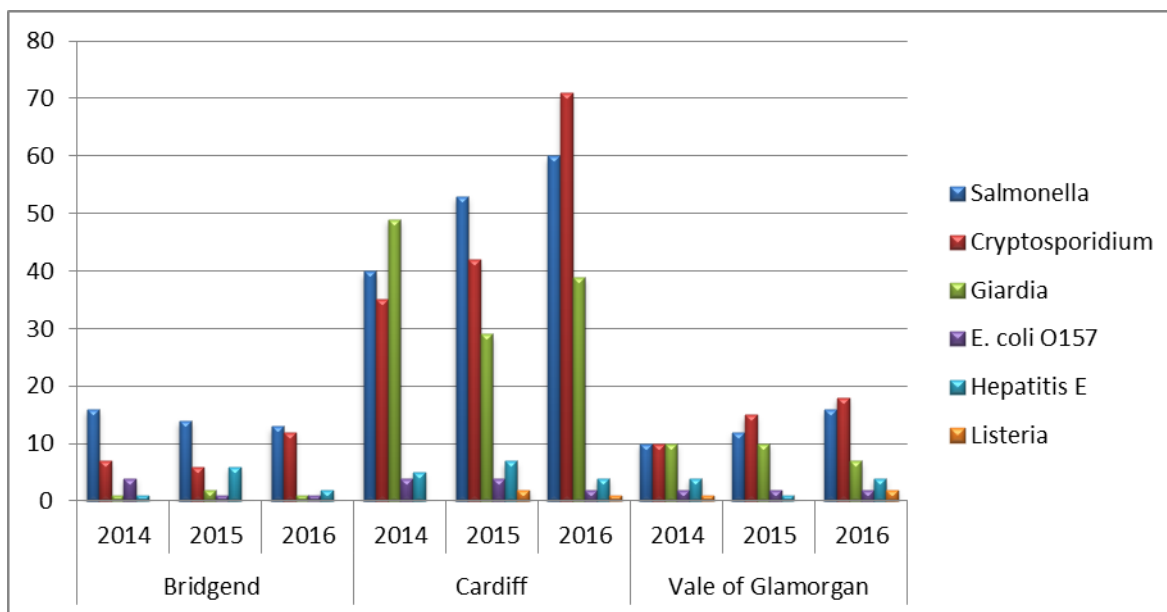
The most common risk factor associated with Campylobacter infection was the consumption of either home or commercially prepared chicken. Risks of infection associated with recreational water activities, contact with human sewage or animal contact were found to be low.

The level of surveillance adopted by the Communicable Disease Team underlines the importance of thorough investigation of all Campylobacter cases and provides evidence for continued public health interventions relating to the risks associated with the handling, preparation and cooking of chicken within the domestic and commercial setting and identifying those 'at risk' populations which require prioritised action. To further understand the risks associated with Campylobacter infection within the 3 authorities, it is intended that a more detailed analysis of 2017 data will be undertaken. An additional statistical database in EPI INFO for Windows has been developed in readiness for this analysis.

Pathogens of public health significance

Pathogens of public health significance (those other than Campylobacter) commonly require more detailed investigation. This is particularly true for Shigella, Hepatitis A and E, E. coli O157, Legionella and Giardia where either the infective nature of the pathogen and therefore its ability to spread within the community or the seriousness of the infection it causes require additional responses. Many of the common pathogens classified as food poisoning are not always acquired by consumption of contaminated food but more commonly through exposure to recreational water, animal contact, environmental contamination and person to person transmission. This commonly includes infections associated with Giardia, Cryptosporidium and E. coli O157. The graph below illustrates the common pathogens associated with food poisoning in SRS.

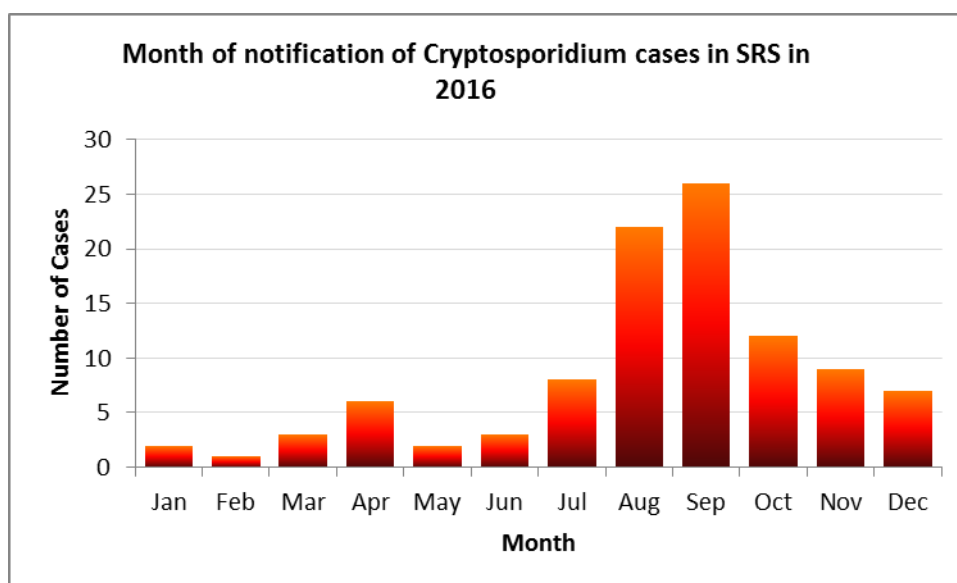
Graph: Incidence of the common pathogens causing food poisoning in SRS between 2014 – 2016



Cryptosporidium Infection

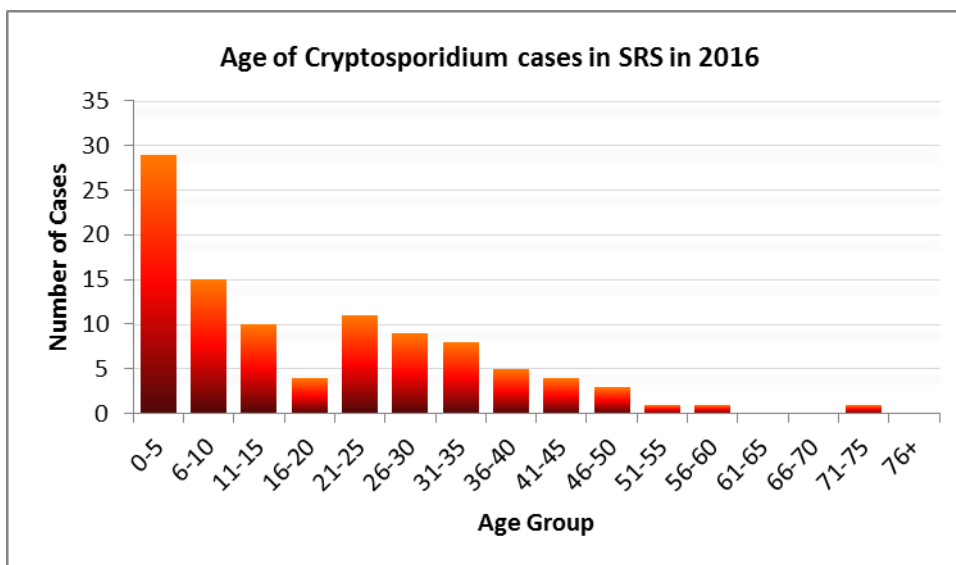
A total of 101 Cryptosporidium cases were notified to SRS in 2016 (the 2nd most common pathogen after Campylobacter). Of these, 71 were in Cardiff, 18 in Vale of Glamorgan and 12 in Bridgend. A 98% response rate of 98% (99/101) was attained, 9 were identified as Cryptosporidium parvum, 2 as Cryptosporidium hominis and 90 have not been typed (the issues of typing has since been addressed by the labs and PHW).

The graph below shows the number of cryptosporidium cases notified to SRS by month. Most cases occur in late summer/early autumn.

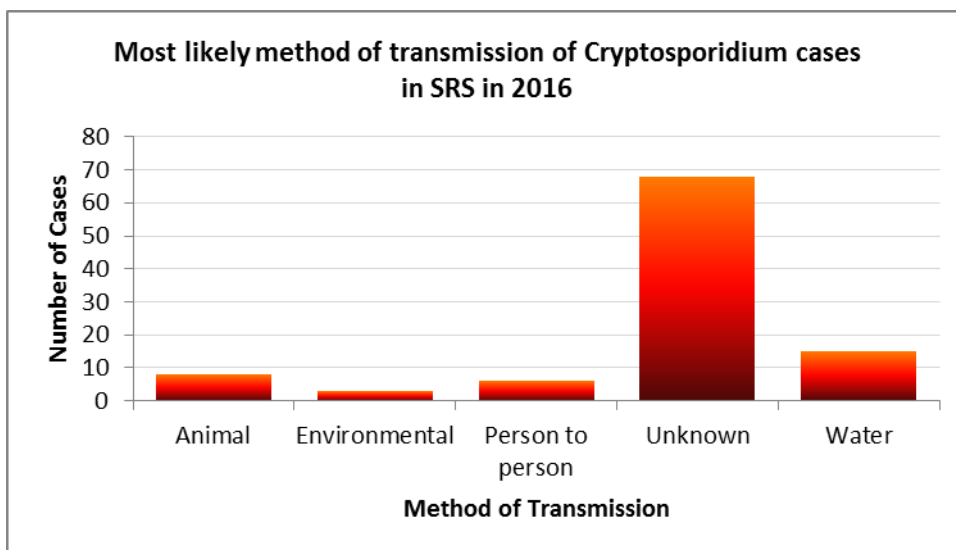


51 (50.5%) cases were female, 50 (49.5%) were male. The age group most affected is the 0-5 year olds (29 cases), followed by the 6-10 age group (15 cases). There is a negative correlation between age and case numbers - as age increases, case numbers decrease

(typical for this pathogen). The following graph shows the age distribution of all cases notified to SRS in 2016.



Many of the cases interviewed had an unknown mode of transmission, either because of multiple risk factors being identified or no obvious exposure was reported. Water was the most commonly identified mode of transmission with 15 (15%) cases, followed by animal (8, 8%), person to person (6, 6%) and Environmental (3, 3%).



One (1%) case contracted their illness at work. This case worked as a farmer and had contact with animals, 18 (18%) cases had most likely contracted their illness from a commercial premises either swimming pools or leisure farms. Twelve (12%) contracted their illness at home from either another family member who had been unwell with diarrhoea (cryptosporidium is easily spread person to person), pets or the environment and 68 (69%) cases reported multiple risks and so a definitive source could not be identified.

Cryptosporidium infection acquired abroad:

31/99 (31%) cases interviewed had been abroad during their incubation period:

- 20 (65%) had visited countries in Europe, including Spain, Italy, Turkey, Cyprus and Greece,

- 5 (16%) had visited countries in Asia including India, Bali, Nepal and Pakistan,
- 3 (10%) had visited countries in Africa including Congo and Somalia,
- 2 (6%) had been to Florida in North America and 1 (3%) had been to Brazil in South America.

Investigations into 'pathogens of public health significance' vary in complexity and control and preventive measures involve a diverse application of interventions for example identifying high risk activities such as food handlers, health care workers, child care workers, environmental sampling and sampling of close contacts and applying control measures such as exclusion from work, restricting employment and leisure activities, closure of business activities and training. Timely investigation is thus critical to the control and containment of these infections.

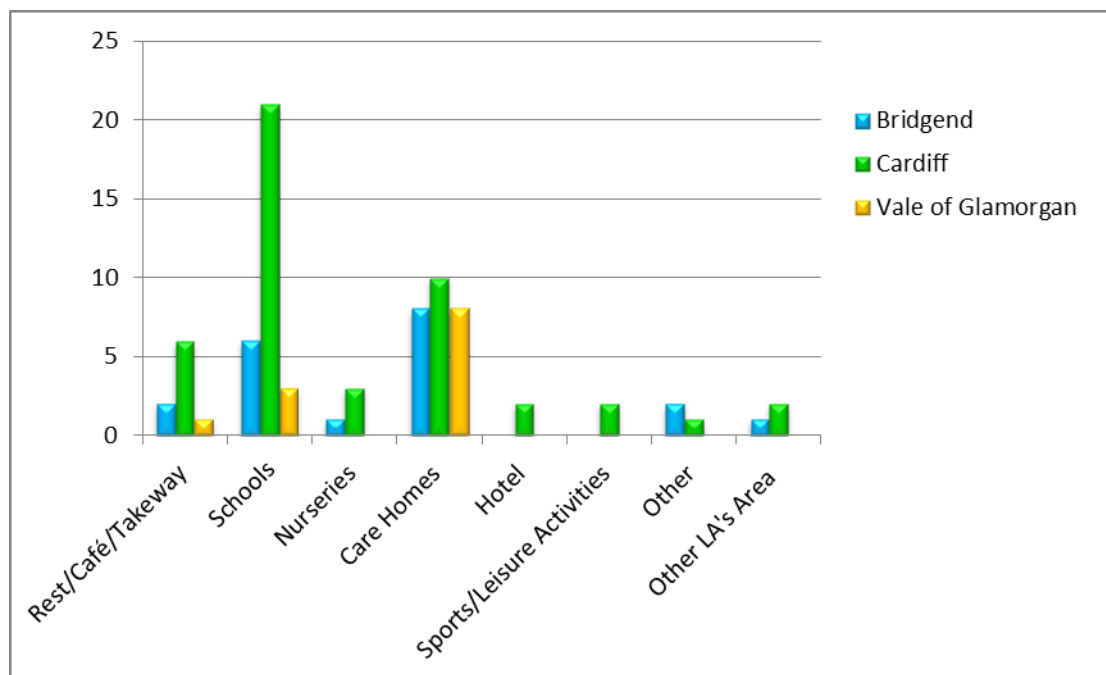
Outbreaks in 2016

In addition to the ongoing investigation of sporadic cases of food poisoning in 2016, a total of 79 outbreaks were identified and investigated by the Communicable Disease Team, of which:

- 20 outbreaks occurred in Bridgend,
- 47 in Cardiff and
- 12 in the Vale of Glamorgan.

An outbreak is defined as illness affecting two or more people who share a common exposure factor linked by time, place or person. The outbreaks are commonly caused by suspected Norovirus and the most common mode of transmission associated with these is either person to person or environmental contamination rather than foodborne transmission. The graph below outlines the outbreaks that occurred in Bridgend, Cardiff and the Vale of Glamorgan, by setting. Schools make up 38% and care homes account for 33% of all outbreaks, these outbreaks were associated with confirmed or suspected Norovirus infections. Considerable work is undertaken to support educational and care home settings, particularly during the winter months to minimise the disruption caused by these viral infections. Norovirus infections are difficult to prevent in semi enclosed settings but their longevity and level of disruption can be greatly reduced with early intervention and application of effective public health measures.

Graph: Outbreaks in 2016 in Bridgend, Cardiff & Vale of Glamorgan.



As predicted in the CD Business Plan 2016/17 the incidence of outbreaks in Bridgend and the Vale of Glamorgan increased significantly as improvements were made to the recording and notification procedures in these two local authorities. In 2015 6 outbreaks were reported in Bridgend and 1 outbreak reported in the Vale (there were 35 outbreaks reported in Cardiff).

Notable outbreaks

A Confirmed Norovirus outbreak associated with a food business operating in Cardiff

In late October 2016, SRS were notified by a food business operating in Cardiff, that 7 of their food handlers were unwell with symptoms of vomiting and diarrhoea.

The restaurant is part of a national chain, which has been operating in Cardiff since November 2014. Similar issues of staff illness had been reported at other branches of the same restaurant chain in the UK. The business suspected that the illness was caused by Norovirus and were focussed on the food supply chain as they could not readily identify any other links between sites such as a staff meeting or training event and no auditors had visited multiple sites.

The Cardiff restaurant closed voluntarily and a deep clean was arranged. The business was given advice regarding the disposing of any open foods at the premises, the use of cleaning chemicals that would be capable of removing viruses, strict observance of the 48 hour symptom free rule and thorough handwashing.

Nationwide investigations were undertaken by multiple agencies on different aspects of the outbreak to establish the cause of the illness. In Cardiff, information was obtained for all ingredients and preparation methods and investigations also included a comprehensive examination of the supplier lists, floor plans and recipe specification cards in order to try and establish if a particular ingredient could be identified that could have come via a central distributor that supplied all the affected restaurant sites.

A full analysis of the menu ingredients concluded that the business should investigate their supply chain for cooked shredded chicken and chipotle chilli products to determine how and where possible contamination incidents might have occurred and to review the microbiological risk procedures with respect to food items used uncooked within the menu.

In Cardiff a total of 11 members of staff and 15 customers were identified as having reported illness and of which 5 (3 staff members and 2 customers) were microbiologically confirmed as having *Norovirus* genotype II.

Suspected Norovirus outbreak associated with a conference at a hotel operating in Cardiff

In October 2016, 80 people out of 203 delegates (attack rate: 39%) had become ill with symptoms of vomiting, diarrhoea, abdominal pain, fever and nausea following attendance at a conference. As symptoms were short lived no samples were submitted for microbiological testing and no cases were hospitalised.

A visit was made to the hotel and the matter was discussed with hotel management and the Assistant Head Chef. The source of the foods and the preparation of the conference food were discussed in detail. The kitchen and storage facilities were inspected and found to be satisfactory. The food safety management system and associated records were examined and found to be in good order. There were no issues of concern identified in relation to the food preparations during this visit. Although Hotel Management were not aware of any staff being unwell in the period leading up to the event the hotel's Housekeeping Team reported cleaning up the male toilets that serviced the main conference event following a vomiting incident on the morning of the conference. Organisers had reported that one of their delegates had seen and reported a vomit incident to Reception.

The investigation concluded that the illness was likely to have been viral in origin which would be consistent with the sudden onset of illness and recovery from illness within 48 hours. Viral illness e.g. *Norovirus* can be transmitted through contaminated food, but can also be transmitted by environmental exposure, for example from touching contaminated surfaces or objects and also by person to person spread particularly through a group of people in a closed environment such as a conference event.

3.3 Achievements

Minimising the spread of infection and public health impact presented by outbreak and sporadic cases of communicable disease

Response and interview times

As a result of the harmonisation of procedures within the 3 authorities, response times have improved considerably with particular significance in Bridgend and the Vale of Glamorgan (Page 17). This is important from a productivity and public health perspective as the greater the response rate the more confidence we have in identifying outbreaks and clusters in SRS and this in turn helps us identify 'at risk' businesses and activities.

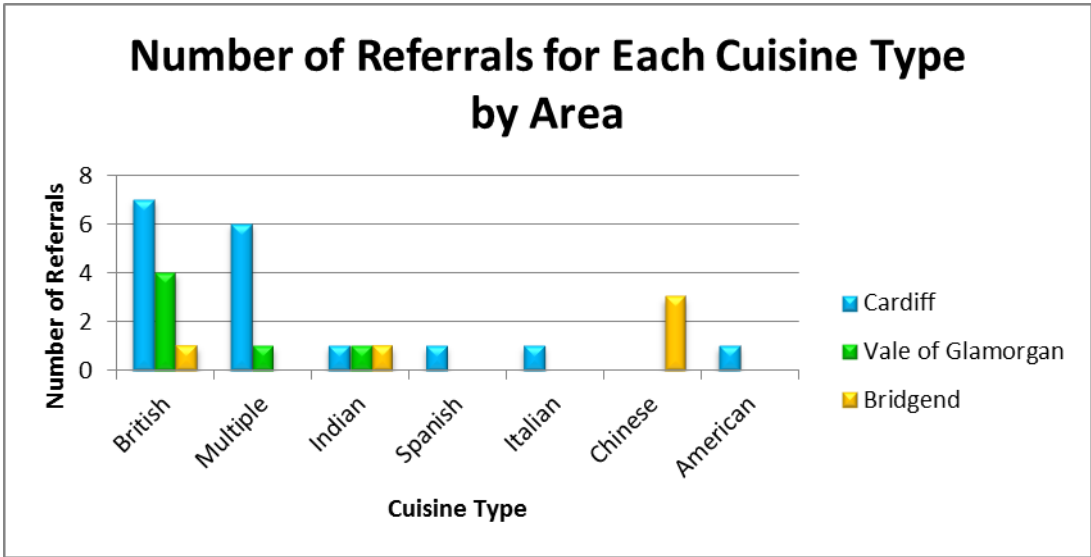
Considerable effort has been placed on reducing the time between the notification date and the date of interview as delays in interviewing leads to recall bias on the part of the case and late identification of potential high risk activities and therefore delayed application of public health controls.

Enhanced Surveillance of cases and clusters of confirmed and suspected food poisoning As a matter of routine, food business are referred to the food safety team for further investigation when case interviews identify a plausible link between illness and consumption of food products from that business. In 2016, in order to better understand the types of businesses associated with the food poisoning illness and inform future interventions and funding streams a database was set up to collate and review standards within these identified businesses. Information currently being collated includes type of cuisine, catering operation, inspection category, recency of inspection and total risk rating scores. The Risk Rating (Food Hygiene Rating Score) as set out in Annex 5 of the Food Law Code of Practice (Wales) comprises of a score for Food Hygiene & Safety Procedures, Structure/Cleaning issues and Confidence in Management/Control Procedures.

In 2016, 28 referrals were made to the Food Safety Team, this proactive initiative will therefore be extended for a further year to assure a more robust dataset. In the interim, the following basic information is presented. Of the 28 referrals:

- 5 in Bridgend,
- 6 in the Vale of Glamorgan and
- 17 in Cardiff.

Of these referrals 43% (n=12) were identified as British cuisine, 25% (n=7) multiple cuisine, 11% (n=3) for Indian and Chinese cuisines and 4% (n=1) for Spanish, Italian and American. The graph below shows the distribution of cuisines by authority.



Suspected food poisoning cases accounted for 50% of the referrals, meaning for these cases there was no confirmed causative agent and the remaining 50% were confirmed cases of Campylobacter (28%), E-Coli O157 (14%), Listeria (4%) and Salmonella (4%).

Consultation and collaboration with businesses and stakeholders to improve regulatory compliance and protect public health

Safeguarding the Vulnerable 17 play centres were visited during quarter 2 for infection control and matters of evidential concern. Premises targeted were those that required parental/guardian supervision and are open to the public.

The most common infection control issues were:

- Limited availability of products that were effective against viruses such as norovirus.
- Absence of knowledge of relating the management of vomiting and or diarrhoea.
- In relation to health and safety matters of evidential concern the main findings were a lack of displayed rules of play and hinges to protect against fingers being jammed in doors.

Information was given to all business about their visit.

Extending support in communicable disease to schools in Bridgend and the Vale of Glamorgan. Cardiff has successfully supported schools in effectively managing gastro intestinal outbreaks over the last 6 years with the result that there has not been a school closure since 2009. The success of this support is through good partnership working and early application of public health measures. The initiative is now being extended to schools in Bridgend and the Vale of Glamorgan. This included the delivery of local workshop for head teachers, the provision of standardised literature and the improvement of reporting mechanisms. This networking will be consolidated at the start of the new academic year.

Working in Partnership with Residential Care Homes – Safeguarding the vulnerable A Health and Safety Intervention undertaken in July 2016 in residential care homes was utilised to collect information on the management of gastro intestinal outbreaks. Of the 43 questionnaires handed to managers during the health and safety visits, 23 (53%) of were completed and returned. The key findings are outlined below:

- RCHs were aware of the 48 hour exclusion rule for staff but policies varied on the management of this risk.
- Generally there was only a basic understanding of the term 'outbreak', how to recognise an outbreak and the detail of their responsibilities.
- RCHs commonly didn't have an outbreak control plan and only 3 homes reported having an infection control policy.
- Outbreak control measures within homes were varied and many reported practices were inadequate; particularly in relation enhanced cleaning and disinfection.

It is therefore evident that RCHs need a better practical understanding of the measures required to effectively manage an outbreak. As a result a short training session has been developed and is currently being trialled as a means of supporting this sector. In addition a Forum held in February this year addressed this particular finding.

3.5 Customer Evaluation Forms

Following interviews cases of communicable disease are routinely sent evaluation questionnaires with advice sheets on their causative organism. This customer evaluation process was formally introduced in Bridgend and the Vale of Glamorgan in 2016. The response rate for completion of the forms remains low (278 responses, 22%) which is comparable to previous response rates observed in Cardiff. One of the main reasons for the low response rate is that where cases have been very ill or hospitalised they often don't wish to relive events by completing a questionnaire. Some key findings are outlined below:

Feedback from all cases:

- 272/277 (98%) cases reported being satisfied with the service, of which 241/277 (87%) reported being 'very satisfied'
- 273/278 (98%) cases reported that the advice given by officers was useful
- 157/276 (57%) cases reported changing their food preparation practices or choices as a result of the interview
- 256/278 (92%) cases reported that the investigating officer suggested a cause for the infection

Feedback from Campylobacter cases:

- 198/218 (91%) cases reported feeling better prepared to prevent further infection

Feedback from cases infected with a pathogen of public health significance

- 60/60 (100%) cases reported that the preventative measures were clearly explained and of these, 54/60 (90%) reported explanations were very clear

The most valuable information received from a public health perspective is the potential positive change in behaviour or choices reported as a result of our intervention.

Appendix A – Local Public Health Strategic Framework –

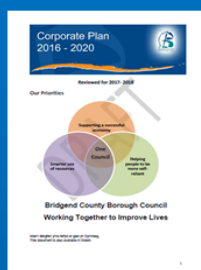


<p>LOCAL PUBLIC HEALTH PLAN 2016/17-2018/19 <i>Second order priority</i></p> <p>Health protection</p> <p>Lead officers: Dr Sian Griffiths, Fiona Kinghorn, Dr Tom Porter, Dr Suzanne Wood (tel: 029 2033 6201)</p> <p>Partnership leads: Dr Gwen Lowe (Health protection, Public Health Wales), Dave Holland (City of Cardiff Council & Vale of Glamorgan Council), Huw Brunt (Environmental health protection, Public Health Wales)</p>	<p>HEADLINE PERFORMANCE INDICATORS OR TARGETS</p> <ul style="list-style-type: none"> No circulating measles in Cardiff and the Vale All declared outbreaks evaluated against World Health Organisation (WHO) evaluation template at their conclusion for outbreaks and environmental incidents Achieve national target of 85% TB treatment completion rate 3,000 teenagers swabbed for meningococcal carriage study Ensure flu vaccination offered to all children in risk groups in special schools 85% uptake of TB screening invitations in higher education 																																		
<p>WHAT ARE WE TRYING TO ACHIEVE? A reduction in the incidence and impact of infectious diseases and environmental hazards in Cardiff and Vale</p>																																			
<p>STORY BEHIND THE PRIORITY AREA</p> <ul style="list-style-type: none"> Infectious disease emergencies cause mortality, morbidity and great anxiety to the public. Preventative evidence-based activities are key in reducing the risk Food borne infections continue to present a serious risk to health. The Pennington Inquiry, following the South East Wales <i>E. coli</i> 0157 outbreak, highlighted local government weaknesses in food procurement, food safety management systems and food hygiene enforcement services. Action plans remain in place to deliver improvements. The Shared Regulatory Service will apply some of the successful action plans established at Cardiff into the Vale of Glamorgan processes to identify and deliver any appropriate improvements Tuberculosis (TB) remains an important cause of morbidity in Cardiff. Control depends on early detection, the completion of effective supervised treatment and the identification and screening of all close contacts and new entrants from high prevalence countries. It is estimated that 14% of the burden of disease in the UK is attributable to environmental stressors and impacts are believed to disproportionately affect the more vulnerable and deprived, therefore actions to address the most common public health impacts associated with exposures play a key role in protecting and improving health. In addition to responding to acute incidents, proactive research is needed to understand relationships between environmental hazards, health outcomes and other factors so effective action can be taken to reduce associated health burdens There is a health protection on-call rota out of hours covering Wales which is staffed by Specialty Registrars and Consultants, including those from the Cardiff and Vale local Public Health team, in addition to specialist support from Public Health Wales health protection leads. The team also contributes to co-ordinating any LHB actions which may be required as a result of an outbreak or event during work hours 																																			
<p>ACTIONS FOR 2016/17-2018/19</p> <ul style="list-style-type: none"> Deliver the National Food Hygiene Rating Scheme and implement alternative strategies for securing improvements in the food safety performance of local businesses Lead the development and delivery of the Cardiff and Vale of Glamorgan Food Law enforcement service plans 2016/17 Ensure that multiagency preparedness plans are in place to mitigate risk from imported Ebola Virus Disease infection Swab 3,000 teenagers for the meningococcal carriage study to contribute to the evidence base for prevention of meningococcal disease Facilitate preventative activities in vulnerable group settings including infection prevention and control interventions in care homes, and improving flu vaccination uptake in special schools Offer mass TB screening sessions to those at risk in higher education establishments Audit measles control activities to ensure that cases are not missed Provide appropriate and timely responses to infectious disease notifications, identify any linked cases/outbreaks and audit/evaluate this response Deliver enhanced surveillance for <i>Campylobacter</i> to identify clusters of illness associated with food 	<p>ADDRESSING INEQUALITIES</p> <ul style="list-style-type: none"> Tuberculosis is more prevalent among more deprived communities in Cardiff and Vale so targeting this will help reduce inequalities Environmental stressors and impacts disproportionately affect more vulnerable and deprived communities (see above) <table border="1" data-bbox="1137 1129 1957 1262"> <thead> <tr> <th colspan="2">Equality impact assessment (EqIA)</th> <th colspan="2">Key: Impact on inequalities + Positive, - Negative, 0 None</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>0</td> <td>Caring responsibilities</td> <td>0</td> <td>Disability</td> <td>0</td> </tr> <tr> <td>Gender reassignment</td> <td>0</td> <td>Married or civil partnership</td> <td>0</td> <td>Pregnant or recent birth</td> <td>0</td> </tr> <tr> <td>Race</td> <td>0</td> <td>Religion, belief or non-belief</td> <td>0</td> <td>Gender</td> <td>0</td> </tr> <tr> <td>Sexual orientation</td> <td>0</td> <td>Welsh language</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td colspan="6">Comments and mitigation actions (where required)</td> </tr> </tbody> </table>	Equality impact assessment (EqIA)		Key: Impact on inequalities + Positive, - Negative, 0 None		Age	0	Caring responsibilities	0	Disability	0	Gender reassignment	0	Married or civil partnership	0	Pregnant or recent birth	0	Race	0	Religion, belief or non-belief	0	Gender	0	Sexual orientation	0	Welsh language	0			Comments and mitigation actions (where required)					
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Sexual orientation	0	Welsh language	0																																
Comments and mitigation actions (where required)																																			

<p>businesses in accordance with the best practice guide endorsed by the Directors of Public Protection in Wales</p> <ul style="list-style-type: none"> • Maintain the capacity of the TB unit to deliver screening and control activities and facilitate TB screening of asylum seekers through the Cardiff Health Access Practice. • Provide appropriate and timely responses to environmental incidents, identify any associated exposed populations and health impacts and audit/evaluate the response • Deliver the Environmental Public Health Team work plan for 2014/15 to 2016/17 • Participate in the delivery of a National Infection Prevention and Control Project for Childcare settings (0-5years) • Participate in the health protection on-call rota 	<p>PARTNERSHIP LINKS</p> <ul style="list-style-type: none"> • Communicable disease <ul style="list-style-type: none"> ○ City of Cardiff and Vale of Glamorgan Councils ○ NHS including GPs, Public Health Wales ○ Third and private sectors ○ Local communities ○ Offender health including Prisons ○ Education • Environment <ul style="list-style-type: none"> ○ Public Health Wales ○ Local Authorities ○ Natural Resources Wales ○ Food Standards Agency
<p>PERFORMANCE TRAJECTORY FOR 2016/17-2018/19</p> <ul style="list-style-type: none"> • Please contact relevant lead for specific trajectories 	<p>RESOURCE RISKS AND REQUIREMENTS</p> <ul style="list-style-type: none"> • Internal (UHB) <ul style="list-style-type: none"> ○ Maintain capacity within TB unit • Partners / Welsh Government <ul style="list-style-type: none"> ○ Maintain resource in local authorities for delivery of communicable disease response in appropriate and timely manner; and resource for food safety function ○ Provide ongoing support for the Environmental Public Health network in Wales

Appendix B– Corporate priorities of partner local authorities

Bridgend County Borough Council



Corporate priorities

- Supporting a successful economy;
- Helping people to become more self reliant;
- Smarter use of resources.

Outcomes

- A successful , sustainable and inclusive economy that will be supported by a skilful, ambitious workforce.
- Individuals and families that will be more independent and less reliant on traditional Council services.
- A Council that has lean, robust processes and a skilful workforce. A Supported third/community sector with the opportunity to take on services that meet citizens' needs.

City of Cardiff Council



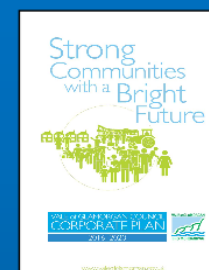
Corporate priorities

- Better education and skills for all;
- Supporting vulnerable people;
- An economy that benefits all our citizens;
- Working together to transform services.

Outcomes

- People in Cardiff are safe and feel safe;
- People achieve their full potential;
- Cardiff has a prosperous economy;
- Cardiff is fair, just and inclusive;
- People in Cardiff are healthy;
- Cardiff is clean and sustainable;
- Cardiff is a great place to live, work and play.

Vale of Glamorgan Council



Corporate priorities

- Reducing poverty and social inclusion;
- Providing decent homes and safe communities;
- Promoting regeneration, economic growth and employment;
- Promoting sustainable development and protecting our environment;
- Raising overall standards of achievement;
- Valuing culture and diversity;
- Encouraging and promoting active and healthy lifestyles;
- Safeguarding those that are vulnerable and promoting independent living.

Outcomes

- An inclusive and safe Vale;
- An environmentally responsible and prosperous Vale;
- An aspirational and culturally vibrant Vale;
- An active and healthy Vale.