Somerset Health Protection

Assurance Report

December 2018

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Contents

Introduction

Health Protection seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation[1].

The Somerset Health Protection Forum comprises professional partners holding health protection responsibilities and has a collective role to provide assurance on behalf of the Director for Public Health to the Health and Wellbeing Board.

Working alongside accountability structures of individual partner organisations, the aim of the Health Protection Forum is to ensure effective and integrated systems are in place for protecting population health, with specific reference to: communicable diseases; environmental hazards; infection prevention and control; resilience; and screening and immunisation.

Providing a mechanism for strategic multi-agency working, the forum enables professional discussion in relation to maintaining effective and efficient health protection systems across Somerset. This ensures that, as a collective of responsible organisations, challenges, risks and opportunities are identified prioritised and addressed as efficiently as possible.

The purpose of this report is to give an overview of the work that has taken place during the past 12 months, the key issues and risks arising, and the priorities for the year ahead.

[1] PHE, *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch representatives) Regulations 2013*, 2013.

1. Strategic Action Plan Priorities 2018

To ensure the Health Protection Forum has a focused agenda and forward plan, a Strategic Action Plan is developed annually. This identifies the priorities and actions to be monitored over the coming 12 months as approved by the Health and Wellbeing Board.

The priorities for 2018 were: **Overall System Resilience; Flu Immunisations; Air Quality; and Tuberculosis.** Progress against the agreed actions is summarised as follows:

1.1 Overall System Resilience

An area of concern of the Director of Public Health was the overall resilience of the health and social care system and the capacity of system to cope with additional pressures caused by incidents such as severe weather and outbreaks.

1.1 Action 1:

- Ensure that the Somerset Health and Social Care Emergency Planning Group is effective in delivering its purpose.

This group is coordinated by the Somerset CCG and has met 5 times during 2018 in accordance with an agreed schedule and work programme. The group is scheduled to meet quarterly throughout 2019 and has the support of its membership. Further detail of the work completed, including issues identified during the March 2018 snow response, is within the Resilience section of this report.

1.1 Action 2:

- Work with PHE to organise Health Protection Regulations training for District Council Officers.

Health Protection Regulations Training was delivered in the South West by Public Health England during September 2018. This was made available to all members of the Health Protection Forum and attended by representatives for all District Councils Environmental Health teams and Somerset County Council Public Health.

1.1 Next Steps Overall System Resilience:

To continue progress, work to strengthen and formalise links between the Somerset Health and Social Care Emergency Planning Group with the Local Health Resilience Partnership, Local Resilience Forum and the Health Protection Forum.

Finalise the Somerset Communicable Disease Incident and Outbreak Operational Response Plan and based on the PHE Framework and plan to test this via a desk top exercise.

From 2019 ‘training’ will be added to the standing agenda of the Health Protection Forum to ensure further opportunities are highlighted across the local health protection system.

1.2 Flu Immunisations

Uptake of immunisation programmes offered to the residents of Somerset are not reaching targets but are in line with the national average. It is important however to continue monitoring progress and identify areas requiring attention, particularly following the introduction of the new NHS England scheme to cover all social and domiciliary care and hospice staff.

Monitoring of flu vaccination coverage is co-ordinated through a Somerset specific group led by the Clinical Commissioning Group and a wider South West group led by NHS England. SCC Public Health are not cited on flu vaccination coverage by practice or by target group in a timely manner, which limits our ability to assure the system of good flu vaccination coverage

1.2 Action 1:

- Ensure all immunisation and screening programmes are performing, monitor the uptake data and perform a ‘deep dive’ assurance process on the programmes where there are concerns.

Due to poor attendance a limited deep dive was held on flu planning at the September meeting. In light of the flu-specific co-ordination functions previously described it was not deemed necessary to reschedule this discussion.

Flu vaccination coverage, including that of health care workers, is communicated to the A&E delivery board to ensure it is high on the health and care system agenda.

1.2 Action 2:

- Work with partner organisations to improve the communication channels with care providers in Somerset to ensure that guidance and support reaches the target audiences.

In addition to those care homes commissioned by Somerset County Council and the Clinical Commissioning Group, which receive information from these organisations. It has been identified that the District Councils Environmental Health function maintain contact lists for all care and residential homes within Somerset, with officers also visiting annually to undertake food inspections. These channels have been made available to distribute seasonal advice relating to flu vaccinations and outbreak information.

As in 2017/18, NHS England provided additional funding in 2018/19 to support the delivery of flu immunisations for health, care and social care staff. This is available to

those providing direct care and employed in residential care homes, nursing homes, domiciliary care providers and voluntary managed hospice providers.

Local awareness and uptake of this offer has been supported by members of the forum through available channels as previously described.

1.2 Action 3:

- All health protection forum members to review their staff flu vaccination programme to ensure a more effective approach to improve uptake amongst staff (In particular frontline health and social care staff). Work with services across the Somerset County Council to determine a strategic approach to improving the staff flu vaccination programme.

All member organisations have delivered staff flu vaccination programmes as appropriate, cognisant of national guidance and good practice. The 2018/19 staff programme delivered by SCC yielded lower uptake than in 2017/18. Factors attributable to the decline are likely to be related to a change in delivery format however a programme review is underway to inform any necessary changes for 2019/20.

In addition to the South West flu group, for the 2018/19 flu season the CCG have identified a flu lead to maintain oversight of local provider activity, including staff vaccination rates. At the time of the last report vaccination rates across the system were improved upon from 2017/18.

Next Steps Flu Vaccinations:

District Councils, SCC and CCG will continue to be utilised to disseminate information to the care home and domiciliary care sectors and seek feedback for future improvement.

Work with the LMC and NHS E to ensure access to coverage of flu vaccination, by GP practice and target groups, to enable in year targeted work to improve uptake.

Seek staff uptake feedback from eligible providers across the system to establish the barriers and incentives for vaccination.

Due to a change in available delivery options and the desire to increase uptake, the County Council staff vaccination programme was hosted through drop in clinics in GP surgeries close to staff work places. The programme resulted in lower uptake than in 2017/18 therefore improvements such as delivery of system-wide clinics will be explored.

1.3 Air Quality

The main impacts of air pollution are a range of respiratory conditions, cardiovascular disease, cancers and birth defects and it is estimated that 29,000 people in the UK die of air pollution related causes annually.

1.3 Action 1:

- Consult on the Somerset Air Quality Strategy and seek adoption by partners.

The public consultation has been completed. Although responses were low in number they were of good quality and generally supportive.

Next Steps Air Quality: A report is in preparation which will recommend minor changes to the draft strategy and/or website and adoption by partners 2019. Steps to continue this work will be reflected in the 2019 strategic priorities.

1.3 Action 2:

- All partners to ensure progress of the four identified priorities by the steering group.

Next Steps Air Quality: The website will be finalised to reflect consultation responses and recent developments before a formal launch and adoption of the Strategy by partners. Pending adoption of the Strategy, priorities can be pursued opportunistically by partners.

1.3 Action 3:

- Monitor national developments and bid, if appropriate, for funds to improve air quality in air quality management areas.

Somerset local authorities have not so far been included in the list of those subject to Ministerial direction and therefore have not had access to relevant funds.

Next Steps Air Quality: Monitor bid opportunities during 2019.

1.4 Tuberculosis

Between 2015-2017 Somerset had 23 cases of TB. In 2016 the TB treatment completion rate for Somerset residents was 42.9%, but this did relate to a very small number of cases. The England rate during comparable time period was 84.4% for England and 78.8% for South West. This means that Somerset is significantly worse for treatment completion for TB than the South West or England average and no areas reach the WHO target for treatment completion (85%).

Based on the South West TB strategy and NICE quality standards for TB, a workplan was established for Somerset, to ensure there is equity of access to effective

diagnosis, treatment, contact tracing and follow up of all TB patients, according to their needs. The following progress has bene made:

- The CCG has embedded the national TB specification into one of the acute trust contracts, however, mindful of capacity have not achieved this in the other local acute trust. The CCG has drafted a paper suggesting a regional approach to managing complex patients and outbreaks, but not clear where this can be progressed
- The national programme to provide latent TB infection tests for people arriving from high incidence countries has been limited to areas of the UK reporting high incidences of TB. This approach doesn't account for the issue of workers from high prevalence countries being resident in low incidence areas, as seen in Somerset. This issue has been raised with the National Strategy team, through PHE.
- Patient who have been diagnosed with TB are where appropriate referred form HIV testing, the pathway between HIV testing and respiratory teams needs to be developed.
- Patients in Somerset who are referred to their respiratory service do receive rapid diagnostic molecular testing for TB. There is known to be a gap relating to paediatrics however there is no progress to report in addressing it.
- Under local arrangements anyone homeless and diagnosed with active pulmonary TB should be offered accommodation for the duration of their treatment. To achieve this there is an in-principle agreement between the District Council, County Council and CCG that agencies would work together to secure housing for the duration of their treatment. It is not believed that a formal policy is required at this time.

2. Core Business

2.1 Communicable Diseases

As reported above, work to develop a communicable disease incident and outbreak response framework and operational plan template was conducted during 2017. The forum has sought for this work to be finalised during 2018 however agreement on the approach to planning remains unresolved regionally. The forum understands that resource has been allocated to resolve the outstanding issues by early 2019. An operational plan for single case management is in place locally

During 2018, we have had 72 outbreaks of communicable diseases. The majority related to Influenza like illness or diarrhoea and vomiting. Additionally we have had 29 incidents, that span a broad range of threats to public health ranging from industrial fires and carbon monoxide exposure to outbreaks involving swimming pools, visits to open farms, Shiga Toxin-producing E-coli (STEC) outbreaks and probable cases of meningococcal disease.

A key success in Somerset has been the lack of measles cases or outbreaks, despite a significant outbreak in the North of the South West patch and ongoing outbreaks in

Europe. The lack of cases in Somerset is believed to be due to good primary immunisation schedule coverage and targeted communication work undertaken this year.

Additionally colleagues in PHE handle individual cases of notifiable diseases, of which there are 32 in England, with the clinicians caring for them. A summary of the 2018 reports are listed below

Somerset

Infection	Rate per 100,000 population												Trend	Comparison to 2017-3**
	2015-4	2016-1	2016-2	2016-3	2016-4	2017-1	2017-2	2017-3	2017-4	2018-1	2018-2	2018-3		
Scarlet Fever	2.8	9.6	10.6	5.1	3.8	7.6	4.5	1.8	5.2	19.8	10.6	2.7		↑
Invasive group A streptococcal infection	2.2	2.0	0.9	0.9	1.8	0.9	1.1	1.3	1.8	2.0	3.8	1.4		↑
Measles	0.0	0.4	0.0	2.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2		↑
Mumps	0.4	0.4	0.2	0.0	0.2	0.4	0.7	0.4	0.0	0.4	0.2	0.2		↓
Pertussis	5.9	2.4	1.6	4.6	3.8	2.0	3.4	2.5	3.6	2.7	1.4	2.9		↑
Meningococcal infection*	0.6	0.4	0.5	0.0	0.7	1.6	0.4	0.4	0.2	0.4	0.0			↓
Campylobacter	27.3	26.6	35.3	39.5	24.4	24.5	34.9	40.3	26.5	25.6	44.1	35.5		↓
Cryptosporidium	5.1	2.0	3.5	6.6	8.0	3.1	6.3	3.8	3.6	3.2	3.4	5.2		↑
Escherichia coli STEC	0.2	0.0	0.9	0.4	0.0	0.0	0.0	1.3	0.0	0.0	0.0	0.9		↓
Giardia	6.1	5.1	5.3	7.1	4.6	4.0	5.9	6.8	6.1	5.0	8.3	5.6		↓
Salmonella Enteriditis	0.6	0.7	0.7	2.4	0.7	0.4	0.5	1.8	1.4	0.2	1.4	1.8		→
Salmonella Typhimurium	0.9	0.5	0.9	0.7	0.4	0.7	0.4	2.2	1.1	0.4	0.5	1.3		↓
Shigella	0.7	0.4	0.4	0.9	0.7	0.5	0.0	0.2	0.5	0.5	0.0	0.4		↑

*Data for the latest quarter is currently undergoing validation and is therefore not yet available.

**For meningococcal infection this comparison is between quarter 2 2018 and quarter 2 2017

Figure 1: Somerset Rates of notification of diseases to PHE during 2018

Next steps: There are changes regarding PHE prescribing arrangements during outbreaks. Once the communicable diseases framework is finalised the detail of how Somerset responds to communicable disease outbreaks as a system needs to be worked through.

2.2 Environmental Hazards

As reported within 1.3 Air Quality, the public consultation on the draft strategy is complete and progress has been made as follows:

- The Website has been launched to inform the public, businesses, drivers and developers about what they can do to help improve air quality in Somerset in the choices they make. This can be accessed at: https://somersetairquality.wordpress.com/
- SCC Public Health now comments on planning applications for major developments with a view to minimising the need to travel by car in urban areas
- Environmental health officers have considered how best to monitor small particle pollution (PM2.5) with subsequent operational recommendations made.

In 2019, following final amendments the Somerset Air Quality Strategy will be put to partners for formal adoption.

Next steps will be to access available air quality monitoring data to look at trends and see where actions are needed by individual partners or the forum collectively

Key Lesson Learned: Capacity issues continue to limit the ability of both county and district councils to develop bid ready schemes for competitive funding sources made available by central government as areas with substantial exceedances of current limits are much more likely to have bids approved. This emphasises the importance of partners adopting the strategy and identifying local opportunities to work collaboratively.

2.3 Infection Prevention and Control

The Somerset Infection Prevention and Control Group is led by the CCG with key priorities including Healthcare Acquired Infections and Gram-negative blood stream infections (GNBSI). Somerset has the 7th highest national number (not rate) of GNBSI and there is a national ambition to reduce these numbers by 50% by 2021.

A Somerset Strategy for the Prevention and Control of Infection has been produced, for a system wide approach. The purpose of this document is to set out the CCG's and Somerset system responsibility and objectives for infection prevention and control and the work plan to ensure these are met.

Somerset has well developed structures and processes for IPC in healthcare settings. However, there is a lack of an equitable and effective infection prevention service for primary care, care homes and social care. This leads to gaps in provision of organism and patient specific risk assessment and advice which potentially has implications for care and use of health care resources and the spread of infection. The CCG has submitted a business case to secure infection control posts that can address this gap during 2019.

Key Lesson Learned

Nationally and within Somerset there has been an increase in bacterial infections among Persons Who Inject Drugs (PWID), with two clusters seen within Somerset in 2018. Through system wide working, involving the drugs and alcohol service, commissioners, the CCG, local PH team and PHE have ensured in future, local drug and alcohol services will receive training and toolkits to support their clients, adopt safer practices and ensure that in future information regarding outbreaks are communicated more clearly across the system. This work needs to continue in 2019

2.4 Resilience

The primary forums for emergency planning, resilience and response in Somerset are the Avon and Somerset Local Resilience Forum and the Avon and Somerset Local Health Resilience Partnership. As these forums have wide geographical and

organisational coverage, the Somerset Health and Social Care Emergency Planning Group exists to support and coordinate local tactical health and care EPR activity.

The Health Protection Forum maintains links with each of these groups to ensure any priorities identified are addressed within the context of the wider system. Key areas of local planning for 2018 have included trust capacity coordination; communicable diseases; mass casualty response; mortuary provision and 4x4 transport.

Incidents within or affecting Somerset and requiring multi-agency coordination included have included severe weather (snow); utility failure; fire; and winter pressures. The learning and further actions from these incidents are captured within multi-agency debriefing processes and actioned accordingly.

Exercise Nighthawk was conducted in June of 2018 to test the multi-agency arrangements outlined in the Hinkley Point B Nuclear Licensed Site Off-Site Emergency Plan. Members of the forum participated as appropriate to their role within their own organisation and provided feedback where required.

Key Lesson Learned

Due to organisational structures it is difficult for NHS England representatives to attend all the health protection forums within their jurisdiction. Whilst the DPH is sighted on the NHS E annual assurance return it has not been possible for the Health Protection Forum to discuss the assurance framework for health system resilience with NHS England. To address this, consideration will be given to whether the emergency planning lead for the Somerset CCG could fulfil this function, by becoming a member of the Health Protection Forum.

2.5 Screening and Immunisations

2.5.1 Screening

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

Current screening programmes cover:

- Cancer screening (breast, bowel and cervical);
- Adult screening (abdominal aortic aneurysm and diabetic eye); and
- Antenatal and new-born screening (foetal anomaly, infectious diseases in pregnancy, sickle cell and thalassaemia, new-born and infant physical examination, new-born blood spot and new-born hearing)

Each quarter NHS E provides a report to the Health Protection Forum to provide assurance to the DPH that the local population is achieving the expected coverage according to national targets, in summary:

Cancer Screening.

Breast cancer screening rates in Somerset at 77.9% (compared with England of 75.4%) is good and above the lower threshold target. However, cervical cancer screening coverage in Somerset at 74.3% (compared with England of 72%) is just below the lower threshold national target. The bowel cancer screening rate is 62.7%, is higher than national rates and achieves the target level of 60%.

Antenatal Screening.

Data for antenatal screening programmes is provided at a trust level, see Figure 2. Approximately 10% of women receive antenatal care and screening from an out of area provider, which we do not receive data for. A request to the change in format of reporting from NHS England will be made in 2019.

Adult Screening.

The Diabetic Eye (DE) and the Abdominal Aortic Aneurysm (AAA) Screening programmes continue to perform well, meeting and exceeding targets at 84.5% and 85% respectively in Q4 of 2017/18.

Indicator	Lower threshold1	Standard2	Geography	2017	Q4 2017/18
2.20i - Cancer screening coverage - breast cancer (%)	70	80	Somerset	77.9	
			England	75.4	
2.20ii - Cancer screening coverage - cervical cancer (%)	75	80	Somerset	74.3	
			England	72.0	
2.20iii - Cancer screening coverage - bowel cancer (%)	55	60	Somerset	62.7	
			England	58.8	
				2016/17	Q4 2017/18
2.20vii - Infectious Diseases in Pregnancy Screening – HIV Coverage (%)	≥ 95%	≥ 99%	Somerset	0.0	
YDH			YDH		99.80%
T&S			T&S		99.50%
			England	99.5	
2.20x - Sickle Cell and Thalassaemia Screening – Coverage (%)	≥ 95.0%	≥ 99.0%	Somerset	0.0	
			YDH		100
			T&S		99.2
			England	99.3	
2.20xi - Newborn Blood Spot Screening – Coverage (%)	≥ 95.0%	≥ 99.9%	Somerset	0.0	96.4
			England	96.5	
2.20xii Newborn Hearing Screening – Coverage (%)	≥ 97%	≥ 99.5%	Somerset	0.0	99.3
			England	98.4	
2.20xiii - Newborn and Infant Physical Examination Screening – Coverage (%)	≥ 95.0%	≥ 99.5%	Somerset	0.0	
			YDH		98.1
			T&S		99
			England	93.5	
2.20v – Diabetic eye screening - uptake (%)	≥ 70.0%	≥ 80.0%	Somerset	0.0	84.5
			England	82.2	
2.20iv – Abdominal Aortic Aneurysm Screening – Coverage (%)	≥ 75%	≥ 85.0%	Somerset	86.5	85
			England	80.9	

Figure 2: Somerset NHS Screening Assurance Report 2018

Whilst coverage is adequate the DPH remains concerned that particularly vulnerable sections of our local population e.g the homeless, adults with learning disabilities or those living in areas of higher deprivation, have access to these programmes and where required necessary adjustments are made to ensure equitable access.

Screening Incidents:

Incidents can damage the trust the population has in screening programmes and so it is vital that any incidents that occur are managed well. In January of 2018 NHS E identified an IT issue resulting in some local services not inviting all eligible women for their final screen in the 3 years before their 71st birthday, this did affect some Somerset women.

NHS E has carried out a thorough investigation including a detailed analysis of data and advice from experts and clinicians. The fault has now been identified and fixed and women who did not receive their final routine invitation and are registered with a GP are being contacted and offered the opportunity to have a catch-up screen.

This incident was well managed and the DPH kept informed throughout to ensure national messages were reinforced locally.

Additionally an incident has occurred within the cervical screening programme, however, information was not shared with the DPH and this is being followed up with NHS England.

Next Steps:

Work to improve notification of screening incidents to the DPH.

Undertake a Health Equity Audit on one of the adult cancer screening programmes, in partnership with NHS E

Work with NHS E to get complete reporting on antenatal screening programme coverage for Somerset residents

2.5.2. Immunisations.

There is a national childhood and adult immunisation programme, that are offered through primary care, school nursing and for some vaccines through pharmacies and midwifery in Somerset, (Figure 3). Coverage is broadly in line with the national average however there has been a small decline across most antigens this last year.

Childhood	Vaccine
	Meningitis B
	Rotavirus
	Diphtheria, tetanus, pertussis, polio and Hib
	Pneumococcal (PCV)
	Hib/MenC booster
	Measles, Mumps and Rubella (MMR)
	Flu (annually aged 2-7)
	HPV
	Tetanus, diphtheria and polio adolescent booster
	MenACWY
Adult	Pneumococcal
	Flu (at risk and over 65s)
	Shingles
	Pertussis (during pregnancy)

Table 1: NHS Immunisation Programmes

Indicator	Lower threshold1	Standard2	Geography	2017/18	Q4 2017/18
3.03i - Population vaccination coverage - Hepatitis B (1 year old)			Somerset	100.0	100
			England		
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	90	95	Somerset	94.0	94.1
			England	93.4	92.6
3.03iv - Population vaccination coverage - MenC	90	95	Somerset	no	no
			England		
3.03v - Population vaccination coverage - PCV	90	95	Somerset	94.1	94
			England	93.5	92.8
3.03i - Population vaccination coverage - Hepatitis B (2 years old)			Somerset	100.0	
			England		
Population vaccination coverage Rotavirus (1 year)	95		Somerset	NA	91.2
			England		90.3
Population vaccination coveraeg Men B	NA		Somerset	NA	93.8
			England		92.5
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	90	95	Somerset	96.7	96.4
			England	95.1	95
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	90	95	Somerset	94.2	93
			England	91.5	91.2
3.03vii - Population vaccination coverage - PCV booster	90	95	Somerset	94.1	92.7
			England	91.5	91.2
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	90	95	Somerset	93.8	94.6
			England	91.6	91.2
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	90	95	Somerset	96.2	92.5
			England	95.0	90.8
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	90	95	Somerset	96.3	96
			England	92.6	92.7
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	90	95	Somerset	90.3	90.1
			England	87.6	87.2

Figure 3: Somerset Childhood Immunisation Coverage 2017/18

Indicator	Lower thr	Standard2	Key			Geograph	2015/16	2016/17	2017/18
3.03xii - Population vaccination coverage - HPV (%)	80	90	<80	80-90	>=90	Somerset	85.8	83.3	0.0
						England	87.0	87.2	0.0
3.03xiii - Population vaccination coverage - PPV (%)	65	75	<65	65-75	>=75	Somerset	68.2	67.7	0.0
						England	70.1	69.8	0.0
3.03xiv - Population vaccination coverage - Flu (aged 65+) (%)	70	75	<70	70-75	>=75	Somerset	70.5	70.5	72.4
				70-75		England	71.0	70.5	72.6
3.03xv - Population vaccination coverage - Flu (at risk individuals) (%)	50	55	<50	50-55	>=55	Somerset	45.7	48.5	48.1
						England	45.1	48.6	48.9
3.03xviii - Population vaccination coverage - Flu (2-4 years old) (%)	30	40	<30	30-40	>=40	Somerset	42.0	44.5	48.5
						England	34.4	38.1	43.5
3.03xvii - Population vaccination coverage - Shingles vaccination cover	50	60	<50	50-60	>=60	Somerset			
						England	54.9	48.3	0.0

Figure 4: Somerset Adult Immunisation Coverage 2017/18

Particular priority was given to the flu programme in 2017/18, due to the complexity of the programme and the importance it has in reducing mortality and preventing additional pressures on the health system. The uptake data is detailed below in Table 2.

	Somerset (%)				England (%)			
	14/15	15/16	16/17	17/18	14/15	15/16	16/17	17/18
Over 65s	70.6	70.5	70.5	72.4	72.7	71	70.5	72.6
At risk under 65s	47.4	42.9	48.5	48.1	50.3	45	48.5	48.9
Pregnant Women	38.2	42.5	43.9	47.1	44.1	42	44.9	47.2
Carers	36.9	36.9	46.5		-	-	-	

Table 2: Flu vaccination coverage of target groups

Flu vaccination of care home staff is a particular concern within Somerset, due to the number of influenza like illness (ILI) outbreaks in care homes last year. Within the health and care sectors, vaccinating frontline health and social care staff is vital in reducing the spread of flu to vulnerable service users. In the 2017/18 flu season NHS England announced a scheme to fund the flu vaccine for care home staff . This came late in the programme and data was not recorded to enable assessment of coverage. This offer was again made in advance of the 2018/19 flu season and as the announcement has come earlier, this will hopefully enable better uptake and will also be recorded by READ coding the offer through GP practices.

SCC worked with partners to ensure communication of this offer to care home providers, domiciliary providers and hospice staff. For the first time our District Council colleagues were used to help cascade messages. We look forward to being able to measure the impact of this improved information cascade on coverage rates.

Incidents:

During the latter part of 2018 a vaccine cold chain incident affected 80 children under the care of 1 GP surgery in Somerset was notified to the DPH. The response was coordinated across the system with all parents of children affected contacted and offered a re-vaccination.

Key Lesson Learned

The ability to access detailed coverage data is vital to taking appropriate steps to increasing uptake and protect the health of Somerset residents. With this information would come the ability to identify surgeries or geographies where coverage was lower, enabling delivery of targeted work with providers and the local populations. Additionally, receipt of the NHS E section 7a assurance report in a timely manner, will enable the Health Protection Forum to fulfil its assurance role.

A notable success for 2018 is that Somerset has not seen any rise in measles cases linked with the significant outbreak occurring in the North of the South West region or the ongoing outbreaks in Europe.

4. Priorities for 2019

The following list of priorities for the Health Protection Forum in 2019, resulted from the annual priority setting meeting. The following priority actions within its areas of core business:

4.1 Communicable Diseases

Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system.
Carrying this priority forward into 2019, key actions include:

- Support Public Health England to finalise the Incident and Outbreak Response Framework across the South West;
- Work across the partnership to ensure actions required for local implementation; and
- Review and agree the Somerset Health Protection Memorandum of Understanding.

4.2 Environmental Hazards

Ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported and prioritised.

Building on existing organisational priorities, key actions include:

- Support targeted projects to review and improve water quality in vulnerable institutions such as educational establishments;
- Support adoption of the Somerset Air Quality Strategy and projects identified to improve air quality; and
- Raise awareness of the impact on health from housing standards and support local initiatives to address significant hazards such as Legionella.

4.3 Infection Prevention and Control

Ensure infection prevention and control priorities address local need and reflect national ambition. Recognising areas for improvement identified during 2018 and the context surrounding infection prevention and control, key actions include:

- Identify initiatives to improve community infection prevention and control amongst vulnerable populations, specifically intravenous drug users and the homeless;
- Raise awareness of the national strategy to address antimicrobial resistance and support / develop local initiatives as appropriate; and
- Support the CCG to reduce the burden of disease associated with Gram Negative Blood Stream Infections

4.4 Resilience

Ensure local and regional emergency response arrangements are in place to protect the health of the population.

Working closely with local and regional forums, key actions include:

- Maintain a system wide understanding of priorities and challenges within the emergency planning, resilience and response community and ensure that lessons identified in major incidents (such as Salisbury / Amesbury) are embedded in local system response;
- Support activity and coordination between local groups and regional forums; and
- Consider the role of communities in reducing the impact of winter pressures on primary and emergency / urgent care.

4.5 Screening and immunisation

Ensure screening and immunisation programmes meet national standards and where work is required to increase uptake, reflect local priorities to achieve national standards.

In support of the existing screening and immunisation programme in Somerset, key actions include:

- Undertake a health equity audit on uptake of one specific screening programme to be determined;
- Secure access to uptake data on screening and immunisation programmes at lower geographical levels in order to identify where remedial action is required to improve overall coverage, as this has fallen across all immunisation programmes during 2017/18; and
- Improve uptake of the seasonal flu vaccination for those working directly with vulnerable service users.

5. Conclusion

In summary the Director of Public Health is assured that systems are in place to protect the health of the population, however there are opportunities during 2019 to strengthen these and ensure that particularly vulnerable populations are reached by heath protection interventions.

Throughout 2018 there have been significant challenges within and affecting Somerset that required a system wide response, while these challenges were met there were questions raised regarding capacity and opportunities identified for improvement through planning, prevention and mitigation.

These lessons are captured throughout this document and reflected within the 2019 strategic priorities, underpinning which is review and development of the Somerset

Health Protection Memorandum of Understanding to ensuring roles, responsibilities and relationships are clear across the system.