

# Somerset Health and Wellbeing Board

Monday 13 June 2022

11.00 am Luttrell Room - County Hall,  
Taunton



## SUPPLEMENT TO THE AGENDA

To: The Members of the Somerset Health and Wellbeing Board

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 7	Living with Covid Verbal Update (Pages 3 - 14) To receive the update.
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Item 8	Pharmaceutical Needs Assessment (Pages 15 - 22) To receive the report.
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Democratic Services, County Hall, Taunton, TA1 4DY

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# Living with Covid-19

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Somerset County Council Health and Wellbeing Board 2022



# Background and Context

- Pandemic declared on the 11th March 2020, Somerset County Council and partners involved in major incident response.
- A Covid-19 health protection board and engagement board have met regularly throughout pandemic.
- 21<sup>st</sup> February 2022- Living with Covid-19 plan published by UK Government.
- 14th March– Last meeting of Somerset Covid-19 Engagement Board agreed to stand down and to transfer oversight of next phase to be provided by Health & Well-Being board.
- ADPH response to ‘Living with Covid19’ Plan:
- ‘Covid-19 is not over and achieving elimination is unviable in the short term’
  - ‘There remains a degree of unpredictability about the course ahead... we can expect further waves of transmission’
  - ‘Disadvantaged areas are likely to be more at risk from outbreaks and prolonged disruption.’
- Current guidance
  - Wearing a face covering in crowded areas, such as on public transport.
  - Good hand and respiratory hygiene.
  - Effective ventilation of indoor spaces.
  - Taking part in the vaccination program.

# Somerset and Living with Covid-19

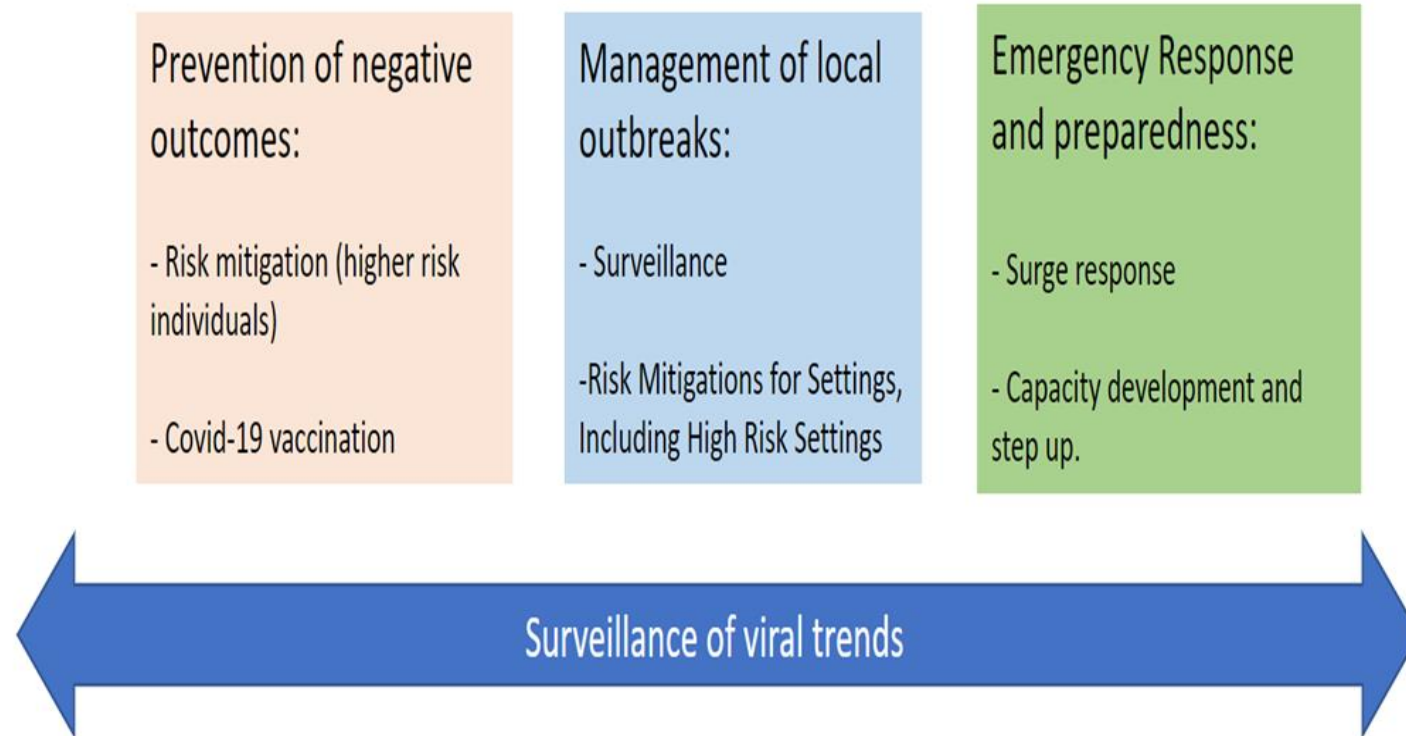
## Aims

1. Ensure we all 'live well' with Covid-19 and to respond to any new challenges that covid-19 might pose.
2. Focus on protecting vulnerable people and supporting high-risk settings to reduce the impact of Covid-19 on the individuals and communities at highest risk of poor outcomes.
3. Reduce the risk from and impacts of new variants.
4. To address both the direct and wider impacts of the pandemic on the health and wellbeing of Somerset population and on health inequalities.
5. Develop a Somerset health protection system which is sustainable, robust, and able to prevent, and respond to future health hazards and threats.

# ADPH Framework for Living With Covid-19

[ADPH Guidance: Living Safely with Covid: Moving toward a Strategy for Sustainable Exit from the Pandemic - ADPH](#)

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# Prevention of Negative Outcomes

## Vaccination

SCC will continue to support all national vaccination strategies and innovate to ensure the hardest to reach are provided with the opportunity to be vaccinated and the information to make informed choices efficiently.

## Vaccination by Ethnicity

Multiple studies have shown how the pandemic has impacted certain ethnicities more than others.\*

- Work has already been completed in Somerset to increase vaccination uptake specifically for people who identify as 'white other'.
- This work should be re-visited as the vaccination program progresses to ensure that uptake in any booster programs is encouraged.

## Vaccination by Indices of Multiple Deprivation

- Studies have also shown how economic and educational levels are clear indicators for poorer outcomes in relation to Covid-19.\*\*
- It is important that we focus our attention on those who are highest risk of both infection and serious illness.
- Somerset will continue to encourage uptake in line with the evergreen offer which allows access to vaccination for those who have not yet received either of their doses.

## Recommendations

- Continue with engagement and communications.
- Utilise behavioural science insights.
- Continue to work with partners to share data effectively.
- Continue to support populations who are at higher risk of serious disease (ethnicity and IMD decile).

# Risk Mitigation By and For Individuals

## Behavioural Insights- Focus Groups

### Psychological impacts

- Increased anxiety.
- Loss of confidence.
- Memory deterioration.
- Labelled as 'vulnerable' but did not consider themselves as vulnerable.

### Physical Impacts

- Mobility and physical activity decreased (but some increases in physical activity).
- Smoking increased.
- Alcohol consumption increased.
- Not accessing medical care.

### Social Impacts

- Mixed feelings about wanting to return to social activities (some fearful, some happy to).
- Reduced access or availability of social activities.
- Reduced number of carers and volunteers for support services.
- Confusion by public health messages led to isolation.
- Increased dependence on others – reliance on services and others.



# Management of Local Outbreaks

## Surveillance

- Infectious disease surveillance is an important tool which helps public health professionals monitor the health of a population.
- The main aims of surveillance tools are to describe the current situation (e.g., prevalence), to monitor trends, and to identify any new threats to public health.
- SCC Public Health will continue to monitor a range of information sources relevant to Covid-19. Currently we have the below systems and data pathways available.
- Data will continue to be presented in an internally available dashboard updated weekly and a selection of shareable metrics updated weekly for a public dashboard.
- A particular focus of surveillance is on new variants or the virus behaving in a new way.

## Recommendations

- Ensure ongoing surveillance to enable timely response to new threats to the health of the population of Somerset.

# Risk Mitigations for High-Risk Settings

- High risk settings, which include care and nursing homes and SEND schools, are settings where individuals who are at higher risk of poor health outcomes are in close proximity.
- SCC Public Health will continue to monitor outbreaks and clusters in these settings. UKHSA are responsible for the management of these outbreaks, but local public health teams ensure that partners across the system are aware of outbreaks and clusters and that settings are fully supported and aware of their own responsibilities.

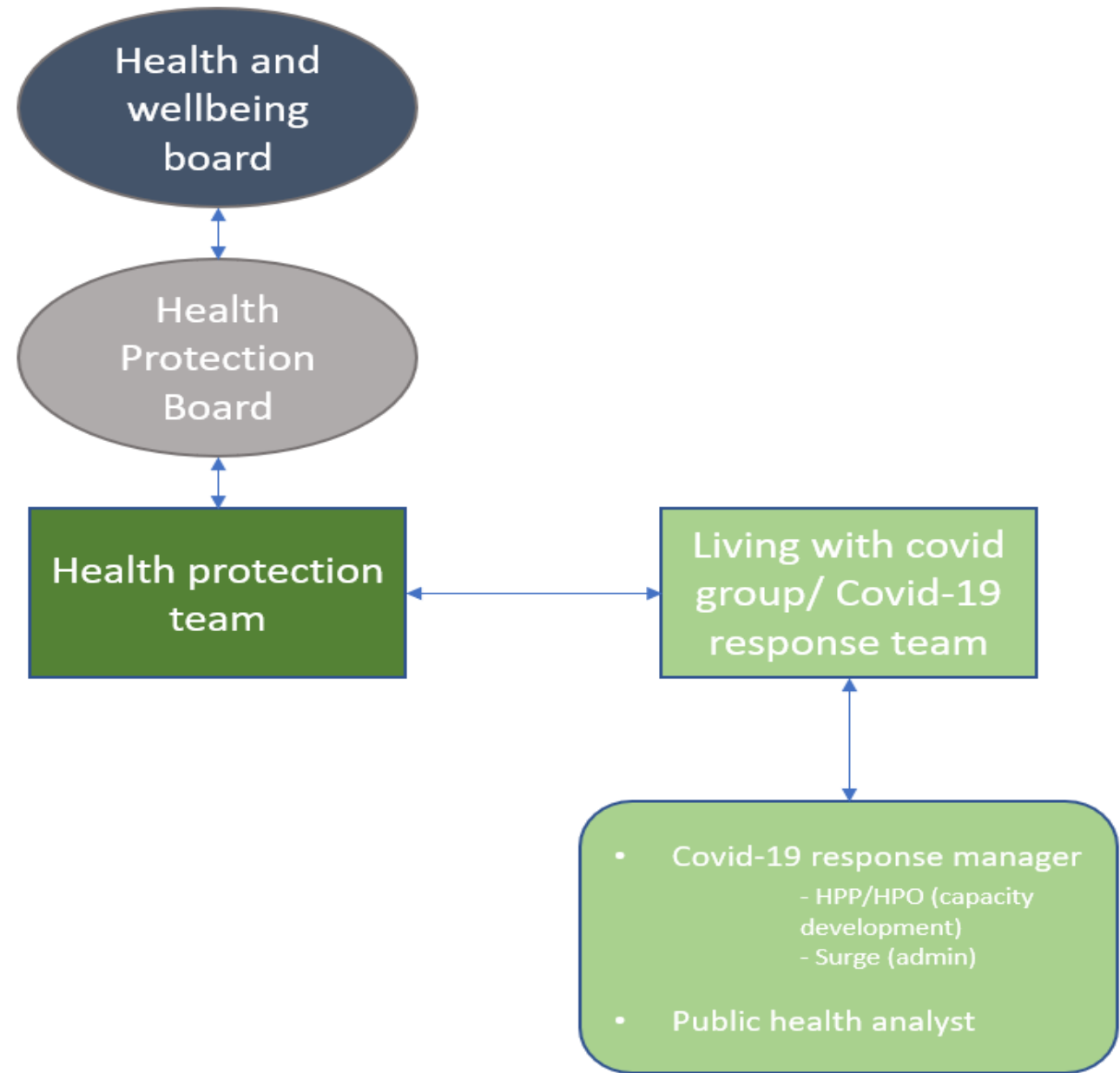
# Emergency Response

- An emergency response plan to ensure a timely and efficient 'stand up' of resources, to enable protection of the population's health e.g., testing, mass vaccination.
- The most likely threat will come in the form of a new variant which behaves differently to the current Omicron variant, most likely with regards to virulence or vaccine escape.
- Any surge response will need to ensure adequate staff to call upon if needed in the form of practitioners, officers and business support.

# Governance

- SCC Public Health will continue to chair the health protection board which has strategic oversight of the Covid-19 response in Somerset.
- This board will meet monthly and brings together strategic partners from across the system.
- The Somerset Public Health team will provide a brief written update to Somerset County Councillors in their monthly report and to partners via the Health and Well-being Advisory Network newsletter.

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**We're all in it together**



SOMERSET  
CORONAVIRUS

# Recommendation:

- HWBB supports the approach described to 'Living with Covid19'.
- HWBB will receive exception reports on covid19, should the situation change.

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# Pharmaceutical Needs Assessment (PNA) 2022-25

# What is a PNA?

- Part of the 'market entry system' for pharmacies.
  - A pharmacy can only be opened if a need for it can be demonstrated
  - The market is regulated by NHS England, which also funds the medical services part of the pharmacy.
- Because NHSE has a conflict of interests the Health and Wellbeing Board is required to provide an independent, factual view on the provision, over the following three years, by
  - Location
  - Contracted opening hours
  - Services such as flu vaccination.

**[NB Pharmacy commissioning will be the responsibility of the Integrated Care Board from April 2023.]**

- Due for September 2022 – delayed from April 2021 by Covid-19.



# What it isn't..

- A review of the quality of pharmacies
  - Speed of service or attitudes of staff are not covered
  - If pharmacies cannot open for the contracted hours (typically because of staff shortage) then that is a matter for contract managers at NHSE.
- An assessment of choice of pharmacy provider
- An assessment of very local conditions, such as road crossings.
- A guarantee of perfect access

# How it is written

- By a working group delegated by HWB in October 2021, and made up of the principal stakeholders:
  - Local Medical Committee
  - Local Pharmaceutical Committee
  - Healthwatch
  - SCC Communications (consultation)
  - NHS England
  - SCC Public Health
  - pharmacy profiles and graphs from Office for Health Improvement and Disparities.

# Findings

- Pharmacies' location and contracted hours broadly reflect demand and provide a reasonable level of service.
- The steering group is consulting on two improvements:
  - Wider commissioning of Hepatitis C antibody testing service (which is, we understand, already in preparation).
  - The commissioning of an existing pharmacy in Chard to provide Sunday opening.
- [There is a long-standing gap in provision for Monkton Heathfield, identified in 2016 outside the PNA process. The licence awarded to Day Lewis has lapsed and no commercial provider has sought to apply.]

# Findings

- **Outside the scope of the PNA, we have found:**
  - Considerable reduction in opening hours at the moment
  - Largely caused by staffing difficulties
  - This is having knock-on effects on the promptness of service
- A further pharmacy – Lloyds at the Clink in Bridgwater – is closing in August
- The pharmacy system is experiencing pressures similar to the wider health service.

# Recommendations

**that the Somerset Health and Wellbeing Board:**

- **1. Endorse the draft**
- **2. Comment, if appropriate, on provision in Chard, or Hepatitis C Antibody testing, or both.**
- **3. Delegate endorsement of the final draft of the report to the Chair of the Health and Wellbeing Board, assuming only minor changes from the consultation draft.**

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