

Cabinet Member Report to Full Council – Public Health

Cabinet Member: Cabinet Member for Education and Public Health

Local Member(s) and Division: All

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1. Introduction

- 1.1.** It continues to be an unprecedented time for public health; the Covid-19 pandemic continues to touch every part of life and every Somerset resident. Both the direct and indirect impacts of Covid-19 continue to be significant. Importantly, we must reflect upon the hugely sad effect of 1,043 deaths in families across our county, as of the week ending 28th January 2022.
- 1.2.** This report provides a high-level overview of the work undertaken in the past year under the whole of the health and wellbeing portfolio. It focuses particularly on the excellent work done during the pandemic to protect, maintain and improve the health of the local population. It gives some insight into the hard work and considerable successes that the public health team have delivered or enabled throughout a further turbulent year in responding to Covid-19 and provides a picture of what worked well and what can be improved for the future.

2. Covid-19

- 2.1.** The Public Health Incident Room continues to operate. It has now been in place for two years, having been set up ahead of the virus reaching the UK in order to prepare. At the time of writing, Somerset and the UK remains in a Major Incident. In May 2021 the National Covid-19 Alert Level was reduced to Level 3, meaning the epidemic is in general circulation. As of 1st December 2021, there were 68,907 cases of Covid-19 in Somerset and sadly 952 people died within 28 days of a positive test for Covid-19.
- 2.2.** Public health leadership of the local pandemic response continues to be of paramount importance. The Director of Public Health (DPH) chairs the weekly Health Protection Board, bringing together senior clinical and professional leaders across Somerset to work together and make strategic decisions to enable management of the pandemic. The team of highly trained public

health Consultants and Specialists employed by Somerset County Council (SCC), supplemented by the recruitment of a dedicated Covid-19 response team, provides the specialist public health advice to support the management of cases, clusters and outbreaks.

- 2.3. The DPH and public health team continues to reach right across the Somerset system, as well as reaching into the regional and national systems, to provide the leadership and specialist scientific public health advice required.
- 2.4. The key areas of activity as part of the response have been outlined below:

Epidemiological Disease Surveillance and Control: Throughout the past two years, the public health team has worked tirelessly to undertake local epidemiological surveillance and manage cases, outbreaks and clusters of infection, seeking to reduce and slow the transmission of the virus in order for local health and care services, and all forms of business, to withstand the increasing needs and staff sickness. The actions and governance used has been fully described in the Local Outbreak Management Plan, which is on version 6, as this has been revised each time the national Contain Framework is rewritten.

Test, Trace and Isolation: The Somerset DPH is the regional lead for contact tracing and Somerset was the first local authority in the southwest to pilot and develop local contact tracing, working alongside the National Test & Trace teams within the NHS. Between 1st April 2021 and 19th November 2021, SCC staff identified the close contacts of 9,019 people with Covid-19. As a whole trace service (National Test & Trace, self-completion and SCC) 43,831 cases have been contact traced. Consistently, Somerset has succeeded in reaching well over 80% of cases, which is the level at which contact tracing is deemed to be effective.

In addition, the public health team have led the Somerset multi-agency testing cell to advocate for, and ensure that those people who have symptoms of Covid-19, have access to PCR testing. Between 1st April 2021 and 31st October 2021, 878,344 PCR tests were undertaken on Somerset residents.

Asymptomatic testing has been a significant key strand of our local testing strategy and containment of the infection. Evidence shows up to one third of people are thought to be infected but have no symptoms. Between January and May 2021 public health and other SCC staff led the development and running of asymptomatic testing sites for our population. Between 1st March 2021 and 31st October 2021, 1,718,092 LFD tests were undertaken on Somerset residents. In total 2,596,436 Covid-19 tests have been undertaken on Somerset residents between 1st April-31st October 2021.

Preventing the Transmission of Covid-19: A monthly Engagement Board, chaired by the Leader of the Council with our portfolio holder as vice chair, has overseen the public communications and engagement work, designed to support our population to adopt positive behaviours to help prevent the spread of Covid-19. During the pandemic the public health team have

developed a specialist Behavioural Insights Unit, recruiting specialist behavioural scientists to ensure that our messages are evidence-based and using a behaviour insights approach, targeted to specific audiences to achieve a behaviour change outcome. This unit has already been a huge asset to our local management of the pandemic and will be developed further in the future to support other behaviour change interventions.

The public health team continues to provide support to schools, care homes, workplaces, independent and NHS hospitals, hospitality venues and many other settings that have experienced outbreaks. This work has been undertaken in partnership with the new UK Health Security Agency, District Council Environmental Health colleagues and Covid-19 wardens.

Ensuring Access to Vaccination and Pharmaceutical Interventions:

The public health team has worked across the system to ensure that as treatments become available, they are accessible to those that they are indicated for. As pharmaceutical interventions continue to be advanced this work will need to develop further; in particular, focusing on reducing inequalities in access.

The team has provided specialist public health advice to the Somerset vaccination programme and supported the successful uptake of vaccination in all age groups. Of particular note is the 'Access For All' element of the Covid-19 vaccination programme which has been led by the public health team. Through a process of data analysis and community engagement, this work identifies which populations have not kept pace with the majority vaccination rates. This includes small geographic areas, groups of ethnic origin and nationality and more vulnerable populations such as homeless people, those with drug and alcohol problems and sex workers. This information has been used to develop communications materials, engagement work using trusted community figures and to deliver targeted outreach vaccination clinics.

Some successes in this approach over the last year included the SCC Refugee Resettlement service, which supported all refugees in Somerset to be vaccinated, with all but one person taking up this offer. In the first phase of the programme over 80% of Somerset's homeless population were vaccinated and the public health team worked with NHS partners to organise vaccination clinics for sex workers and in drug and alcohol services. They also worked with the Polish Catholic Priest to organise information and reassurance for our Polish-speaking communities, then arranged transport after Mass to the vaccination centres. With the support of local businesses, clinics have been held at various workplaces throughout the county, including in partnership with Hinkley Healthcare at Hinkley Point. These interventions have led to an additional 1,000 people from a 'white, other' population being vaccinated.

This approach has meant that Somerset has one of the highest rates of Covid-19 vaccination in England across all age groups. The public health team continue to review information on uptake, including on booster doses.

2.5. Homelessness

The pandemic has been particularly hard on many vulnerable people in our society, including homeless people. Some of the worst health outcomes in society are experienced by those who are homeless and rough sleeping. The first year of the pandemic saw co-ordinated action between local agencies to bring “everyone in” from the streets into accommodation.

This presented challenges and opportunities. Some of the most entrenched rough sleepers were able to make changes to their behaviour and remain in accommodation. Sadly, when lockdown restrictions were relaxed, we saw the impact of the pandemic on people’s mental health and addictions take hold, so challenges have only increased over the last year. We have made significant progress in the establishment of the Homelessness Reduction Board. This now reports to the Health and Wellbeing Board and co-ordinates a county-wide approach to both accommodation and support for homeless people. Crucially, following a successful bid for a pilot project last year, we now have a fully funded, permanent Homeless Health Service, managed by Somerset Foundation Trust. This is a significant advancement and we have been able to use these structures to promote better health outcomes for homeless people and much needed support to access healthcare and preventative services.

Over 80% of our homeless population has been vaccinated against Covid-19, both those in hostels and those still sleeping rough. The vaccination programme provided an opportunity for general health checks and to register any people needing a GP. Our homeless population is not static; the end of furlough, together with the return to evictions, has driven the need for us to implement rolling processes to ensure all new presentations have their health needs met.

2.6. Building Stronger Communities

The pandemic continues to present a challenge to the way we work with, and support, our communities. New working practices were quickly developed and many have been embedded as everyday practice. Improved collaborative working across the public and voluntary sectors has been sustained through regular forums including the Community Resilience Partnership.

In the early days of the pandemic, Spark Somerset was commissioned to co-ordinate and support coronavirus volunteer groups. This work continues as groups identify their ongoing role; some will stand down while many will broaden their focus to support their communities with a range of issues beyond Covid-19. Spark will support these relatively new groups to establish for the long-term and take their place in Somerset’s voluntary sector.

Throughout the pandemic response, volunteers have been crucial. By distributing food and medicines, providing practical and wellbeing support, individuals and groups of volunteers across Somerset’s communities have responded effectively to the challenge the pandemic presented. The Central Volunteer Service within the public health team continues to support the

recruitment and deployment of volunteers and is working hard to return volunteers to activity after many were stood down during the pandemic restrictions.

2.7. Covid-19 Emotional Health and Wellbeing

The impact of the pandemic on mental and emotional wellbeing has affected all our lives in profound ways over the last year. Covid-19 can be seen as a collective trauma, but we are not all experiencing it in the same way.

Impacts of trauma are likely to be greatest and longest on those worst affected by:

- The virus – getting Covid-19, loss of someone
- The lockdown effects – social distancing, social isolation, restrictions on physical activity and being in nature, personal safety concerns
- The economy – loss of income, debt, housing problems

Groups with the highest risk of adverse mental health outcomes as a result of Covid-19 are:

- People with existing mental health difficulties
- People with long-term physical health conditions
- People directly affected by Covid-19 including patients, health and care workers and bereaved family members, friends and colleagues
- People who experience heightened risks from being locked down at home
- People on lower incomes and with precarious livelihoods
- People from Black, Asian and minority ethnic communities

National studies have predicted a rise of 20-30% need for mental health support and that as the pandemic waves start to fall, the mental health need will start to slowly rise. There is no vaccine for mental distress.

An ongoing national survey undertaken by Mind of just under 12,000 people with mental health problems, has been tracking coping behaviours:

Top five most popular coping mechanisms for adults are:

1. Spending time outside (75%). (People living in households receiving benefits are around 20% less likely to spend time outside)
2. Reading, watching TV/films or listening to music/radio (72%)
3. Eating too much or too little (70%)
4. Connecting with friends, family or a partner online (62%)
5. Sleeping too much or too little (61%)

Top six most popular coping mechanisms for young people:

1. Sleeping too much or too little (77%)
2. Spending time outside (75%)
3. Reading, watching TV/film or listening to music/radio (75%)
4. Spending time on social media (73%)

5. Eating too much or too little (72%)
6. A third (32%) of young people have self-harmed to cope

Further information on the national research and cohort used can be found at the following link: [What has the impact of the pandemic been on mental health? | Mind, the mental health charity - help for mental health problems](#)

Support and resources to help people to look after their wellbeing have been a critical part of the Covid-19 response. It has challenged all of us. Feelings of anxiety, worry or loneliness have been normal reactions to uncertainty and challenging times. In response to this, public health, working with others, has developed a range of initiatives to support and promote wellbeing. Some of these are detailed below:

- Mindline: Additional investment has been provided to expand this day-time telephone service to be open 24 hours a day, 7 days a week, with 500-600 calls a week received.
- Bereavement Support Service: This service provides accessible and immediate support to those affected by bereavement (for any reason, not just Covid-19 related) throughout the year. Over 270 people have been supported. A new Bereavement and Coronavirus booklet was developed and given to everyone registering a death.
- Communications work: We have focused on providing regular and timely public mental health messages through a range of media:
 - "Wellbeing Wednesday" on BBC Radio Somerset has been particularly well supported. Running every Wednesday evening for a year until Spring 2021
 - Every Mind Matters – this is a digital hub that offers a range of useful resources to support mental health needs
 - Written resources including a simple guide to mental health services leaflet and a Look After Yourself booklet
 - Contributions to newsletters, Your and Our Somerset, Healthy Somerset web pages
 - The Covid Champions was launched in November 2020 and Vaccine Buddies in early 2021. These are volunteer led schemes funded by Public Health and co-ordinated by Spark Somerset
- Men's Mental Health Project – Stepladder formally launched as part of the Open Mental Health to help address suicide risks (further information on Stepladder can be found under section 4.6)
- An additional investment of £1.2 million has been made to provide support to those whose health and wellbeing have been disproportionately impacted by Covid-19 and seek to reduce or prevent further impact. The

investment is supporting community-focused positive mental health projects, such as working with Open Mental Health, to deliver a community grants programme, a 5 Ways to Wellbeing community project and targeted interventions for peer support groups, post Covid-19 recovery services and suicide prevention awareness. These grants will enable people, families, and communities to find solutions that will help build emotional resilience and promote mental health while preventing mental illness. They will help find longer-term sustainable solutions, recognising that mental health is not a static state.

- Public health and LIFEbeat have collaborated to design and deliver two 'stressbusters' online selfcare courses for school staff. Sixty-five staff registered with the six-week programme. All participants reported that the course enabled them to remain resilient during the pandemic, preventing them from taking sickness absence due to stress. All staff had made positive changes to their lifestyles as a result of attending the programme; examples include implementing relaxation techniques as a daily practice, improving diet and increasing physical activity levels.

2.8. Covid-19 has highlighted health inequalities. Differences in the risk and outcomes of people infected with Covid-19 have demonstrated that age, where and how you live, deprivation, occupation, and pre-existing conditions all impact negatively on outcomes. Tackling health inequalities has always been at the very heart of public health, but Covid-19 has shone a light on just how important this issue is now and going forward.

2.9. Strongly related to inequalities, is the need for us to improve the health and wellbeing of our population overall. Those with existing health conditions (some of which are preventable) have been particularly vulnerable to the virus.

3. Improving the Health of Children and Young People

3.1. Health Visiting and School Nursing (Public Health Nursing)

The Public Health Nursing Service (PHNS) includes health visiting and school nursing, and became part of SCC on the 1st of April 2019, joining with the existing public health team. The PHNS provides universal and specialist services to all children aged 0-19 and leads the delivery of the Healthy Child Programme (2009), an evidence-based programme for children, young people and their families, focusing on prevention and early intervention.

Health Visiting Services provide an opportunity for all children aged 0-5, and their parents, to access a range of professional and clinical support in relation to the transition to becoming a parent. They offer specialist advice and support in relation to infant feeding, perinatal mental health for mothers, fathers and partners, child development, oral health, healthy weight, and the wider determinants of health. In addition, they play a key safeguarding role for children and adults.

This year, the Health Visiting Service has continued to offer the five mandated review appointments to all families to provide routine development and screening checks, despite on-going challenges due to the pandemic. Parents have welcomed the return of baby clinics and important support groups such as infant feeding, post-natal groups and the Horizon group for parents experiencing difficulties with their emotional and mental health. The groups have been delivered face to face in Covid-19 secure settings and online. The service has also continued to work towards the World Health Organisation (WHO) Baby Friendly Initiative standard to improve the quality and access of infant feeding support for all parents, and re-accreditation is anticipated in May 2022.

School nurses have continued to adapt their service this year to respond to the emerging needs of local children because of the pandemic. They continue to prioritise the safeguarding of all school age children, in addition to school based clinics, 1:1 work, support with continence, looked after health review assessments and school health profiling to identify the health needs of wider school communities. In response to schools, they have delivered primary school Covid-19 talks, translating information for young children about the virus, infection control measures and looking after emotional health and wellbeing, online school readiness sessions, to ensure children get off to the best start in their school life and anxiety management sessions where there has been reported increase in anxiety because of returning to school. Some of the teams have also volunteered to be redeployed to support our local NHS trust to roll out the Covid-19 schools immunisation programme.

In addition, David Fothergill on behalf of the LGA and the School and Public Health Nurses Association (SAPHNA), launched a national vision for School Nursing in September and the Somerset school nursing team will work with SAPHNA this year to develop the vision.

3.2. Maternity and Early Years

The Local Maternity and Neonatal System (LMNS) have made a significant commitment to addressing and prioritising the prevention agenda. Progress within the prevention workstream includes a current focus on tackling maternal obesity and strengthening the pathway for smoking outcomes and carbon monoxide monitoring, both in pregnancy and at time of delivery. The LMNS Maternity Equity Strategy aims to build a collective understanding to reduce inequalities in access to preconception and antenatal information and support, breastfeeding and nutrition support and access/uptake of the national Healthy Start Scheme to name but a few.

Somerset LMNS and the wider system has committed to implementing ICON, a prevention programme to tackle non-accidental injury and incidence of abusive head trauma in under-ones. Nationally, and in Somerset, there has been an increase in incidents involving the infant's father or mother's male partner. Fathers and men have become a raised priority in Somerset with emerging evidence that prevention opportunities are being under optimised.

A multi-agency action plan and roll out of the evidence-based ICON programme is underway to help to address this. The training and resource programme will be launched in January 2022.

Somerset is 'Going for Gold'; the Somerset maternity and neonatal units, and PHN are working towards re-accreditation this year and the acclaimed UNICEF Gold status in the Baby Friendly Initiative in future years. The Gold Award is designed to help embed high quality care for the long term and requires an organisational culture that protects the Baby Friendly standards. The SCC Working Well group are developing an e-learning module to embed in the future Somerset Council for all staff, promoting the standards and raising expectations and the quality of support offered to all staff while transitioning into parenting and their return to work. Members of staff at SCC, on maternity leave and returning to work, have supported in the design of these developments.

The early years sector and providers are engaged in planning a whole setting wellbeing framework. The Wellbeing Framework for Early Years outlines the EYFS and incorporates strengths of the whole-school approach (used in the wellbeing framework for schools) to support engagement in the wider public health, prevention, and health improvement agenda. A key aspect of this is the inclusion of ACE (Adverse Childhood Experiences) and trauma-informed Somerset.

The public health team are working with partners in the early years sector to design and launch an "Early Years offer", which incorporates public health priorities of obesity and oral health. Workforce training, national HENRY (Health, Exercise and Nutrition for the Really Young) training, oral health improvement interventions and physical activity projects are currently in development. Engagement and planning are scheduled for early 2022 with an ambition to initiate the new offer in Spring 2022.

3.3. Wellbeing for Education Return (WfER)

As a follow up to the Wellbeing for Education Return (WfER) package, this has now been continued and extended into Wellbeing for Education Recovery.

A legacy of themed videos has been recorded by public health, in collaboration with educational psychology partners and Young Somerset as a direct result of the initial WfER training. The videos cover topics requested by staff who attended the training for further input, including a series of self-help videos developed by young people for young people, helping to expand peer support.

Public health continues to host a dedicated [Wellbeing for Education Recovery page](#) for children & young people (CYP) practitioners, as well as schools, which includes a link to the videos, a service directory for Somerset and signposting to information.

A further web resource page has been developed as part of WfER, specifically regarding eating disorders and body image. This provides an e-learning offer

developed by Child and Adolescent Mental Health Services (CAMHS) for schools on this topic, with signposting and general advice.

3.4. Senior Mental Health Leads (SMHL) Training

With colleagues in educational psychology, Young Somerset and CAMHS: Mental Health Support Teams, public health has joined in forming the Somerset Mental Health Leads Training Partnership. In the Autumn term we were successfully approved by the Department for Education as an approved provider for delivering both the Beginners and Intermediate training courses for senior mental health leads in schools and colleges. Developing a whole-school approach is a fundamental part of this training and for Somerset, supporting schools to use and embed the Somerset Wellbeing Framework in practice in their setting.

Each course offers two days direct learning with time between each day for implementation within settings, which is further supported by coaching sessions for the SMHL. November saw day one of the beginner's course delivered virtually, with 88 Senior Mental Health leads receiving training.

3.5. The Somerset Wellbeing Framework (SWF)

There are now 163 Somerset schools actively working to the Somerset Wellbeing Framework. Throughout the pandemic, schools have continued to engage with and share their wellbeing work and we have continued to see an increase in schools' use of the audit tool over the past 12 months. We have developed areas within the framework in response to need including the addition of the [Somerset Wellbeing Framework animation](#).

The SWF continues to bring further alignment with the SMHL training and has enabled us to host a video from a local school Deputy Headteacher, sharing their experiences of [using the SWF in action](#).

Throughout the pandemic, we have transitioned some of our core training deliveries to a virtual offer. This includes the Mental Health First Aid Youth training, where five half-day virtual Youth Mental Health Aware courses have reached 75 schools' staff and CYP practitioners. In supporting staff wellbeing, we have our newly commissioned Compassionate Mindful Resilience course, which has seen five courses delivered virtually to 48 school staff and CYP practitioners.

3.6. Young Person's Wellbeing Champion – Pupil Participation

In developing the SWF principle of pupil participation - ensuring pupil voice is at the heart of the SWF - public health commissioned the position of a Young Person's Wellbeing Champion. This role provided a research opportunity from a young person's perspective of pupil participation in emotional health and wellbeing within school or college settings. This resulted in a young person-led development toolkit of recommendations and resources for how schools can better support and empower the student voice within their settings, focusing on emotional, mental health and wellbeing experiences. This was a short-term, small-scale project with 10 schools and colleges invited to be

involved and whilst the pandemic presented some challenges, 7 students joined the core Student Voice Group with teachers from 6 schools also providing their perspective. A wider student response was captured, through a student developed survey which was shared with over 60 schools.

3.7. Somerset Youth Wellbeing Residentials

This year in response to the pandemic, public health teamed up with SSE Outdoors to deliver SCC's first in-house wellbeing residential programme for 40 young people aged between 12 and 18 years at Kilve Court Residential Centre.

The five-day residential programme included a range of creative and outdoors activities to promote self-care, build confidence and self-esteem and to support young people in building positive relationships. The camp included a youth-led day whereby the young people designed and delivered their own workshops and activities. 86% of those attending reported that they really enjoyed the camp and had rated 'making new friends' the best thing about the camp. All participants had reported an increase in confidence and teamwork skills as a result of the residential programme. Outdoor activities, drumming and the youth-led day were the most popular activities rated by the young people. Seven of the young people went on to become youth mentors in the autumn LIFEbeat camp in October 2021. SSE plan to offer more camps in the summer of 2022.

LIFEbeat successfully delivered their second camp during the October half term. The six-day camp was attended by 40 young people aged between 14 and 18 years old from across the county. Two of the peer mentors were from West Somerset. Building on from the summer camp, the programme focused on building positive relationships with the self, others and wider world. Young people explored the themes of celebrating diversity, difference and emotional literacy as well as connecting with nature as means of enhancing self-care. All young people created their own personal development plans. As part of the youth-led day, they created their own film which will be used as a teaching and training resource for schools as part of the Relationships, Sex and Health Education (RHSE) curriculum. LIFEbeat will continue to offer reunions and online activities to build on the success of the autumn camp. Further camps are planned for 2022.

3.8. A-Level Transition Days

As a new initiative, public health, LIFEbeat and Young Somerset collaborated with Somerset Works to provide a series of emotional literacy and self-care workshops for students who were transitioning into further education in the academic year 2021/22. 424 Somerset students attended the sessions with two thirds of delegates reporting that they found the events useful and informative.

3.9. Relationships Sex and Health Education (RHSE)

The public health team continue to commission LIFEbeat to offer a series of online Relationships Health and Sex Education (RHSE) briefings for School

Leaders. 35 schools participated in this year's briefings. A further 119 schools have attended the Creative Approaches to Relationships and Sex Education Curriculum and Delivery Online day workshops. Training remains highly rated by school staff with a positive average score of 4.7 out of 5 for training delivery.

In addition to the RHSE briefings and curriculum development, 20 schools also took part in two bespoke online courses on pupil participation and parental engagement to enable deeper level conversations on the RHSE curriculum and a whole school approach to wellbeing with pupils and the parent/carer community.

3.10. Schools Health and Wellbeing Survey

This year, for the first time, the pupil wellbeing survey was designed and co-ordinated in-house by the public health team in consultation with education, schools and Children's Services. The survey provides a valuable insight into the lives of Somerset school-aged children. It is a large survey with almost 8,500 Somerset children and young people in Years 2, 4, 6 8 and 10 participating this year.

Findings have shown that even after so much disruption, 34% of Year 2 children said they always felt happy while 65% of secondary children said they felt cheerful and in good spirits most of the time. There are many children who have struggled and continue to do so, but there are children who saw benefits from lockdown, including more time outdoors, more exercise and a better relationship with parents.

Another key message from the survey shows only 10% of secondary aged children reported getting the recommended 9 hours of sleep every night. Getting a good night's sleep is an important way we can all support good mental health, and this is even more important for young people who are wrestling with the ups and downs of adolescence.

Summary reports are available on: [Somerset children & young people : Health & Wellbeing : New Home \(cypsomersehealth.org\)](https://www.cypsomersehealth.org) Somerset school staff were invited to take part in an online staff wellbeing survey. The results are due to be published in January 2022.

3.11. Adverse Childhood Experiences (ACES)

Public health has continued to develop and expand on the two initial pilot projects, which were completed through a shared findings learning event in July 2021. This now continues to build on a community approach with training for Somerset healthcare professionals and further ACES training and support for school staff in a small number of identified secondary schools.

Practitioners have been invited to engage in advanced training using a Mindful Emotion Coaching and an 'all emotions are ok' approach to supporting parental emotional and mental health, which we know significantly impacts upon the child and care giver relationship, with longer-term consequences.

Forty-four practitioners across Public Health Operations are taking part in trauma-informed training, commissioned by the Home Office, and delivered through the Office of the Police and Crime Commissioner for Avon and Somerset, and the Violence Reduction Units. They will join practitioners across Somerset to further engage in developing a trauma-informed system for Somerset.

4. Improving the Health of the Whole Population

4.1. Smoking Cessation and Tobacco Control 2021

During the pandemic, the Smokefree Life Somerset stop smoking service has adapted to remote telephone-based support and smoking medications delivered to peoples' homes and through their local pharmacies. Since January 2021, the team has supported 1,074 people in the service with 736 quitting, with a fantastic 67% quit rate! In addition, the smoking cessation service to support pregnant women has supported 397 mums since January 2021, with 119 quitting at an average 49% quit rate.

Forthcoming service developments include

- New smoking cessation pathways in our hospitals due to launch 2022
- Launch of an evidenced-based smoking prevention programme for secondary schools called INTENT, supporting young people to have the confidence to quit and refuse tobacco related products
- Maternity smokefree campaign for 2022 in partnership with the Local Maternity and Neonatal Service
- Introduction of fully digital stop smoking intervention to ensure people have access to support 24/7 to help them deal with cravings
- Work with primary schools across the county to launch a prevention campaign to support all schools to be smokefree beyond the school gates

4.2. NHS Health Checks Programme

The NHS Health Checks Programme provides people aged 40 – 74 with a cardiovascular risk assessment and lifestyle advice to help them stay healthy longer. Health Checks were suspended nationally in March 2020 due to Covid-19. In Somerset 'Health MOTs' were designed instead as a fully remote alternative since lockdown, with 552 Health MOTs being completed in total from July 2020 – March 2021. Health MOTs stopped in April 2021, for the service to focus on re-commencing face to face health checks.

A total of 652 face to face health checks were delivered between April and November 2021. These health checks have so far helped identify:

- 24% as having elevated blood pressure
- 32% required further tests due to increased risk of diabetes
- 29% with raised cholesterol
- 41% received dementia awareness advice

In total 48% of people were referred to their GP for more support or tests.

The service has been impacted significantly from lockdowns, despite the number of health checks increasing each quarter; ongoing pressure for our pharmacy and GP sub-contractors has reduced the capacity of the service and many community venues have remained unavailable. Despite the ongoing challenges, the service has received 93% positive feedback from service users. The service is now expanding the workplace delivery programme alongside the standard community delivery programme.

4.3. Healthy Weight

Covid-19 has raised the profile of weight and its impact on health. In response to significant gaps in support and funding for the population of Somerset identified last year, the Healthy Weight Alliance has been established. This has been jointly led by public health and the Clinical Commissioning Group as an Integrated Care System (ICS) priority to take a whole-systems approach to healthy weight for all ages for Somerset. This new partnership will bring together clinical and community healthy weight pathways, identify gaps in provision across the county to drive future commissioning and provide simplified and positive messages for the population around healthy weight and lifestyle. An early priority is the development of a weight management programme for people with a learning disability, due to start in early 2022.

Specific work around maternal healthy weight is focusing on:

- Developing an online universal digital offer for all women
- Developing a maternity healthy weight pathway including resources and support for women and their partners and training for health professionals
- Early Years Obesity Pilot – with paediatricians, health visitors, dietitians and public health

4.4. Community Food

The public health team are leading the development of a new Community Food Programme in partnership with Food for Life, Soil Association, Somerset Community Food and Somerset Community Foundation. This programme will support healthy eating, developing food skills to address food resilience, and supporting community groups as well as learning for a future food strategy for Somerset. Work progressed to date includes:

- A programme of train-the-trainer cookery and growing training programmes to support community groups to upskill and share knowledge
- Varied cookery and healthy eating workshops and development of resources
- A community fund for community groups to access to continue or start food and growing related activities
- 'HENRY – Health and Nutrition for the Really Young' commissioned to provide training to early years, social care and some health staff in

Sedgemoor as part of a programme of early years activity, including oral health, to develop and improve the early years offer and evaluate the effectiveness for development of a county-wide offer

- Young Carers wellbeing activities – Each young carer group across the county has been provided funding for wellbeing activities they wish to have access to for 2022 to support their own physical and mental wellbeing
- The charity Action Against Hunger has been commissioned to work with community food groups that have responded to the pandemic to support development of long-term sustainable approaches to reducing food insecurity in Somerset, with a particular focus on increasing the number of food pantries.
- To co-ordinate all of the above, the Stronger Communities team have recently convened a Steering Group with District Council and strategic VCSE sector partners to begin development of a Somerset-wide Food Partnership.

4.5. Physical Activity

Good levels of physical activity positively impact on almost all aspects of health and wellbeing, and Covid-19 has significantly affected many people's physical activity levels. Collective efforts this year have ensured there has been continued and additional support for people to keep active.

Highlights of our public health action in this area include the 'Get Outside' campaign, commissioned from Somerset Activity & Sports Partnership (SASP), Spark and the Community Council for Somerset, supporting people to explore their local areas and enjoy outside activities. Following its success in Bridgwater last year, 'Beat the Streets' has been run in Taunton this year with 5,076 people taking part and a total of 62,645 miles travelled, showing excellent engagement from families and local people. SASP have successfully secured further funding to run Beat the Streets in Yeovil in 2022.

The active travel behaviour change group has focused on 'Modeshift Stars', helping businesses and schools develop travel plans to support healthier lifestyles and the climate change agenda. Although Covid-19 has impacted this roll out, we expect good engagement for 2022.

Health walks have continued as much as possible in all areas, with over 4,000 people engaging in the programme and plans to expand the programme next year.

Physical activity levels for older people have been particularly affected by Covid-19, resulting in deconditioning, increased risk of falls and loss of function or independence. Age UK have been working hard to return both their contracted Stay Strong Stay Steady (falls prevention) and Ageing Well classes. As well as supporting physical reconditioning, participants are

expressing their joy at being able to return to safe physical activity classes in person.

Age UK have partnered with SASP to launch a new 'Active Befriending' scheme enabling older people to get outside with a volunteer, for a short walk and talk. Families and clients have reported significant positive impacts from this scheme on both physical and mental wellbeing.

Further support for populations most at risk of deconditioning from Covid-19 has been provided. This includes a programme of activity focused on supporting the most vulnerable people on the list of those shielding during restrictions. A physical activity grants funding programme was made available for providers of care for people over 65 and providers of Learning Disability services, to boost client and family health and wellbeing activities.

4.6. Mental Health

In addition to the Covid-19 work on emotional health and wellbeing, the public health team have continued to have input to "Open Mental Health". This is the new model of delivering community mental health services for adults in Somerset with a far greater focus on preventative engagement and open access, giving public health a real opportunity to ensure a 'health in all policies' approach.

The prevention of suicides is a system-wide responsibility, currently co-ordinated by public health through the Suicide Prevention Partnership Advisory Group. The local strategy is based on the government's national strategy for England, '*Preventing suicide in England: a cross governmental outcomes strategy to save lives*'.

Factors related to Covid-19 present specific priorities for suicide prevention, including physical health problems, bereavement, and financial insecurities. It is important to acknowledge that the pandemic and associated social distancing measures are likely to exacerbate known suicide risk factors and disproportionately affect those most vulnerable to suicide.

This year, our real time surveillance has been expanded to include Police Sudden Death Notices. This surveillance allows us to look for trends and patterns more quickly, as well as provide timely support for those bereaved. As of today, we have not seen a rise in suspected suicides in Somerset, although every suicide is a tragedy and we would like to see the numbers reduce. Investment has been made to raise awareness around suicide prevention including a new men's mental health project called [Stepladder](#), more training across organisations and communities in suicide prevention, a suicide prevention community grants programme, and The Orange Button Scheme. This scheme encourages button holders to listen and/or signpost suicidal people, their friends or family towards support. The Orange Button aims to make people who have received suicide prevention training visible to people who may need support.

4.7. Refugee Resettlement

In Somerset, public health leads the co-ordination of refugee resettlement schemes across the county. The team, working with many other agencies, groups and volunteers, has supported 116 people impacted by the Syrian conflict to settle across 30 households in the county. Families continue to receive support from the service for up to five years, focusing on access to health services, education, and employment.

In July 2021, SCC agreed to participate in the United Kingdom Resettlement Scheme (UKRS), committing to resettle 7 families per year through this pathway. This scheme aims to work with global partners, like the United Nations Higher Commission for Refugees, to resettle some of the world's most vulnerable refugees.

In Summer 2021, whilst locally public health was preparing to deliver UKRS, the Government called upon local authorities to respond to the emerging crisis in Afghanistan by offering accommodation and support to the Afghanistan Relocations and Assistance Policy (ARAP) and Afghan Citizens Resettlement Scheme (ACRS). Public health, with our partners and the local community, have offered 7 homes to those evacuated from Afghanistan over Summer 2021. Three Afghan families have now been placed in the county, with more families expected in the coming weeks. Due to the emergency nature of the evacuations, work on UKRS has been paused.

5. Healthcare Public Health

5.1. Healthcare Public Health and Population Health Management

Healthcare Public Health has been provided to the NHS since 2013 via a Public Health Core Offer. The NHS nationally is now driving a far stronger emphasis on population health and population health management, requiring a changed and increasing demand for specialist healthcare public health support.

An important cornerstone of population health management is population-level data to build a clearer understanding of those who are not reached by current health initiatives and groups with poorer outcomes. Cardiovascular disease has been an easy first choice to focus on due to its links with Covid-19 mortality and as a key driver of the poorer outcomes in more deprived groups. The public health team have been working with GP practices to better understand the pattern of cardiovascular disease risk factors in our population.

Given the increased demand for Healthcare Public Health we have and will be continuing to increase specialist capacity to take forward this work. The team has successfully bid for funding for a clinical Population Health Fellow to support the work on cardiovascular disease and has secured partial funding for two Primary Care Training Hub GP Fellows (one day a week for a year started July 2021). These clinical Fellows are currently employed in substantive primary care posts in Somerset and so come with a great background of primary care and local knowledge. At the end of September, a new Population

Health Specialist joined the public health team, who will be working on projects across the system with an initial focus on children's data.

5.2. Cardiovascular Disease Secondary Prevention

The secondary prevention programme aims to stop further progression for those who already have early signs of disease. Key factors include hypertension, atrial fibrillation and high cholesterol. Whilst public health work this year has focused on hypertension and atrial fibrillation, in conjunction with system partners, we are building a longer-term plan to address other important cardiovascular outcomes.

High blood pressure is an important risk factor for many cardiovascular diseases. About 1 in 3 adults has hypertension. The team are providing specialist public health advice to the BP@Home initiative currently operational in South Somerset, looking to improve the management of those who are already diagnosed with hypertension. Identifying undiagnosed hypertension is key to its management; we are therefore working with partners to explore how we can introduce blood pressure awareness into local community groups and trialling the provision of blood pressure monitors in libraries.

A smaller trial has looked at opportunities for case-finding of those with atrial fibrillation (AF) who are also attending Covid-19 vaccination sites. Appropriate treatment of AF can reduce the risk of stroke by up to 70%. This small project has generated some important system learning and picked up nine previously unknown cases of AF who have now gone on to receive treatment.

6. Protecting the Health of the Population

6.1. Statutory Duty

The Director of Public Health has a statutory duty to ensure there are appropriate and tested arrangements in place to protect the population's health from chemical, biological and environmental risks. During 2021-22 the entire public health team has contributed to this important aspect of public health.

6.2. Non-Covid Health Protection

During 2021-22, at the time of writing the public health team had responded to 52 non-Covid incidents and outbreaks, ranging from chemical incidents, single cases of infectious disease and disease outbreaks. These numbers are an increase on last year, probably as a result of restrictions easing part way through the year and society 'opening up' again after many months of social distancing. However, it is recognised that having improved hand hygiene measures in place is helping to prevent the spread of many infectious diseases.

During 2020, a Blood Borne Virus Health Needs Assessment was completed. An identified priority for 2021/22 was to work with organisations to focus on the 10 recommendations identified from the needs assessment. A multi-agency group has met to ensure these recommendations are considered in current service planning and improvements made where necessary.

6.3. Screening and Immunisations

Delivery of both screening and immunisation programmes were significantly impacted by the pandemic and regular reporting was also disrupted. A priority for 2021/22 was to support the recovery programme to catch up from immunisations missed due to the Covid-19 pandemic. In support of this priority, the Somerset Local Immunisations Group has been re-convened to support the recovery programme. Other benefits of this group include forming close working networks, sharing information and resolving operational issues.

As of mid-November 2021, over 70% of the over 65 population have received the flu vaccination, as well as over 40% of 50-64s and 2 and 3 year olds, and approximately 30% of under 65s at risk. We are awaiting school uptake figures – the school flu vaccination process has been more challenging this year due to delivery of the Covid-19 vaccination.

6.4. Sexual Health

Sexual Health Services commissioned by SCC provide all forms of contraception including: emergency and long-acting reversible contraception (LARC), pregnancy testing, diagnosis and treatment of sexually transmitted infections (STIs), HIV testing (including rapid results point of care testing), FE college clinics, chlamydia screening for 15-24 year olds, advice on sexual abuse and abortion services, targeted sexual health outreach for young people at risk of poor sexual health and child exploitation, targeted sexual health promotion with at-risk communities and groups, condom distribution and support for people living with HIV. During the pandemic the virtual delivery of many of these services, including online testing, was developed and has been well received by clients.

The new HIV Prevention and Health and Wellbeing Service provided by The Eddystone Trust commenced on the 1st of April 2020. Due to Covid-19 they have not been able to provide services in the normal way, stopping most face-to-face contact. They continue to provide digital support, condom drop-offs and social support for people living with HIV, including at the HIV clinic and online peer support. Response to online support for people living with HIV has been positive and enabled more people to meet across the region.

The Somerset-Wide Integrated Sexual Health Service (SWISH) has increased the provision of online asymptomatic STI and HIV testing, which continues to be well received along with telephone consultations and face to face appointments where appropriate. A recent survey showed that the majority of service users either prefer telephone consultation or don't mind if telephone or face to face. The service provides outreach to vulnerable young people and adults, including support to the Nelson's Trust as part of the Pause programme. Following the routine commissioning of pre-exposure prophylaxis for HIV (PrEP), SWISH has successfully recruited and continues to support people in Somerset who are at high risk of contracting HIV.

During the early stages of the pandemic, primary care and sexual health services were not able to provide LARC, leading to long waiting lists of women both for SWISH and general practice. SWISH, having a waiting list of several hundred, implemented a catch-up programme which was very effective, and they currently have no waiting list. Pressure remains in general practice as they respond to Covid-19 demands. Many women have been offered a bridging method of contraception as an interim measure and support has been given to Primary Care Networks to reduce their waiting lists. 55 procedures (of 66 booked) were carried out in five locations to help reduce lists. In addition, where practices are contracted to deliver a LARC service and have been limited in ability to deliver because of their Covid-19 response, SWISH have offered to see these women through GP referral as an interim measure.

6.5. Drugs and Alcohol

Somerset Drug and Alcohol Service (SDAS) are consistently amongst the highest performing within their comparator group at supporting people through treatment and into recovery. This is vitally important work, as around half of those in treatment have parental responsibilities and we need to protect children from the lifelong harm caused by exposure to adult substance use.

During 2021/22 SDAS adapted to a 'blended' model of treatment which enables service users a greater choice in how they engage with the service, whilst still receiving the right interventions (pharmacology & psychosocial) safely and effectively.

In Somerset we are fortunate to have an excellent Peer Mentor programme in which ex-service users volunteer their time to support others. Several of our peer mentors have gone on into employment due to being involved in the programme. This service has evolved over the pandemic. As peer support went virtual, many of our peer mentors were creative and developed their own offer to support one another as well as their service users.

Somerset successfully used its allocation of one-year additional drug treatment funding to pilot new initiatives with service users, including a programme to promote the range of mutual aid in the community that helps people sustain their recovery after treatment.

Over the year SDAS has trained over 200 staff across homeless services, hostels and housing support agencies in Somerset to understand and be able to use Naloxone, a medication to reverse the effects of an opioid overdose that can save someone's life. This has led to the set up a Peer-to-Peer Naloxone Champions Project. This is an extremely effective way of both getting Naloxone to those not engaged in services and increasing service Naloxone provision. Peers have unique access to populations that services may not reach, are trusted in these communities, and often have established relationships. The first location is Taunton and six people with lived and living experience of problematic drug use have been recruited to become Naloxone

champions. The goal was for them to be trained to both be able to administer Naloxone in an emergency and to be able to train others to do the same.

A successful joint campaign was run for Alcohol Awareness Week in November 2021 between public health, communications and SDAS to promote awareness of the impact of drinking on relationships. During the year, an e-learning package on alcohol awareness was launched on The Learning Centre for SCC staff and external agencies to promote talking about alcohol and reducing harm.

This year we have developed a new analysis tool to assist licensing responsible authorities in understanding alcohol harm by locality, called HaLO (Health as a Licensing Objective). Using datasets from various partners including the police and NHS, we show which areas experience the greatest levels of alcohol harm in order to inform licensing policy and decisions on applications for new licences and variations.

The tool will soon be available publicly, enabling potential applicants to take into account alcohol harm in their applications, and the public to understand and make use of the tool in making representations to the licensing authorities.

6.6. Air Quality and Climate Change

Last year we noted that a side effect of the Covid-19 pandemic was a short-term reduction in vehicle mileage and therefore exhaust emissions, which resulted in the air quality management areas (AQMA) in Taunton and Yeovil achieving compliance with mandatory standards for the first time. Vehicle exhaust emissions are the main modifiable pollutants affecting air quality in urban areas. However, motor traffic has increased back to pre-pandemic levels, albeit with a slight change of vehicle mix, as HGV and LGV traffic has increased, while car traffic is around 90% of prior levels.

The Somerset Air Quality Steering Group has been resurrected and is moving forwards with plans to install real time air quality monitors in Taunton and Yeovil Air Quality Management Areas, as well as a couple of portable monitors that can be deployed to locations of interest around the county. These might be used, for example, to take before and after measurements around new development sites, or around schools with high traffic levels.

6.7. Community Safety

This year, we have been successful once again in securing Home Office funding of £362,225 for the Somerset Violence Reduction Unit. The unit has delivered all of its compulsory work and implemented this year's action plan. Our current priorities are:

- Early intervention to prevent violence, with a focus on children aged 10-17
- Advocate and influence systems improvement for repeat and prolific offenders
- Tackle weapon possession offences amongst youth cohort

- Tackle key risk factors and advocate for systems change in relation to cumulative risk

2020-2021 has presented numerous additional funds for improving community safety in Somerset and the team have been successful in bidding for the following:

- Safer Streets Project to reduce violence against women and girls
- Violence reduction inclusion programme – to provide interventions for children in mainstream secondary schools who are at risk of multiple temporary exclusions
- Trauma-Informed Practice - offering trauma-informed training (youth focus) for over 250 staff across Somerset

In addition to this success, and on behalf of the Safer Somerset Partnership, the team is also leading transformation in the way prolific and priority offenders are managed, with a redesign of the Integrated Offender Management programme for Somerset.

6.8. Domestic Abuse

The impact of Covid-19 on victims and families experiencing domestic abuse continues to influence key activity in domestic abuse. A successful **#Nocloseddoors2020** campaign continues to run to improve awareness and uptake of support. As an example of the success of this campaign, the pre-campaign annual average of visits to the Somerset Survivors website was 1,999. By week 10 of the campaign in May 2020, there were 4,874, with an annual average now being maintained at 4,401 visits. The Somerset Integrated Domestic Abuse Service (SIDAS) has received additional resources to be able to respond effectively, and a multi-agency task group continues to meet to monitor referral and demand data across the system to make sure that any issues can be resolved quickly.

April 2021 saw the first ever legal definition of domestic abuse with the commencement of the Domestic Abuse Act 2021. Alongside this came a host of new and additional responsibilities for all tier 1 local authorities. A new strategy and plan have been produced to ensure that SCC meets these new duties, which include enhancing the current level of support within SIDAS, implementing a new accommodation and commissioning strategy and refreshing the Somerset Domestic Abuse Board, now recognising it as a statutory partnership board.

7. Summary

- 7.1.** 2021 has been a challenging year for public health and work has focused, understandably, on the health protection domain of public health and the management of the pandemic. Despite this, significant progress has been made on many other issues and we have particularly focused our efforts on progressing areas of public health that have been influenced by the pandemic

or minimising the indirect consequences of it. The focus now needs to shift towards "living safely with Covid".

- 7.2.** Whilst the public health team continues to respond to the management of cases, clusters and outbreaks, we also need to turn our attention to further mitigating the indirect impacts of the last two years on:
- Mental health and wellbeing
 - Deterioration of physical conditioning and long-term conditions
 - Diseases such as cardiovascular disease and cancers that pose a significant burden on the public's health
 - Other social determinants of health which have been negatively impacted on during the pandemic such as inequalities in educational attainment, job security, food security and so on
- 7.3.** There needs to be a review of the Public Health Operating Model following the pandemic response. Going forwards, the work of the team will need to move towards more of a balanced split between the health improvement (including tackling inequalities), health protection and healthcare public health domains.