

Somerset Health Protection Forum
Assurance Report

January 2020

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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 radiation¹.

The Somerset Health Protection Forum comprises professional partners, across agencies, holding health protection responsibilities including Public Health, Clinical Commissioning Group, District Council Environmental Health, Bristol Water, Public Health England, NHS England, Civil Contingencies Unit, Wessex Water. The Forum has a collective role to provide assurance on behalf of the Director of 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 2019

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 taken across the system over the coming 12 months, as approved by the Health and Wellbeing Board.

The priorities for 2019 were categorised by the following subjects: **Communicable Diseases, Environmental Hazards, Infection Prevention and Control, Resilience and Screening and Immunisations**. Progress against the agreed actions is summarised as follows:

1.1 Communicable Diseases

Ensuring robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system was an important priority for 2019. Core activity continued throughout 2019 which included:

- Maintain a system overview of outbreak management processes and response;
- Ensure robust multi-agency outbreak management plans are in place to support individual organisational arrangements; and
- Review significant outbreaks, making recommendations where appropriate.

During 2019, we have had 195 situations/issues/clusters that span a broad range of threats to public health ranging from chlorine releases and fumes at a shopping village, to Norovirus/Flu outbreaks in schools and care homes, Shiga Toxin-producing E-coli (STEC) outbreaks and cases of meningococcal disease and Tuberculosis, which requires contact tracing and screening.

In 2019 the UK lost its 'measles free' status due to the increased number of confirmed cases and evidence that there was transmission of a strain of the disease within the country. During 2019, Somerset only had one case of measles, which was linked to a measles outbreak in Devon, despite the increasing prevalence of measles within the UK. The Somerset Immunisations Group have prioritised work to roll out the Measles and Mumps elimination strategy within Somerset.

TB remains a concern within Somerset, with 2019 seeing several complex cases of multi drug resistant TB. Even though Somerset has a low incidence of TB, there is still significant pressure on the system when faced with a TB case. Work is currently taking place to ensure the system has the resources and processes in place to effectively manage TB cases in Somerset.

In 2017 71% of cases with drug sensitive TB completed their treatment by 12 months and 11% of TB drug sensitive patients died.

Progress against the agreed priorities to improve the resilience of the Communicable disease arrangements in Somerset are documented below:

Priority 1: Support Public Health England to finalise the Incident and Outbreak Response Framework

There is still a delay in the publication of the South West Public Health England Incident and Outbreak Response Framework. In light of this, it was agreed that Somerset will review the Somerset Health Protection Memorandum of Understanding (MoU) to ensure Somerset arrangements are robust.

Priority 2: Support and advise on actions required for local implementation of Incident and Outbreak Framework

A new Single Case Management Plan has been finalised which supports the Environmental Health Teams with their response arrangements, this has been implemented and is working well.

Priority 3: Review and agree the Somerset Health Protection Memorandum of Understanding

The MOU has been reviewed and agreed by partners. As a consequence of the MOU review, further work is being progressed by Somerset CCG and Public Health to include operational arrangements for a number of Communicable diseases outbreaks that are a threat within Somerset, to ensure appropriate commissioning arrangements are in place for mass screening, prophylaxis and treatment. This work builds on the progress that has been made to ensure that all responding organisations are fully aware and capable of their requirements during a communicable disease incident/outbreak.

Communicable Disease Priorities for 2020:

To continue progress, the following communicable disease priorities are proposed for the 2020:

- Continue to support PHE to finalise the Incident and Outbreak Response Framework
- Continue to work with the CCG to ensure commissioned services are in place to respond to outbreaks
- Translate the TB service specification into the clinical service delivery
- Ensure People with Blood Borne Viruses (Hepatitis B and Hepatitis C) are identified and supported by appropriate services in Somerset

- Develop a Burden of Disease Joint Strategic Needs Assessment (JSNA) to inform system commissioning and provide assurance that the system has capacity and training to support this work

1.2 Environmental Hazards

The priority to ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported was progressed during 2019. The core activity that supports this priority include:

- Maintain oversight of environmental hazards posing a threat to population health (health and safety, food hygiene and standards, air, land, and water)
- Ensure robust multi-agency incident management plans are in place to support individual organisational arrangements; and
- Review significant incidents, making recommendations where appropriate.

Progress against the 2019 agreed priorities are documented below:

Priority 1: Support targeted projects to review and improve water quality in vulnerable institutions such as educational establishments

Wessex Water and Bristol Water committed to improving water quality in vulnerable institutions such as educational establishments. A project that supported this commitment has been completed to identify and replace lead piping and fittings in Somerset schools and nurseries.

Within Somerset a total of 35 schools and nurseries were inspected but none showed any lead exceedances. However, there were a number of water fittings regulations contraventions identified which required rectifying by the school.

Wessex Water and Bristol Water are already planning further activity for the next 5 year period starting in 2020.

Priority 2: Support adoption of the Somerset Air Quality Strategy and projects identified to improve air quality

In February 2019, Somerset County Council declared a climate emergency and committed to preparing a strategy by the end of 2019. There is a significant overlap between air quality and climate change, so the work undertaken to date on air quality has been fed into the climate change plan.

In the meantime, the recommendations within the Air Quality Strategy are being applied in practice:

- Major planning applications now frequently include an air quality assessment.
- Transporting Somerset and SCC Procurement are considering whether changes can be made to make the fleet greener including contracted providers. One change already made is that all pool cars are now petrol rather than diesel.
- All new contracts now contain air quality as a consideration in the social value element of the contracts.
- The Air Quality website will be going live imminently.

Priority 3: Raise awareness of the impact on health from housing standards and support local initiatives as appropriate

This work has not progressed during 2019

Environmental Hazards Priorities for 2020:

- Explore working with the Housing Partnership on environmental hazards relating to housing. Consider establishing a task and finish group to identify work around minimising the health impact of cold homes, improving housing standards and messages specific to infectious disease threats.
- Respond to Climate Change Emergency/deliver air quality strategy. Link in with the JSNA that is focused on Climate Change.

1.3 Infection Prevention and Control

During 2019, it was agreed to ensure infection prevention and control priorities address local need and reflect national ambition. The core activity that contributes to this priority include:

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.

Progress against the 2019 agreed priorities are documented below:

Priority 1: Identify initiatives to improve infection prevention and control amongst vulnerable populations

At the beginning of 2019, PHE colleagues highlighted that Somerset is experiencing higher than average levels of IGAS (Invasive Group A streptococcal) infections. The case fatality is high and estimated to be 16% at 7 days in the UK.

Due to the high number of cases an action plan was developed. Actions within the plan are progressing well across partner organisations and rates are returning back to expected levels, but work will continue throughout 2020 and is monitored by the Somerset Infection Prevention Antimicrobial Assurance Committee (SIPAAC). An example of a poster circulated to hospitals and GPs throughout Somerset is included in Annex A.

Priority 2: Raise awareness of the national strategy to address antimicrobial resistance and support / develop local initiatives as appropriate

The Somerset Infection Prevention Antimicrobial Assurance Committee (SIPAAC) is in place to gain assurance from all providers across the system. Within this Health Care Associated Infection data, Infection Prevention and Control and Antimicrobial Resistance updates and work plans from each NHS provider are discussed and peer reviewed as necessary. The Infection Prevention and Control Teams across the system continue to work closely with public health and social care colleagues to ensure a health and social care community-wide approach to Infection Prevention and Control.

All organisations review local data including antibiotic prescribing to understand up-to-date surveillance activity. These processes help identify any common themes and priority areas for action. The CCG has nominated an Anti-Microbial Resistance Senior Responsible Officer (SRO) for the strategic oversight and leadership to implement a cross system agenda that is collaborative and inclusive of both health and social care colleagues. This has resulted in Somerset performing extremely well against AMR metrics. All primary care antimicrobial targets have once again been achieved, this time from the outset, and clinicians in Somerset remain some of the lowest prescribers in the country of broad spectrum antibiotics.

Infection Prevention and Control Priorities for 2020:

- SIPPAC to continue to provide assurances to DPH regarding infection, prevention and control in Somerset.
- Somerset needs to continue to tackle the rising numbers of Gram negative Bacteraemia through:
 - Delivering the invasive Group A streptococcus Action Plan
 - Delivering the CCG Gram Negative Action plan.
 - Delivering a snapshot audit of Ecoli cases.

1.4 Resilience

During 2019, it was a priority to ensure local and regional emergency response arrangements are in place to protect the health of the population. Core activity that also continued throughout the year includes:

- Maintain an overview of local emergency planning, resilience and response workstreams;
- Review significant incidents, making recommendations where appropriate.

There have been no major incidents in Somerset during 2019.

There have been no Emergency Planning exercises relating to the Hinkley Point site during 2019, however the new REPPIR 2019 regulation have resulted in some changes. Most significantly, Somerset County Council is now responsible for determining the Designated Emergency Planning Zone (DEPZ) that surrounds the power station, where additional preparedness measures are in place. A detailed consultation took place in Autumn 2019 with the affected communities and responding organisations it was concluded that the DEPZ will remain at 3.5 km with a few minor changes in the boundary. Further work is required during 2020, to ensure compliance with the REPPIR 2019 regulations, by May 2020. Specifically, this needs to find a solution to radiological monitoring capacity, which we have been waiting for guidance on.

The Somerset system was involved with the planning and response to the Glastonbury Festival 2019 which went smoothly despite the warm weather. Planning is underway for the 2020 Festival and particular focus will be on the increase of people licensed to be on site compared to previous years.

Progress against the 2019 agreed priorities are documented below:

Priority 1: Maintain a system wide understanding of priorities and challenges within the emergency planning, resilience and response community

Throughout 2019, BREXIT planning has been a focus for health organisations within the Local Health Resilience Partnership. Organisations have been assessing the risks facing them in terms of supply chains (e.g. medicines, vaccine and clinical consumables), workforce, and research, and looking at mitigatory actions to reduce the impact of these risks. Work continues to take place ahead of the 2020 BREXIT deadline.

Priority 2: Support activity and coordination between local groups and regional forums

The Health Protection Forum maintains links with local resilience groups to ensure any priorities identified are addressed within the context of the wider system. As many of 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. Key areas of local planning for 2019 have included trust capacity coordination; communicable diseases; mass casualty response; mortuary provision and 4x4 transport.

It has been a priority to support and provide representation for the following local and regional forums:

- Health Protection Forum
- Avon & Somerset Local Health Resilience Partnership
- Local Resilience Forum
- Somerset Health & Social Care Emergency Planning Group

Resilience Priorities for 2020:

- Continue to provide assurance to DPH that the Health and Care system is resilient
- Members to partake in LHRF/LRF exercises
- Design a solution to ensure Radiation Monitoring capacity in place, should an incident occur
- Mass casualty planning
- Monitoring the impact of EU Exit process

1.5 Screening and Immunisations

It is a priority of the Forum to ensure screening and immunisation programmes meet national standards and reflect local priorities for increasing uptake. The core activity that continue includes:

- Monitor local performance of all screening and immunisation programmes;
- Work across the Public Health system to reduce inequalities in accessibility of services and raise local awareness, encouraging uptake of all programmes; and
- Review programme performance and make recommendations for improvement where appropriate.

1.5.1 Screening

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 England 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:

1.5.1.1 Cancer Screening

Breast cancer screening rates in Somerset at 77% (compared with England of 74.9%) is good and above the lower threshold target but is a drop from the previous year. Cervical cancer screening coverage amongst 25-49 year olds in Somerset remains under the lower threshold but still higher than national rates. A national campaign was launched on 5th March 2019 as part of the 30th Anniversary of the programme. This is national campaign across PHE, NHSE and the cancer charities. The bowel cancer screening rate is 62.4%, is higher than national rates and achieves the target level of

Indicator	Lower Threshold	Standard	Geography	2016	2017	2018	2019
Cancer screening coverage - breast cancer	70	80	Somerset	77.4%	77.9%	77.0%	N/A
			England	75.5%	75.4%	74.9%	N/A
Cancer screening coverage - cervical cancer (25-49)	75	80	Somerset	72.3%	72.3%	72.3%	73.9%
			England	70.2%	69.6%	69.1%	69.8%
Cancer screening coverage - cervical cancer (50-64)	75	80	Somerset	78.8%	77.6%	76.5%	76.4%
			England	78.0%	77.2%	76.2%	76.2%
Cancer screening coverage - bowel cancer	55	60	Somerset	62.2%	62.7%	62.4%	N/A
			England	57.9%	58.8%	59.0%	N/A

60%.

Figure 1: Cancer Screening coverage

1.5.1.2 Antenatal & New-born Screening

A Yeovil District Hospital Quality Assurance visit was undertaken on the 19th March, there were no high-level recommendations required. Good progress is being made against the recommendations made.

Musgrove hospital will undergo a QA visit on the 17th September 2020.

Indicator	Lower Threshold	Standard	Geography	2015/16	2016/17	2017/18
Newborn blood spot screening - coverage	≥95%	≥99%	Somerset	95.9%	N/A	N/A
			England	95.6%	96.5%	96.7%
Newborn hearing screening - coverage	≥98%	≥99.5%	Somerset	99.7%	N/A	99.7%
			England	98.7%	98.4%	98.9%
Newborn and infant physical examination screening - coverage	≥95%	≥99.5%	Somerset	N/A	N/A	N/A
			England	94.9%	93.5%	95.4%

Figure 2: Child Screening coverage for Somerset and England

1.5.1.3 Adult Screening

Somerset Partnership continues to perform well with Diabetic Eye Screening coverage and uptake remaining high. Extra support has been provided to enable the clinical lead to perform all their functions and a number of areas of good practice where identified at the last programme board which are being shared at regional forums.

A QA visit is planned for April 2020.

Indicator	Lower Threshold	Standard	Geography	2015/16	2016/17	2017/18
Abdominal Aortic Aneurysm screening - coverage	≥45%	≥50%	Somerset	87.1%	86.5%	87.2%
			England	79.9%	80.9%	80.8%
Infectious diseases in pregnancy screening - HIV coverage	≥95%	≥99%	Somerset	N/A	N/A	N/A
			England	99.1%	99.5%	99.6%
Sickle Cell and Thalassaemia screening - coverage	≥95%	≥99%	Somerset	N/A	N/A	N/A
			England	99.1%	99.2%	99.6%
Diabetic eye screening - uptake	≥75%	≥85%	Somerset	N/A	N/A	N/A
			England	83.0%	82.2%	82.7%

Figure 3: Adult Screening coverage for Somerset and England

1.5.2. 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. Coverage is broadly in line with the national average however there has been another decline across most antigens.

Childhood vaccination uptake rates continue to fall nationally and locally. Of particular concern are the boosters given by the age of five. This is being reviewed nationally and a measles and rubella elimination strategy launched with the aim of achieving MMR uptake above 95% in both eligible children and non-vaccinated older cohorts who had lower uptake when children.

HPV vaccination for boys commenced from September 2019. Boys aged between 12 and 13 in England will be given a vaccine to protect them against HPV-related cancers. Gender neutral communication materials are being distributed to relevant parties.

Indicator	Lower Threshold	Standard	Geography	2016/17	2017/18	2018/19
Population vaccination coverage - Hepatitis B (1 Year old)			Somerset	100.0%	100.0%	83.3%
			England	N/A	N/A	N/A
Population vaccination coverage - Dtap/IPV/Hib (1 Year old)	90	95	Somerset	94.0%	95.1%	93.2%
			England	93.4%	93.1%	92.1%
Population vaccination coverage - PCV	90	95	Somerset	94.1%	95.0%	93.5%
			England	93.5%	93.3%	92.8%
Population vaccination coverage - Hepatitis B (2 Years old)			Somerset	100.0%	100.0%	100.0%
			England	N/A	N/A	N/A
Population vaccination coverage - Dtap/IPV/Hib (2 years old)	90	95	Somerset	96.7%	96.9%	96.5%
			England	95.1%	95.1%	94.2%
Population vaccination coverage - MMR for one dose (2 years old)	90	95	Somerset	93.8%	94.3%	92.1%
			England	91.6%	91.2%	90.3%
Population vaccination coverage - PCV booster	90	95	Somerset	94.3%	93.1%	92.1%
			England	91.5%	91.0%	90.2%
Population vaccination coverage - Hib/MenC booster (2 years old)	90	95	Somerset	94.2%	93.2%	92.2%
			England	91.5%	91.2%	90.4%
Population vaccination coverage - Flu (2-3 years old)	40	65	Somerset	46.8%	48.8%	55.2%
			England	40.2%	44.0%	44.9%
Population vaccination coverage - MMR for one dose (5 years old)	90	95	Somerset	96.2%	95.8%	95.3%
			England	95.0%	94.9%	94.5%
Population vaccination coverage - MMR for two doses (5 years old)	90	95	Somerset	90.3%	91.5%	89.1%
			England	87.6%	87.2%	86.4%
Population vaccination coverage - HPV coverage for one dose (females 12-13 years old)	80	90	Somerset	83.3%	80.1%	N/A
			England	87.2%	86.9%	N/A
Population vaccination coverage - HPV coverage for two doses (females 13-14 years old)	80	90	Somerset	80.4%	76.9%	N/A
			England	83.1%	83.8%	N/A

Figure 4: Somerset Childhood Immunisation Coverage

There is a decline in the shingles vaccination uptake locally and nationally. Opportunities are being reviewed internally to ensure when the cohort age is streamlined (due 2020) maximum efforts are taken to improve uptake. Additional materials for GP practices are being sought to promote the vaccine amongst those eligible.


Indicator	Lower threshold	Standard	Geography	2016/17	2017/18	2018/19
Population vaccination coverage - PPV	60	75	Somerset	67.7%	67.6%	N/A
			England	69.8%	69.5%	N/A
Population vaccination coverage - Flu (at risk individuals)	55	55	Somerset	48.5%	48.5%	47.4%
			England	48.6%	49.7%	48.0%
Population vaccination coverage - Flu (Over 65's)	75	75	Somerset	70.5%	72.2%	72.7%
			England	70.5%	72.9%	72.0%
Population vaccination coverage - Shingles vaccination coverage (70 years old)	50	60	Somerset	N/A	50.5%	N/A
			England	N/A	44.4%	N/A

Figure 5: Somerset Adult Immunisation Coverage

Priority 1: Improve understanding of uptake rates through health equity audit outcomes and access to granular data

To improve understanding of uptake rates, a Health Equity Audit took place looking at the breast cancer screening service and uptake. In summary the findings of the audit showed the following:

- Approximately 88,346 women were invited to be screened in the period 2016/17 to 2018/19. Of these, 63,803 attended screening. Overall uptake of breast screening for the 3-year period was 72.22%.
- Patients not registered at a GP practice had the lowest uptake (12.29%) with 29 practices below the Somerset average for overall uptake (72.22%). The Primary Care Network with the lowest overall uptake (64%) has been identified for follow up action.
- There is lower uptake in urban populations (70.18%) than in rural populations (73.42%). Uptake for the Prevalent screening round (44.07%) is lower than for the Incident screening round (81.45%), with younger women less likely to engage in screening.
- Uptake of screening decreases with increasing levels of deprivation. I.e. the more deprived the practice population the lower the uptake. There is lower uptake in practices with a higher percentage of BME patients.



Recommendations have been made to reduce inequality in uptake with an action plan currently being developed in partnership between the Provider, Public Health England, NHS England and the Council.

Priority 2: Improve understanding of screening programme effectiveness in vulnerable groups such as those with learning difficulties

The Somerset Immunisations Group continue to work to improve data sharing between organisations to support understanding of effectiveness of screening programmes in vulnerable groups. An example of this is the immunisations data for children looked after.

Priority 3: Improve uptake of the seasonal flu vaccination for those working directly with vulnerable service users

A Somerset County Council staff vaccination programme is underway to ensure all frontline health and social care staff are vaccinated against the flu virus. Lessons from previous years have been considered and informed the decision to develop a flu vaccination programme that is based on the expenses process, to claim back vaccine received in a pharmacy of choice. This method has meant that there is comprehensive data that can be analysed and individual contact with staff members that have been identified as eligible. However, as with previous years, the biggest challenge of the programme is convincing staff that they should receive the vaccination. So far this year (and there is a lag in data due to the expenses process) 106 SCC staff have been vaccinated.

The national flu programme will continue as per previous years with the aim to improve the uptake rates of the flu vaccine within at-risk groups. Priority has been given to support this programme to ensure the system is effective in delivering the vaccinations and communication are joined up to ensure consistent messages reach all eligible Somerset residents.

The uptake rates for the 2018/19 flu season are reported below:

	Somerset (%)				England (%)			
	15/16	16/17	17/18	18/19	15/16	16/17	17/18	18/19
Over 65s	70.5	70.5	72.4	72.7	71.0	70.5	72.9	72.0
At Risk (under 65s)	42.9	48.5	48.1	47.4	45	48.5	49.7	48.0
Pregnant Women	42.5	43.9	47.1	46.7	42	44.9	47.0	45.2

Screening and Immunisation Priorities for 2020:

- Refine quarterly Screening and Immunisations assurance to HPF.
- Somerset Immunisations group to deliver on the local elements of the Measles Elimination Strategy
- Establish Somerset Screening Group to deliver NHS Long Term Plan ambitions around cancer screening
- Improve Children Looked After vaccination data
- Flu (improve uptake of at-risk flu vaccination rates).

2. Priorities for 2020

In summary, the following list of Health Protection priorities for 2020, have been proposed:

2.1 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 2020, key actions include:

- Continue to support PHE to finalise the Incident and Outbreak Response Framework
- Continue to work with the CCG to ensure commissioned services are in place to respond to outbreaks
- Translate the TB service specification into the clinical service delivery
- Ensure People with Blood Borne Viruses are identified and supported by appropriate services in Somerset
- Develop a Burden of Disease Joint Strategic Needs Assessment (JSNA) to inform system commissioning and provide assurance that the system has capacity and training to support this work

2.2 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:

- Explore working with the Housing Partnership on environmental hazards relating to housing. Consider establishing a task and finish group to identify work around minimising the health impact of cold homes, improving housing standards and messages specific to infectious disease threats.
- Respond to Climate Change Emergency/deliver air quality strategy. Link in with the JSNA that is focused on Climate Change

2.3 Infection Prevention and Control

Ensure infection prevention and control priorities address local need and reflect national ambition. Recognising areas for improvement identified during 2019 and the context surrounding infection prevention and control, key actions include:

- SIPPAC to continue to provide assurances to DPH regarding infection, prevention and control in Somerset.
- Somerset needs to continue to tackle the rising numbers of Gram negative Bacteraemia through:
 - Delivering the invasive Group A streptococcus Action Plan
 - Delivering the CCG Gram Negative Action plan.

Delivering a snapshot audit of Ecoli cases

2.4 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:

- Continue to provide assurance to DPH that the Health and Care system is resilient
- Members to partake in LHRF/LRF exercises
- Design a solution to ensure Radiation Monitoring capacity in place, should an incident occur
- Mass casualty planning
- Monitoring the impact of EU Exit process

2.5 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:

- Refine quarterly Screening and Immunisations assurance to HPF.
- Somerset Immunisations group to deliver on the local elements of the Measles Elimination Strategy
- Establish Somerset Screening Group to deliver NHS Long Term Plan ambitions around cancer screening
- Improve Children Looked After vaccination data
- Flu (improve uptake of at-risk flu vaccination rates)

3. Conclusion

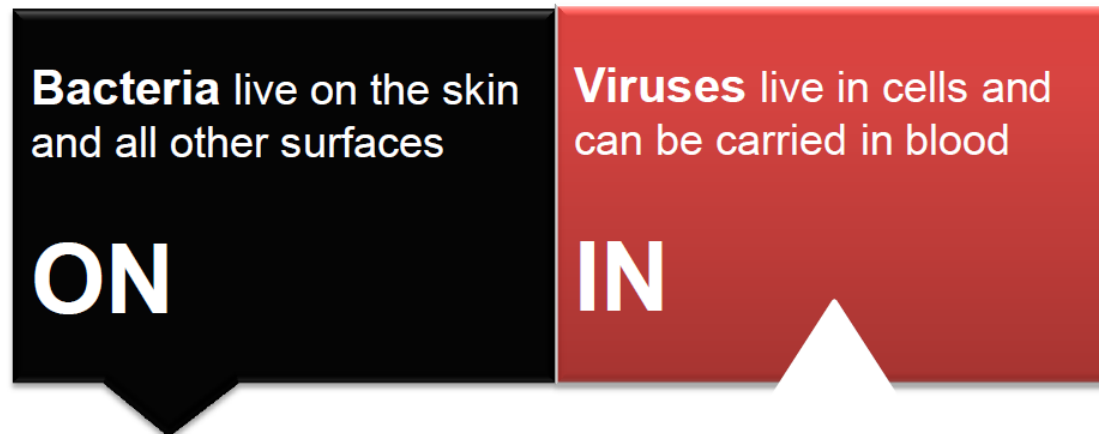
In summary the Director of Public Health is assured that systems are in place to protect the health of the population, however there are opportunities during 2020 to strengthen these and ensure that particularly vulnerable populations are reached by health protection interventions.

Throughout 2019 there has been a significant drive to ensure that the system is able to cope with all health protection challenges that arise. Working with partners, particular attention has been given to all agreements and contractual arrangements to ensure all roles and responsibilities and relationships are clear and to highlight any gaps in service provision. This work will ensure that the Somerset system is robust and prepared for all eventualities.

Identified gaps in the system are captured throughout this document and reflected within the 2020 strategic priorities. Progression of these priorities over the next 12 months will strengthen an already robust and effective system.

Infections are increasing in the SW

There are two main types of infection that can get into your body when you inject drugs
-bacteria and viruses



To reduce the risk of infection –

- Always wash your hands and the injecting site with soap and water before you start
- Use new needles each time
- Do not lick your needles
- Seek medical help as soon as you feel unwell

Take extra care washing your hands and keep your injecting sites clean. If you have any of these symptoms:

Wound site redness

Muscle aches

Fever

Please ask for help, seek medical advice as soon as you can

You can call NHS 111 for confidential advice