



Somerset Health Protection Forum
Assurance Report
2021

January 2022



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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. 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. COVID-19

The SARS CoV-2 virus emerged first back in 2019, but the Somerset Health Protection Forum members have continued to manage the local impact of this disease throughout 2021. The county is currently tackling the 4th wave of the pandemic and providing support to Care Homes, Schools and businesses who are all implementing control measures to try and control transmission. The longevity of this pandemic has placed an enormous pressure across the system which has impacted delivery of the agreed health protection priorities.

2. Strategic Action Plan Priorities 2021

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 2021 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:

2.1 Communicable Diseases

Ensuring robust communicable disease incident and outbreak response arrangements were in place and embedded across the Somerset system was an important priority for 2021.

During 2021, there have been 74 situations/outbreaks/incidents in addition to the COVID-19 Pandemic that have required a public health response. These threats to public health ranged from complex TB cases requiring multiagency support to ensure treatment compliance to a scabies outbreak in a care home, a case of legionnaires linked to a caravan park and a cluster of a rare strain of Invasive Group A Streptococcal Disease amongst our homeless community.

In Autumn 2021, an Avian Influenza (bird flu) Prevention Zone was declared across Great Britain to protect flocks from bird flu this winter. Avian influenza is a notifiable animal disease that mainly affects birds but can also affect humans and other mammals. In January 2022, the first human case of Avian Influenza in the western

hemisphere was notified in South West England (not Somerset). In Somerset, there have been several contacts of suspected bird cases of Avian Influenza, which has tested our response arrangements to safely swab and prescribe antiviral prophylaxis in a timely manner.

Even though many planned workstreams were put on hold due to the COVID-19 response, it was clear that a strong system response to COVID-19 has led to enhanced outbreak management processes.

Priority 1: - Translate the Tuberculosis (TB) service specification into the clinical service delivery

Somerset is an area of low incidence for TB, publicly available data shows on average 10 cases of TB are identified every year in Somerset. However, treatment completion at 68.8% (2018-20) remains lower than national levels and international standards (WHO states 85% of cases should complete treatment within 12 months.) This shows there is still much to do in Somerset

In July 2021, the new TB Action Plan for 2021-2026 was published. The aim of the TB Action Plan 2021 to 2026 is to improve the prevention, detection and control of TB in England. The Action Plan will focus on the needs of those affected by TB and TB services whilst recognising the impact and learning of the coronavirus (COVID-19) pandemic. The TB Action Plan will support a year-on-year reduction in TB incidence and in-UK TB transmission and enable the UK to meet its commitment to the World Health Organization (WHO) elimination targets by 2035.

This new action plan supports the ongoing work to translate the TB service specification into clinical service delivery, discussions are ongoing with clinicians and commissioners of hospital services.

Priority 2: Ensure the recommendations for action from the Blood Borne Virus needs assessment and strategy are progressed.

A Somerset blood borne virus needs assessment was completed during 2020 to ensure that people with Blood Borne Viruses are identified and supported by appropriate services in Somerset. This brought partners together who work with high-risk populations. E.g. people who inject drugs, the homeless and commercial sex workers.

An BBV action group was established in 2021 to review and priorities the 10 recommendations from the needs assessment. There have been some delays due to services being pulled back into the COVID19 response but the following priority workstreams have been identified:

1. The data and modelling within the needs assessment are now out of date so requires a refresh to include data from the last 5 years but include caveat for the year 2020.
2. Revisit the pathways for screening, diagnosis, and treatment, but split across the different risk groups to identify preventative measures in place specific to the risk group and identify any gaps.

Priority 3: Ensure that learning from the COVID-19 response is incorporated into the Somerset outbreak response arrangements.

Even though the COVID response is ongoing, it is essential that lessons are identified throughout to continually review and improve COVID and non-COVID response arrangements.

The Somerset Health and Care Tactical Group and the Somerset Public Health team both undertook learning events and have used these findings to strengthen the Somerset outbreak response arrangements. Additionally, SCC Public Health engaged with structured debriefs among key partners managed by NHS England.

To inform these learning events, a chronology timeline documenting the public health response to the pandemic was completed. This timeline includes key dates of national/local decisions and published guidance which were significant milestones impacting the local response.

2.2 Environmental Hazards

The priority to ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health were supported and progressed during 2021. 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 2021 agreed priorities are documented below:

Priority 1: Respond to the Climate Change Emergency and deliver the Somerset Air Quality Strategy. Link in with the JSNA that is focused on the health impacts of Climate Change

During the first 18 months of the COVID pandemic, work to progress the Air Quality (AQ) priority was on hold due to staff redeployment. The AQ strategy review was also on hold to ensure solid links with the Somerset Climate Change Strategy that was in development at the time.

The Air Quality Steering Group reconvened in November 2021 and agreed the following actions:

- In light of the Local Government Review, not to revise the draft Air Quality Strategy, but instead to produce an air quality delivery action plan, potentially to sit as a supplementary document to the Climate Change Strategy.
- To proceed with purchasing and deploying real time air quality monitors in the Taunton and Yeovil Air Quality Management Areas, plus additional monitors available for deployment on an as needed basis. For example, to monitor impacts of new developments, air pollution complaints, supporting schools.

Priority 2: The Somerset Climate Change Emergency Strategy will be requested to take forward work on environmental hazards relating to housing and build on progress from the COVID-19 response to establish 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.

SCC Public Health and the Civil Contingencies Unit hosted a virtual workshop in November that shared information on the various national and local schemes available to the population of Somerset who are living in cold homes and/or fuel poverty. A wide range of partners attended and now have information on all these schemes and how they can be accessed. Additionally, this workshop was used as an opportunity to remind people of other threats to health during the winter, including influenza and then benefits of a flu jab for priority population groups.

2.3 Infection Prevention and Control

The CCG Infection Prevention and Control Team continue to co-ordinate, monitor, and address infection prevention and control priorities and local needs and reflect national ambition.

Progress against the 2021 agreed priorities are documented below:

Priority 1: As part of the Integrated Care System development ensure system wide infection, prevention and control support, regardless of organisational boundaries or funding streams, to effectively tackle infections.

Building on wave 1 and 2 of the COVID19 response, the CCG IPC team continue to provide infection prevention and control support across the system (e.g homeless hostels, children's residential homes, private hospitals, the care sector, and NHS providers) funded through the national COVID19 outbreak management fund. This work has built a cross system approach and starts us in a strong position as Somerset goes into an Integrated Health and Care system in July 2022.

2.4 Resilience

During 2021 the resilience of the Somerset system has continually been tested and strengthened locally as part of the ongoing COVID response.

During the summer of 2021, the Hinkley Point Offsite Emergency Plan was tested during Exercise Dorado. This was a Level 2 multi agency exercise consisting of two modules:

- Module One – focusing on Scientific & Technical Advisory Cell (STAC) and Media arrangements within the response to an off-site nuclear emergency
- Module Two – focusing on the strategic transition considerations from response to recovery

Due to the COVID19 restrictions, this exercise took place entirely virtually. Understandably, this presented the response with some challenges, but it was a good test of the response during unprecedented times. SCC Public Health undertook joint chairing, with the UKHSA, of the STAC, which was a good test of our capability. The Office of Nuclear Regulation (ONR) concluded that the exercise was a satisfactory test of the Offsite Emergency Plan.

Every year NHS England carry out an assurance process to ensure that all NHS organisations and providers of NHS funded care are meeting the Core Standards for Emergency Preparedness, Resilience and Response (EPRR). It was concluded that each of these key providers were substantially compliant and no significant risks have been identified.

In 2022, emergency planning functions within the NHS will be delegated to the ICS. There is much work to be undertaken to prepare for this and the Somerset Health and Social Care Emergency Planning group is working to deliver this transition.

Progress against the 2021 agreed priorities are documented below:

Priority 1: Design a solution to ensure Radiation Monitoring capacity in place, should an incident occur.

In the event of an incident that causes a radioactive dispersal into the environment, there is the requirement to carry out population radiation monitoring. For some time, this has been a gap in planning due to a lack of national guidance. However, in Somerset we have continued to work with the Local Health Resilience Partnership to ensure this piece of work is given priority in the workplan.

Following a series of working group meetings involving UKHSA, Somerset County Council, NHS E&I, Somerset CCG and SWAST, a draft framework has been developed which outlines essential elements required to deliver an RMU capability, along with guidance for planning and considerations for response.

It is recognised that in order to consider Avon & Somerset as having the capability to deliver an RMU or similar monitoring facility, further work will need to be mapped, approved and supported for delivery both locally and regionally

It should be highlighted that this has been produced in the context of an absence of clear and current national guidance; variance in approach within and between regions; and competing local and regional priorities.

Next Steps:

- UKHSA and NHSE&I to lead on regional planning to resolve issues identified in the local framework such as staffing and equipment.
- Locally agree on potential locations Radiation Monitoring Units
- Southwest CBRN (Chemical, Biological, Radiological and Nuclear) working group have agreed to adopt the RMU Regional Planning group into their governance processes to take the work forwards as business as usual.

Priority 2: Mass Casualty Planning

Mass casualty planning remains on the Local Health Resilience Partnership workplan and an Exercise (Alliance) was postponed due to COVID response pressures on participating organisations.

2.5 Screening and Immunisations

The Health Protection Forum undertakes the assurance function on behalf of the DPH to ensure screening and immunisation programmes meet national standards and coverage targets and reflect local priorities for increasing uptake. The core activity that continues 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.

The report below covers the position as of January 2022:

Breast cancer screening – The programme has a planned recovery date of August 2022 (this is a delay from the original deadline) and is working on increasing the number of women being screened at 36 months, as per national standard. Open invitation letters continue to be used to help clear backlogs. Once backlog has been cleared the programme will increase their focus on increasing uptake.

Cervical screening - Latest data shows patients referred being seen in a timely way. Slight delays in processing samples from the lab has meant 14-day turnaround target has not been met, but all samples processed in 21 days and performance above national average. Contracts being finalised to allow sexual health service in Somerset to offer cervical screening opportunistically to patients whose screening is due.

Bowel cancer screening – Providers have increased invitation rates and colonoscopy capacity (compared to pre-Covid) in order to address backlog of invitations and have maintained this despite the recent wave of Covid-19. Invitations are being sent out a maximum of 6 weeks after screening due date, in line with national standards. Age extension now includes 56-year-olds and on schedule to extend to 58-year-olds in April 2022.

Diabetic eye screening – Recovery of service on track to recover by the end of March 2022 and maintaining high uptake rate, improving from 80.4% in January 2021 to 89.9% in October 2021 despite challenges of Covid-19. Providers have also been consolidating their approach to addressing health inequalities within the service using the HEAT (Health Equity Assessment Tool) developed by PHE.

Abdominal aortic aneurysm (AAA) screening – Somerset and North Devon provider has had minimal numbers of men delayed their screening opportunity. The provider is forecast to be on track to complete the 2021/22 on schedule according to national standards. Providers have also been asked to complete a HEAT tool and we are developing a AAA regional inequalities network.

Antenatal and new-born screening programmes – Screening programmes were maintained since the start of the pandemic, some pathways adapted but now restored to recommended guidance. No concerns from Key Performance Indicators. Newborn hearing screening programme is now fully established as a hospital model. Non Invasive Prenatal Testing (NIPT) rolled out as per national recommendations & timescales.

Pre-school immunisations – Vaccination uptake during 2021 has remained around the levels seen before the covid-19 pandemic. There are some delays in when the vaccination is delivered with primary immunisations (8, 12 and 16 weeks) prioritised (with majority seen within 2 weeks), followed by 1 year immunisations and finally 3 year 4 month booster vaccinations.

School-Aged Immunisations – Service has worked hard to vaccinate those due for HPV (human papillomavirus), DTP (Tetanus, diphtheria and polio) and MenACWY (Meningococcal groups A, C, W and Y disease) both for those eligible in the 2020-21 academic year and for those who were unable to be vaccinated in 2019-20. Some second doses of HPV will need to be given in 2022 as 6 month gap between doses is required and some children were due to have both doses in 2020-21.

Flu programme was significantly expanded to include all children from reception – year 11 (an additional 4 year groups on previous year) as well as supporting the COVID vaccination of 12-15 year olds. Nationally all services struggled to get enough staff to offer all vaccinations. Secondary schools prioritised for flu vaccination with many primary schools being scheduled up to end January 2022 for flu vaccination (with exception of special schools who were prioritised).

Adult Immunisations – Targeted work with practices to increase Shingles uptake planned for February 2022. New Shingrix vaccine available as Shingles vaccination for immunocompromised patients.

Targeted Immunisations – with a national pilot for newborn blood spots to detect condition SCID, those eligible for BCG vaccination now need to be given vaccination at 28 days rather than at birth to allow SCID result to be confirmed.

In support of the existing screening and immunisation programme in Somerset, key updates to the priorities include:

Priority 1: To support the recovery programme to catch up from immunisations missed due to the COVID-19 pandemic.

COVID-19 has had a significant impact on the health systems ability to deliver both screening and immunisation programmes. All programmes have robust recovery plans in place, the details by each programme are listed above.

To support the recovery programme, the Somerset Local Immunisations Group was reconvened during 2021. This group also encourages close working networks, opportunity to share information and supports resolution of operational issues. There was great representation from all organisations at the first group which highlights the benefits participants get from the group and this will be needed as we try and get the immunisation programmes back on track, to prevent outbreaks of vaccine preventable diseases, such as measles, a key concern, given lowered vaccination coverage

Priority 2: To work with screening and immunisations teams to ensure that the pandemic does not increase health inequalities in access to screening.

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including the nine protected characteristics of the Equality Act 2010, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group.

NHS England/Improvement is committed to ensuring that all screening programmes by developing the Health Equity Assessment Tool (HEAT). This tool consists of a series of questions and prompts, which was designed to help programme leads to systematically assess health inequalities related to screening programmes and identify

what can be done to help reduce inequalities. It is hoped that this tool will be rolled out across all screening programmes.

3. Priorities for 2022

Instead of the usual thematic priorities, it is proposed that the focus of 2022/23 is to ensure the strengthening of health protection during a time of transition. Over the next couple of years, Somerset will go through several crucial transitions:

- **Somerset Integrated Care System**

One of the lessons learned from the COVID-19 pandemic is people need support which is joined up across local councils, the NHS and voluntary and community organisations. The Somerset Integrated Care System (ICS) aims to embed this collaboration, helping local services to respond to the challenges of the pandemic and beyond and to plan in a way that improves population health and reduces inequalities between different groups.

Infection Prevention and Control is an area which may be impacted by the move to an ICS. Currently, there is an abundance of skills and knowledge of IPC within the Acute and Community hospitals. However, there is a real need for this IPC expertise and resource within the community where many of the infections are acquired. During the pandemic, Somerset has made enormous progress in supporting IPC within community settings, but there remains much to do.

- **Musgrove Hospital and Yeovil District Hospital to both sit under one NHS provider Trust.**

The Boards of Yeovil District Hospital NHS Foundation Trust (Yeovil Hospital FT) and Somerset NHS Foundation Trust (Somerset FT) have committed to merge organisations and create one single NHS provider trust for Somerset in order to better support the health and care needs of the population.

- **Local Health Resilience Partnership moving to the Integrated Care System boundaries.**

The Avon and Somerset Local Health Resilience Partnership coordinates health emergency planning arrangements and provides the link into the Local Resilience Forum. This partnership has been led by NHSE/I with a LA Director of Public Health CO-Chair (this role is currently filled by the Somerset Health Protection lead

Consultant). In line with the Integrated Care System changes, the LHRP workplan will move to the Somerset footprint.

We are ahead of the curve in Somerset, as we had already established the Somerset Health and Social Care and Emergency Planning Group to focus on Somerset specific issues and strengthen the link between health and social care and emergency planning. This group, led by the CCG, will continue to drive the LHRP workplan.

- **Transition to a Unitary Authority – Somerset Council**

The Government has confirmed that Somerset’s five councils will be replaced by a single council delivering all council services to communities in the county. Somerset’s County and District Councils are now working together to deliver the new council for Somerset that will bring together existing council services. The new council will officially come into being in April 2023.

Currently, the County and District Councils work closely together as part of the Health Protection Forum to tackle health protection issues in Somerset. We will still work closely together but how we do this will change and we need to make the best of the opportunities to improve our planning and resilience as part of the process.

4. Conclusion

2021 has been another year dominated by the COVID19 pandemic which continues to impact the residents and businesses of Somerset. There has been a notable move to ensure health protection workstreams put on hold during the height of the Pandemic are picked up again as part of a system wide catch-up programme. The COVID19 response is now becoming a business-as-usual function which must adapt and flex depending on the national/global pandemic situation.

Previously, the Health Protection priorities have focused on specific areas of concern that require additional focus and attention. However, Somerset is facing a number of significant changes over the next few years and it is crucial that priority is given to this transition ensuring that lessons are learnt from the COVID19 response and opportunities are taken to ensure the system is strengthened to be able to tackle health protection threats in the future.

