

Somerset Health Protection Forum

Assurance Report

2022

January 2023

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Somerset Health Protection Annual Assurance Report 2022

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. Strategic Action Plan Priorities 2022

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 in December 2021. The priorities for 2022 were:

Communicable Diseases

- Translate the Tuberculosis (TB) service specification into the clinical service delivery
- Ensure the Blood Borne Virus (BBV) work continues to make progress on the Health Needs Assessment recommendations

Environmental Hazards

- Somerset Climate Change Strategy – deliver Somerset Air Quality workstreams.

Infection Prevention and Control

- 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.

Resilience

- Resolve Radiation Monitoring Unit capacity and plan
- Hinkley Point B Offsite Plan – update post stopping generation

Screening and Immunisations.

- To support the recovery programme to catch up from immunisations and screening missed due to the COVID-19 pandemic.
- Explore options to manage the COVID/Flu programmes jointly.

1.1 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 2022. During 2022 national policy shifted to a 'Living with Covid' approach, this has seen waves of infection, but in the context of a highly vaccinated population, mortality, and hospitalisation for Covid remain low. Covid response across the system is now business as usual, but surveillance is ongoing to identify any new potential variants that might behave differently.

During 2022, there have been 147 situations/outbreaks/incidents in addition to the COVID-19 outbreaks that have required a public health response. These threats to public health ranged from complex TB cases requiring multiagency support to ensure treatment to monitoring compliance of several scabies outbreaks in care settings. Also of note was support offered to schools/early years with Invasive Group A Streptococcus (iGAS) and scarlet fever, with the UK's scarlet fever rates hitting the highest rates in 50 years, at a time of year when other respiratory viruses were circulating increasing the risk of complications.

In May 2022 rates of Monkey Pox, now referred to by World Health Organisation (WHO) as Mpox, were identified globally as rising. In the UK for the first time there was evidence of person-to-person transmission of MPox, this triggered a national Level 2 outbreak as transmission was within a defined sub-population, currently gay, bisexual and men who have sex with men (GBMSM) connected by sexual networks. Significant work was undertaken locally to ensure diagnostic pathways were in place and clear public messages were conveyed through trusted networks and partners working largely within sexual health services. Additionally, the targeted vaccination offer was rolled out to individuals and health care professionals in Somerset. Recognition and thanks should go to Somerset Wide Integrated Sexual Health Services (SWISH) and the Eddystone Trust who supported this work

Avian influenza is a notifiable animal disease that mainly affects birds but can also affect humans and other mammals. There is currently a highly pathogenic strain H5N1 in circulation globally, that is being transmitted mainly within the wild bird population. In 2022, there has been year-round maintenance of influenza infection in indigenous wild birds which represents a change compared to the usual seasonal pattern in which infections die out over the summer. A national housing order for farmed poultry was initiated in November 2022, to help control spread and since then nationally there are a reducing number of infected premises, but still high levels of detections in dead wild birds. UKHSA states that the risk to human health remains low, there have been no detected severe human cases associated with Influenza A H5N1 in the UK or internationally. There is no evidence of sustained human to human transmission currently.

In Somerset and along our borders, there have been some outbreaks of this infection amongst domestic flocks, which have resulted in human 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.

How the population responds to infectious disease has changed since the pandemic. There is more understanding of what being a contact of an infectious disease means and there is more reporting of infectious disease through to UKHSA from high-risk settings and also increased presentation of cases at health care settings. This change in behaviour is in the context of what some people are referring to as a 'rebound' in infectious disease prevalence, following the sustained lockdowns and reduction in social mixing, particularly among infants and young children.

Even though many planned workstreams were put on hold during the COVID-19 response, it is clear that a strong Somerset system response to COVID-19 has led to enhanced outbreak management and response processes, which are now being applied to other infections

1.1 2022 Priorities Update

Translate the TB service specification into the clinical service delivery – work is significantly progressed to develop a business case to present to the ICB to fund enhanced capacity within clinical services to support people with active TB. This will be presented by the end of January 2023, with the aim of a strengthened service being in place during 2023.

Ensure the Blood Borne Virus work continues to make progress on the Health needs assessment recommendations – significant progress has been achieved in getting more people in 'at risk' groups tested for blood borne viruses and supported into treatment, however, there is still much to do, to ensure we contribute to the ambition to eliminate Hepatitis C

1.2 Environmental Hazards

The priority to ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health were supported and progressed during 2022. 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.

1.2 2022 Priorities Update

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

Somerset Climate Change Strategy – deliver Somerset Air Quality workstreams.

Zephyr air quality monitors were installed in five locations across Somerset in early 2022, two each in Taunton and Yeovil and one in Frome. They have been providing live data all year which can be seen on a secure webpage, showing NO_x, NO and NO₂, PM₁, PM_{2.5} and PM₁₀ alongside weather data. While as expected there are clear twice daily peaks related to road traffic, the evening peak often appears to extend well into late evening, perhaps suggestive of emissions from domestic sources such as fires and woodburning stoves adding to traffic emissions. In addition, the website shows modelled data for the whole county.

In early 2023 the Somerset Air Quality Steering Group will reconvene to discuss how to take forward the air quality agenda in the new Somerset Council.

The [Somerset Air Quality](#) website is to be integrated into the new council website and the web team is aiming to include data from the Zephyr monitors, with the potential

to include alerts when air quality is compromised. The website was updated earlier this year to fix broken links and with minor content amendments and additions.

In Taunton, the results of the diffusion tube NO₂ monitoring for 2021 show a reduction in NO₂ levels when compared to results in previous years. The highest levels recorded were annual averages of 32µg/m³ and 31µg/m³ within the Henlade AQMA and 31 µg/m³ and 30µg/m³ in the East Reach AQMA. These are below the national Air Quality Objective set by the government of an annual average concentration of NO₂ of 40µg/m³

In Yeovil, the monitoring results for 2021 show two monitoring locations, Y7 and Y11 exceeded the NO₂ annual mean objective. Both of these locations previously exceeded the objective between 2017 and 2019 and are located within the Yeovil AQMA. No exceedances were observed at all other monitoring locations within the Yeovil AQMA. Although there were no exceedances in 2020, this is likely due to the effects of COVID-19 causing a reduction in road traffic levels.

Trends in 2021 monitoring data were similar to those in 2020 with a 6.9 µg/m³ decrease in NO₂ annual mean concentrations in 2021 when compared to 2019 monitoring data and only a 1.2µg/m³ difference when compared to 2020 averages. The highest concentrations were monitored at two sites (at Ilchester Road and Yeovil College Roundabout) which recorded exceedances of the annual mean objective over the four years prior to 2020 and also in 2021.

Road traffic overall has returned to levels similar to those seen pre-pandemic though with a different vehicle mix and different patterns for car use. Home shopping has led to an increase in light goods vehicles on the roads, while car use has shifted to some degree with highest uses at weekends, perhaps reflecting that working from home continues for many people to some degree reducing peak time commuting. Older diesel vehicles are dropping out of the fleet all the time, and these are by far the most polluting, and electric and petrol hybrid vehicles are increasing in number, so trends for NO₂ pollution should continue in the desired direction.

The Zephyr monitors will provide detailed data on particulates for the first time in the three towns where they are deployed, but we will require a full year's data before it is possible to report fully on status as part of the new council's air quality status report.

The new council will need to review current AQMAs and the Air Quality Action Plans as part of the transition process, with 23/24 seen as a transition year.

1.3 Infection Prevention and Control

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

At the end of Q1 Somerset was on or under trajectory for all Health Care Associated Infections except E Coli BSI, which had exceeded the Q1 threshold by 9 cases.

The vast majority of Gram-Negative Blood Stream Infections continue to be community onset, whereas methicillin-sensitive *S. aureus* (MSSA) Blood Stream Infections and *Clostridium difficile* were more Trust attributed. There were no Methicillin Resistant Staph Aureus BSIs recorded in Q1.

At the end of Q1 Somerset had the highest regional rates for all 3 Gram Negative Blood Stream Infections, and 2nd highest rates for MRSA and MSSA BSIs, which shows there is much to do

The Somerset system have been working together as part of a regional IPC collaborative focusing on Quality Improvement within IPC and we have focused on "Re-thinking Post Infection reviews across the Somerset System" to address: -

- Too much time investigating HCAI which equates to a reduction in resources
- Allowing for change improvement instead of focusing on reviewing incidents

This will allow for a process:

- Shifting from investigations to quality improvement form learning.
- Small changes collectively can influence culture across a health system.

This piece of ongoing work has been presented regionally.

1.3 2022 Priorities Update:

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.

An example of the progress Somerset has made at working on a system level for IPC, in 2022 we developed a risk assessment to support the safe discharge of care homes residents during covid19 outbreaks; this was submitted to the National Infection Prevention Society Impact Awards, and we won Gold.

1.4 Resilience

2022 saw the formation of the Somerset Local Health Resilience Partnership, as the Somerset ICB took on category 1 responder status under the Civil Contingency Act, this is a system approach to emergency planning and response. As the pandemic illustrated so clearly the health and care systems are so inextricably linked, when an emergency happens, the whole system needs to respond together

1.4 2022 Priorities Update

Radiological Monitoring Unit Capacity – Planning is now managed at a regional level and focuses on equipment and staffing, due to cross boundary elements of the plan. There is still further work to be done locally to agree suitable locations to host decontamination and monitoring sites. Nationally capacity to undertake radiological monitoring has been strengthened

Hinkley Point B Offsite Plan, under REPIRR Somerset LA is responsible for deciding the DEPZ, working with EDF and the specialist team at UKHSA who provide expert advice. Now that generation has ceased at Hinkley Point B, discussion regarding the DEPZ has commenced and the population affected by this will be met early in 2023, pending any decisions taken.

1.5 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 2023:

Breast cancer screening – The programme has a planned recovery date of February 2023 (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 the backlog has been cleared the programme will increase their focus on increasing uptake.

Cervical screening - Latest data shows patients referred are being seen in a timely way. There are slight delays in processing samples from the lab which has meant 14-day turnaround target has not been met, but all samples processed in 21 days and performance above national average. Contracts have been finalised to allow sexual health service in Somerset to offer cervical screening opportunistically to patients attending sexual health services, whose screening is due. In areas where there were lower uptakes for cervical screening in 2022; a pack of support information was made by NHS E for PCNs. Focus is on tackling inequalities on cervical screening. Work is ongoing to identify how screening inequalities can be reduced, exploring how best to use targeted advertising and community engagement.

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. Invitations are being sent out a maximum of 6 weeks after screening due date, in line with national standards. 69.9% uptake and continuing uptake due to change in test from 3 samples to 1. Some issues with delays -breached 14-day screening to diagnosis target. This is being monitored closely at the moment, there were some issues with workforce and reduced capacity due to annual leave over summer. Lowering of bowel screening eligibility has been suspended until diagnostic pathway has been recovered – it is planned to be extended to 56-year-olds.

Diabetic eye screening – Uptake at 89.3 % with 100% of results issued within 3 weeks. HEAT tool supports targeted interventions with specific population groups to increase programme uptake.

Abdominal aortic aneurysm (AAA) screening – Somerset and North Devon provider has had minimal numbers of men delaying their screening opportunity. There is a focus on full, sustainable restoration of the programme. Delays to vascular surgery due to hospital pressures are being monitored.

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 – low uptake MMR in some areas. Behavioural science team are considering strategies for 2023 to support uptake. This is a priority focus for the immunisation teams. Nationally the measles and rubella elimination strategy is being refreshed.

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). The Covid programme impacted the delivery of adolescent programme in 2021/22, meaning this not completed in the school year 2021/22 will need to be recovered in 2022/23. Some second doses of HPV will need to be given in 2023 as a six-month gap between doses is required. It is noted fewer parents are consenting for the HPV vaccine in 2023.

Flu programme includes all children from reception – year 11 (an additional 4-year groups on 2021). Some delays in vaccination schedule due to staffing. Secondary schools prioritised for flu vaccination with many primary schools being scheduled up to end January 2023 for flu vaccination (with exception of special schools who were prioritised).

Adult Immunisations –

Significant work was undertaken to ensure a successful flu and covid19 booster campaign was run locally in the Autumn 2022, data is not yet available for these programmes. However, it is noted lower coverage among health and social care workers and also among those Under 50 years in the 'at risk' category was lower than in previous years.

In 2022 priorities updates screening and immunisation

The priorities were:

- To support the recovery programme to catch up from immunisations missed due to the COVID-19 pandemic – this is largely achieved with the exception of breast cancer screening
- Explore options to manage the COVID/Flu programmes jointly – in the summer of 2022 there was a consultation about an integrated immunisation strategy, the Somerset integrated care system responded to this consultation and we await to hear national changes to the commissioning of screening and

immunisation programmes, which may be delegated locally, until there are national decisions taken, we are unable to modify any of the immunisation programmes or their delivery locally.

2. Priorities for 2023

It is proposed that the focus of 2023/24 is to ensure the strengthening of a whole system approach to health protection. Local priorities identified are:

1. Maximizing immunization uptake
2. Filling health protection commissioning gaps
3. Updating the Somerset Communicable disease framework
4. Refresh the Memorandum of Understanding among Somerset, regional and national partners around roles and responsibilities when outbreaks occur
5. Transform system wide communication of outbreaks to cover all outbreaks, not just Covid
6. Undertake a needs assessment (JSNA) for health protection
7. Refresh the Somerset Infection, Prevention and Control strategy
8. Translate the Tuberculosis (TB) service specification into the clinical service delivery
9. Improve migrants newly arrived in Somerset health & well-being

4. Conclusion

The Health Protection Forum will use the strength of its partnership to ensure that during this period of change in creating a unitary authority and a single NHS foundation trust, alongside the developing ICS, as a system we retain the capacity to respond and build a stronger system of health protection for the future.

During 2023 the Health Protection Forum will be joined up with the Somerset Health Protection Board and a forward plan developed to ensure systematic / efficient working that can provide both system improvement and system assurance to the DPH and HWBB.

Annex I – Health Protection Governance

