

North Somerset Council

REPORT TO HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 24/03/2016

SUBJECT OF REPORT: HEALTH PROTECTION COMMITTEE ANNUAL REPORT

OFFICER PRESENTING: NATALIE FIELD, INTERIM DIRECTOR OF PUBLIC HEALTH

KEY DECISION: FOR INFORMATION

NORTH SOMERSET COUNCIL HEALTH PROTECTION REPORT 2014-2015

RECOMMENDATIONS

CMT are asked to note the work undertaken by the Health Protection Committee from January 2015 to December 2015. The following key priorities are recommended for 2016:

1. Improve the uptake of seasonal influenza and pneumococcal (PPV) immunisation.
2. Ensure robust outbreak management measures in Care Homes.
3. Develop a local Health Protection Incident Response Plan which operationalises the Local Health Resilience Partnership (LHRP) Community Disease Incident Outbreak Control Plan.
4. Ensure via the LHRP, that NHS organisations in North Somerset have appropriate response plans in place for significant events e.g. mass casualty response plans and Pandemic Flu.

1. SUMMARY OF REPORT

The purpose of this annual report is to brief CMT on key health protection issues and provide a summary of activities undertaken by North Somerset Health Protection Committee (HPC) over the previous year. The report sets out key priorities for the Committee for 2016.

2. POLICY

Health protection is broadly concerned with arrangements to prevent, plan for and respond to public health incidents and outbreaks, including those which require the mobilisation of a multi-agency response under the Civil Contingencies Act 2004. It commonly involves prevention or reduction of harm due to communicable diseases or environmental hazards which threaten the health of the public.

The Secretary of State for Health has a statutory duty for health protection and upper tier and unitary local authorities have a role under section 6C of the NHS Act 2006 in support of this duty. Since April 2013, local authorities (through their Directors of Public Health) have had a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when problems arise. Local authorities are expected to support preventative services that tackle key threats to the health of local people such as the prevention and control of tuberculosis (TB), spread of blood-borne viruses (BBV) and sexually transmitted infections (STIs) and preparation for winter / extreme weather events.

A key focus of the health protection function of the local authority is on the quality of health protection arrangements in their local area or, more specifically, developing and assuring

plans for protecting the public's health with Public Health England (PHE) and the key health and care partners within the local area. Accordingly, the Department of Health recommends that local authorities establish a local forum for health protection issues (a Health Protection Committee), chaired by the Director of Public Health.

3. PROGRESS IN 2015 AND KEY ISSUES

The North Somerset Health Protection Committee was established in 2013 and since then has met on a quarterly basis. The functions it reviews are:

- communicable disease control;
- infection prevention and control;
- emergency planning;
- sexual health;
- environmental health/hazards;
- screening and immunisation programmes.

The Committee undertakes this assurance function on behalf of the People & Communities Board and Health Overview Scrutiny Panel. The Committee works alongside the formal accountability structures of partner organisations.

The specific functions of the Committee are to:

- Quality and risk assure current and emerging health protection plans on behalf of the local population for North Somerset Council.
- Provide a forum for considering all local health protection plans, risks, and identifying where there are opportunities for joint action.
- Provide recommendations (on behalf of North Somerset People & Communities Board and Health Overview and Scrutiny Panel) regarding the strategic/operational management of risks to health.
- Escalate concerns where necessary via both internal (North Somerset People & Communities Board and Health Overview and Scrutiny Panel) and external (e.g. Avon and Somerset Local Health Resilience Partnership) structures.
- Provide oversight of the public health outcomes related to health protection.
- Set and recommend to the North Somerset People & Communities Board a strategy of assurance for health protection.
- Influence local commissioning through the Joint Strategic Needs Assessment process and People & Communities Commissioning Board.

The Health Protection Committee comprises representatives from

- Public Health England
- NHS England Screening & Immunisation Team
- North Somerset CCG
- North Somerset Emergency Management Unit
- North Somerset Community and Consumer Service (Environmental Health)
- North Somerset Public Health Team
- NHS England / LHRP

In 2015, the Health Protection Committee (HPC) identified a need to set up a Health Protection Sub-Group to oversee the implementation of the HPC action plan, identify where there are further opportunities for joint action and to consider wider communication and operational health protection issues.

3.1 Communicable Disease Control

Nationally Public Health England have identified tackling antimicrobial resistance and implementation of the TB strategy as priorities.

Antibiotic (antimicrobial) resistance poses a major threat to modern day medicine where lives could be lost due to organisms becoming resistant to antibiotics. All health and social care staff, as well as the public, have an important role in preserving the power of antibiotics and in controlling and preventing the spread of infections.

Tuberculosis (TB)

The rate of new cases in North Somerset is low (3.9 per 100,000 compared to 13.5 nationally in 2012-2014¹) Public Health England and North Somerset Council continue to work closely with Weston Area Health Trust to develop service specifications to manage TB. North Somerset Council is an active participant at the Bristol, North Somerset and South Gloucestershire TB Network which works with the TB Control Board for the South of England. The process of a TB cohort review (a review of patient's treatment outcomes) is undertaken locally to improve the treatment pathway.

Whooping cough and measles

In recent years there have been small increases in cases of whooping cough and mumps in North Somerset. Public Health England lead on the management of these communicable diseases.

Ebola

The Ebola epidemic in West Africa and the UK response to Ebola have ceased. A post incident debrief was carried out with the North Somerset health community and wider partners across the South West and a number of recommendations were made. These included improved communication channels, better training, and a clearer identification of roles and responsibilities.

Zika virus

This emerging infectious disease is causing clinical and media interest. The Zika virus is a mosquito borne infection which is not harmful in most cases. However it has been potentially linked to birth defects- specifically abnormally small heads (microcephaly). The World Health Organization (WHO) reports that the Zika virus has now spread through both South and Central America and expects 3-4 million people to be infected in 2016. Travel health advice is available and specific advice for pregnant women has been issued.

Food Poisoning

In 2015, food poisoning was the commonest notifiable disease in North Somerset, with 423 notifications² to Public Health England. In line with national trends, the commonest causative organisms identified were campylobacter, cryptosporidium and giardia.

In 2015, Public Health England managed 45 outbreaks and clusters² of infectious diseases within North Somerset. Most of these were gastroenteritis outbreaks within care home settings.

¹ PHOF data

² Data from HPZone

3.2 Blood Borne Viruses (BBV)

Hepatitis B (HBV) and Hepatitis C (HCV) are blood-borne viruses (BBVs), transmitted via infected blood and are one of the leading causes of liver disease in the UK. The following section provides a short explanation of BBVs and work delivered by North Somerset substance misuse treatment service (Addaction). BBV programmes are also provided for local sex-workers. Addaction provides HCV and HBV testing.

Needle and syringe exchanges programmes (NX) provide injecting drug users with new, sterile injecting equipment, safer injecting advice and means for safe disposal of injecting related waste. In North Somerset, NXs are provided by pharmacies and specialist treatment services. NXs are an important mechanism for controlling the spread of blood borne viruses, especially hepatitis C (injecting drug users are the highest risk group in relation to HCV infection with about 80% of new infections in the UK being attributed to injecting drug use).

Hepatitis C

The most common means of transmission of Hepatitis C in the UK is through intravenous drug use (IDU) with shared equipment – it is estimated that nine out of 10 cases of Hepatitis C are caused by injecting illegal drugs. Around two in five of IDUs are living with HCV with about half being undiagnosed. It is estimated that in 2014 there were 686 local cases of HCV with 363 being linked to IDU.

Hepatitis B (HBV).

Around 1 in 200 IDUs are living with HBV. The level of vaccination uptake nationally has stopped increasing and may have begun to decline.

The Integrated Substance Misuse provider has recently prioritised clinical resources to increase uptake and completion of the full vaccination course for Hepatitis B. Progress will be monitored through routine, quarterly performance reviews.

3.3 Infection Prevention and Control – Health Care Associated Infections

Health care associated infections (HCAI) result from medical care or treatment in hospital (in or out-patient), nursing homes, or in the patient's own home.

NHS England holds Clinical Commissioning Groups to account around treating and caring for people in a safe environment and protecting them from avoidable harm. The three main indicators for HCAIs are Clostridium difficile, Meticillin-resistant Staphylococcus aureus blood stream infection (MRSA) and Norovirus.

The North Somerset HCAI strategy group was formed in July 2014. This group maintains a strategic oversight and coordinates a joint approach to infection control across the local health and social care economy. The priorities of the group are delivered through an HCAI work plan based on the Royal College of Nursing toolkit.

Membership of the group is multi-disciplinary and includes representatives from the CCG, Microbiology, clinical and care providers, public health and social care. Overall there has been a year on year reduction in HCAI.

Clostridium difficile Infections (CDI)

A Clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects the elderly and other vulnerable groups who have been exposed to antibiotic treatment. During 2014/15 a total of 80 cases were reported, 20 were hospital acquired against a trajectory of 17. Some 60 were deemed as community acquired

against a trajectory of 73. Work continues to focus on antibiotic prescribing to help reduce c-difficile infections.

MRSA

MRSA is a bacterium that is present on the skin and is the most common cause of localised wound and skin infections. In 2014/15 there were 5 cases of MRSA reported for North Somerset patients compared to 4 in 2013/14.

Norovirus

Norovirus also known as Norwalk virus or winter vomiting disease causes gastroenteritis and is highly infectious. The virus is easily transmitted through contact with infected individuals from one person to another. Outbreaks are common in semi-enclosed environments such as hospitals, nursing homes, schools and prisons. Most people make a full recovery within a couple of days but it can be dangerous for both the very young and elderly people.

Weston Area Health Trust (WAHT) experienced a high level of Norovirus throughout 2014/15 resulting in 21 separate ward closures for a total of 193 days which affected 296 patients and 66 members of staff. The outbreaks caused a considerable operational impact on patient flow across North Somerset. Clevedon Community Hospital had one outbreak in March 2015 and the hospital was closed for eight days to new admissions.

High levels of Norovirus throughout 2014/15 identified the need to improve awareness, prevention and control measures across the health care community with a specific focus on Care Home management, and this is being addressed as part of the HCAI and Health Protection Committee action plan.

In addition the CCG have appointed a senior infection prevention and control nurse for 2.5 days per week who has led a joint work programme based on an evidence review of Norovirus management undertaken by the North Somerset Public Health Team and PHE guidance. To date there have been 3 ward closures at WAHT during this (2015/16) winter.

3.5 Environmental Health and Hazards

In 2015, the Environmental Health Food & Safety team dealt with 93 gastroenteritis outbreaks compared to 51 in the previous year. The majority of the outbreaks were due to Norovirus and occurred in care settings and schools / nurseries. Work is ongoing to raise awareness around the management of outbreaks of gastroenteritis in these settings.

The Food & Safety team received and investigated 457 notifications of infectious disease (down from 485 the previous year), of which the majority were notifications of campylobacter infection.

There were some notable infections including four notifications of E Coli 0157. Three of these infections were acquired abroad and one was linked to local food consumption. Appropriate follow up with this business took place.

There were three notifications of Legionnaires disease. One was linked to a business in Bristol while the other two cases, despite enhanced surveillance, investigations and sampling, could not be linked to a source. There was a single case of paratyphoid, acquired abroad, and this resulted in exclusion of a food handler and screening of four other food handlers in line with national guidance.

Although not notifiable one case of psittacosis was investigated and traced to the affected persons own private collection of pigeons. Psittacosis is a zoonotic infectious disease caused by a bacterium called Chlamydophila psittaci. The symptoms of the disease range from inapparent illness to systemic illness with severe pneumonia.

There was a thorough investigation carried out jointly with colleagues from Public Health England in relation to an increased number of cryptosporidium cases in the BS20 postcode area. Enhanced surveillance identified a common exposure of swimming at a pool in North Somerset. Following an investigation failures against national standards were noted and enforcement action has been taken. The exercise tested outbreak management and demonstrated good partnership working.

The updated Bristol Airport Procedure Arrangements was found to work well when Environmental Health received notification of a returning flight where some passengers were suffering from an infection.

Food Safety

The Food Standards Agency's (FSA) campaigns focus is on reducing the prevalence of campylobacter within the food chain. Food Safety Officers address risk in food premises through inspection and provide guidance to members of the public who contact the Council as a result of being notified of their infection. There has been a reduction in the prevalence of campylobacter in North Somerset:

Campylobacter Notifications 2011-2015

Year	Notifications
2011	358
2012	364
2013	343
2014	349
2015	282

In 2015, over 360 food hygiene inspections in North Somerset were carried out along with over 100 revisits. There remained a large number of businesses who did not receive an intervention at their scheduled time due to a lack of resources and to address this risk the Food and Safety team prioritise visits on the following basis:

- Those premises requiring annual inspection due to the nature of the food safety risk inherent in the business.
- Those premises deemed to be higher risk within the 18 month category for inspection.
- Those premises where intelligence/complaint indicates a potential risk to food safety.
- Those premises due for inspection associated with allegations of food poisoning.

3.6 Emergency Planning and Resilience

North Somerset Council

Avon and Somerset Local Resilience Forum supports strategic preparations and response capability across the multi-agency partnership.

The Local Authority's Emergency Management Unit has a staffing level of 2.2 FTE and are responsible for ensuring that the authority has the capacity and capability to respond to emergencies in support of communities, professional partners and neighbouring authorities.

During 2014/15 the team conducted an out-of-hours notification exercise (Exercise Eastern Spice) and engaged with a regional pandemic influenza exercise. A number of plans have been reviewed and revised:

- COMAH (Control of major accident hazards regulations)
- Major Incident Response Plan
- Winter Weather Plan
- Heatwave Plan
- Emergency Transport Plan
- Excess Deaths Plan

The team has continued to offer support to a growing number of internal and external partner agencies as well as contributing to a number of national steering groups.

Community Resilience North Somerset (CRNS)

Community Resilience North Somerset (CRNS) aims to build strong, resilient communities which are prepared to deal with emergencies using local resources and trained volunteers. These volunteers use their local knowledge of the area and residents to direct help to where it is actually needed and provide an initial response until such time as emergency services can respond.

The programme continues to develop with around half of North Somerset communities engaged in the programme and a further 25% considering the scheme. Notable successes include bringing in Clevedon, Portishead and a consortium between Lower Langford, Burrington and Rickford into the network. During the summer of 2015, CRNS promoted resilience in partnership with Avon, Fire & Rescue Service and Avon & Somerset Police, in Portishead, Clevedon, Nailsea, Congresbury and Weston-super-Mare.

In April 2015, CRNS became a Community Interest Company and is actively pursuing funding and opportunities to undertake commissions. Recruitment to the role of the Resilient Communities Support Officer has proved difficult and this in turn has challenged the capacity to maintain programme momentum and delivery.

Local Health Resilience Partnership (LHRP)

The role of the LHRP is to facilitate the production of local sector-wide health plans to respond to emergencies and contribute to planning amongst NHS and Public Health partners. Key LHRP activities in 2014/15 included:

- Undertaking an annual assurance process focusing on Emergency Preparedness Resilience and Response arrangements for all NHS organisations in Avon and Somerset.
- Undertaking monthly cascade exercise to provide assurance that alerting procedures are effective.
- Running teleconference exercises for partners to gain familiarity with response processes.
- Delivering a pandemic flu response table top exercise.
- Conducting a post incident debrief for the Ebola outbreak.
- Completing strategic response frameworks for pandemic flu and Mass Casualty Response Framework.

3.7 Sexual Health

North Somerset is working with authorities in Bristol, and South Gloucestershire to redesign sexual health services. The procurement is intended to improve pathways across different sexual health and connected services with a greater emphasis on health promotion and prevention. A local needs assessment undertaken in 2015 formed part of the wider procurement process. The aim is to publish tender documents in April 2016, select a new provider(s) in the autumn with the new arrangements starting in April 2017.

The Public Health Outcomes Framework currently uses three key indicators for sexual health:

Under 18 conceptions (Domain 2, Health Improvement): The rate of teenage conceptions in North Somerset fluctuates due to the low numbers. The current rolling average rate is 19.1 per 1,000 girls aged 15-17. This is lower than the South West at 19.6 and England at 23.4 per 1,000 girls aged 15-17.³

Chlamydia diagnoses in people aged 15-24 years (Domain 3, Health Protection): The data collected nationally for Bristol, South Gloucestershire and North Somerset is not reliable because the way results are attributed to local areas by the laboratory is not robust. The detection rate in North Somerset is 1,779 per 100,000 people aged 15-24. This is above the South West at 1,624 and England at 1,672 per 100,000 people aged 15-24. The national target is a rate of at least 2,300 per 100,000 population.³

People presenting with HIV at a late stage of Diagnosis (Domain 3, Health Protection): The proportion of late diagnoses steadily decreased in North Somerset between 2011 and 2013, 41.4% of HIV diagnoses were late diagnoses - a CD4 cell count less than 350/ml. This is lower than the South West at 46% and England at 45%.³

The local Sexual Health and HIV Partnership continues to meet quarterly and consists of sexual health providers and stakeholders from across North Somerset. North Somerset is represented on a number of regional networks that support better commissioning and data intelligence.

3.8 Screening and immunisation programmes

NHS England commission most national screening and immunisation programmes through the Local Area Team. Public Health England is responsible for setting screening and immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff, employed by Public Health England, are embedded in the NHS England Local Area Teams to provide accountability for the commissioning of the programmes and provide system leadership.

Local authorities, through the Director of Public Health, require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population. Public health teams support Public Health England in projects that seek to improve coverage and uptake.

Performance for screening and immunisation remains good in North Somerset across all programmes. Uptake in relation to the primary childhood immunisations, HPV, pertussis in pregnancy and flu vaccinations for the over 65s remains higher than national and regional averages. The Bowel Cancer Screening Programme succeeded in becoming a Wave 1 site

³ Figures taken from South West Sexual Health Outcome Indicator Quarterly Report (April to June 2015)

for the introduction of the new bowel scope programme (known as flexible sigmoidoscopy, it is a one-off test offered to men and women at the age of 55. This type of screening examines the lower part of the bowel where most bowel cancers are found). Both breast and bowel screening programmes exceed national local targets.

New vaccination programmes that have started this year include:

- intra-nasal flu to School Year 1 and 2 (aged 5 or 6 on 1st September 2015)
- Shingles programme for all 70 year olds on 1st Sept 2015
- Shingles catch up for all 71, 78 & 79 year olds on 1st September 2015

North Somerset Immunisation Sub-group

The North Somerset Immunisation Sub-group was established in 2013 with the responsibility for taking a system-wide approach to improve uptake and reducing health inequalities. The group identifies and mitigates risks and seeks assurance that immunisation services in North Somerset are compliant with the Department of Health guidelines and that national and local immunisations programmes are delivered safely, effectively and in a timely manner.

Local arrangements Flu Vaccination North Somerset Council Front line Health Care Workers (FHCW)

Immunisation should be provided to healthcare and social care workers in direct contact with patients/clients to protect them and to reduce the transmission of flu within health and social care premises.

Private care homes are responsible for providing flu immunisations for their staff. Eligible local authority employed staff continue to be offered free immunisations although uptake in 2015/16 has been low. The system for promoting this opportunity to staff will be reviewed.

Routine Childhood Immunisations (0-5 year olds)

Overall uptake for childhood immunisations remained high at 95% or more during 2014/15, and work continues with local practices to maintain this. Uptake for all childhood programmes are above the national and regional rates. Areas for further work include MMR vaccination coverage for two doses (5 year olds) and Dtap/IPV/Hib booster (5 year olds) both of which are slightly below the national target of 95%.

A review of child immunisations, including a health needs assessment and equity audit, have been completed and a report is due to be published in 2015/16. The Health Improvement Specialist for 0-5s will be responsible for supporting any specific health needs and improvement strategies that are identified locally.

The Rotavirus vaccine was introduced in 2013. In 2015, over 86% of babies received the two dose schedule. This is slightly lower than the England average, although at present there is no national target. The impact of the Rotavirus vaccination programme continues to be seen in the marked decrease in number of hospital admissions for dehydration and gastro-enteritis for 0–5 year olds. The programme has also resulted in a reduction in the incidence of gastro-enteritis in the elderly, presumed due to a reduction in the viral burden in the community.

Meningitis B vaccination is expected to be implemented in the early part of 2015/16, There will not be a large catch-up programme because the greatest risk for contracting Meningococcal B disease is in children under 5 months old. The programme will be a three vaccine schedule at 2, 4 and 12 months. Children older than five months at time of the programme being implemented will not be included in the catch up.

Immunisations for school-aged children

The school nursing service is commissioned by NHS England to deliver the TD/IPV, Meningitis C and HPV (Human Papillomavirus Vaccine). Data from Public Health England is not yet currently available for the TD/IPV programme. In 2015, Meningitis C vaccination uptake was 83%. It is important to note this data is collected on the basis of uptake within schools in North Somerset and may not reflect uptake in the whole population.

The HPV programme in North Somerset continues to be successful and uptake for 2014/15 remained above 92%, against a national target of 90%.

In 2015, the HPV schedule has been reduced from a three dose to a two dose schedule with girls receiving one dose in the autumn of Year 8 and the other in the autumn of Year 9. This is based on evidence that girls commencing and completing the course before their 15th birthday will develop a sufficient immune response from two doses. Girls commencing or completing the programme after their 15th birthday will still require three doses since rates of immune response fall after this age.

Adult immunisations

The shingles vaccine has continued to be rolled out for people aged 70, 71, 78 and 79 years. This is an extension to the eligible age groups. Uptake of the shingles vaccine was 58.5% for the 70 year old cohort and 62.4% for the catch-up cohorts.

Following an increase in the incidence of pertussis (whooping cough) in 2012, which had resulted in the deaths of a number of very young babies nationally, a pertussis programme for pregnant mothers was introduced. This programme works by increasing maternal antibodies to pertussis which are then transferred from mothers to the unborn baby via the placenta. This then protects babies in the first few weeks of life until they are old enough to receive routine childhood immunisations. This programme has been very successful in reducing cases and deaths in young babies and has now been extended for a further five years. Work has been undertaken with the midwifery teams to improve awareness and uptake of the vaccine. Uptake across North Somerset was 63.5% in 2014/15. This was the first year data on uptake was extracted from GP clinical systems and this is considered to be more accurate.

Flu Immunisation

Flu immunisation uptake during 2014/5 was lower than the target levels for all categories with the exception of over 65s. 76.3% of people aged over 65 were vaccinated, which is above the national target of 75%. Uptake in healthcare workers improved locally in the 2014/15 campaign with a 5% increase in GP FHCW being immunised and 7% increase of Weston Area NHS Trust employees receiving the vaccine.

Offering flu immunisations through pharmacies was piloted in North Somerset in 2014/15. Around one third of pharmacies took part. Although the overall figures did not result in a significant increase in uptake, there is evidence that the pharmacy programme reached eligible patients who had never received a flu vaccine before. Many people found the flexibility of the service helpful, particularly with pharmacies being open longer hours and over weekends.

The childhood flu programme introduced in 2013, was extended to include 2, 3 and 4 year olds in 2014/15. There are no national targets for coverage of this age group, but the programme is designed to interrupt transmission of flu by young children, who are known to be 'super spreaders' of the virus, to other vulnerable people. Recommended vaccine

coverage is 30 – 40% across the patch to limit spread of the virus. Coverage for 2014/15 was 43.8%, above national recommendations. In 2015/16, the programme will be extended to 5 and 6 year olds (Key Stage 1) in primary schools. This programme uses the intranasal flu vaccine which has been well accepted by parents of children in the younger age groups.

Screening

A number of national screening programmes exist delivered in a range of settings. They include antenatal and neonatal screening, a range of adult screening programmes namely breast cancer, cervical cancer, bowel cancer, diabetic retinopathy and abdominal aortic aneurysm screening.

Uptake in North Somerset exceeds the acceptable target for the majority of the screening programmes.

Antenatal Screening

Performance remains good for antenatal screening. Quality assurance visits have recently commenced across the region. Weston Hospital Ashcombe Birth Centre will receive its first visit in October 2016. A date has yet to be confirmed for University Hospitals Bristol. Changes to the screening programmes are also due to be implemented in 2016, with the introduction of offers for T18 and T13 (Edward's and Patau's syndromes) in addition to the already well-established T21 Down's syndrome screening programme. Plans are in place to cease screening for Rubella during pregnancy, due to the high coverage of MMR in women of child bearing age.

Neonatal Screening

Four new conditions (rare inherited metabolic diseases) were introduced to the Newborn Blood Spot screening programme in January 2015, bringing the total number of conditions screened for to nine. There are continued challenges in meeting the avoidable repeat tests target. Work continues with sample takers with assistance from the Bristol laboratory to ensure this number is reduced.

Bowel Screening

Performance remains good across all the key indicators. Uptake locally is above the 52% target. The number of patients referred to a consultant who were seen within 14 days fell slightly, but overall achieved the 90% target. The programme continues the roll-out of the new bowel scope screening programme, a new one-off offer of flexible sigmoidoscopy for persons aged 55 years.

Breast Screening

Performance remains good across the key indicators and a review of breast screening services, which aims to identify recommendations and appropriate interventions to improve uptake, is underway. This includes exploring pathways and access to services for high risk women, for example those who have a family history of breast cancer.

Cervical Screening

Coverage of cervical screening uptake for 2014/15 fell below the 80% target for the first time. Nationally rates are dropping and a local review of cervical screening and suitable interventions to improve uptake has been completed. Of concern is the low uptake in women aged 25-29, where locally only 71.8% are attending for their screening test.

Diabetic Eye Screening

Performance across the Diabetic Eye Screening programme is generally good, despite the challenges which the programme has had during the last year with an IT migration and in

finding suitable accommodation for screening sessions. However, targets for patients with the most severe form of retinopathy are not being met. This is currently being investigated. The programme received a Quality Assurance visit in January 2015 and the recommendations from this visit will inform the programme work plan for 2016.

Aortic Aneurysm Screening

There are continuing problems in national data reporting, although the programme is performance managed and assured locally with regular assurance reports.

3.9 Key Risks and Priorities for 2015/16

Infection Prevention and Control

The HCAI group will continue to work with providers to implement national guidance and further reduce the incidence of HCAI for North Somerset residents. High levels of Norovirus throughout 2014/15 identified the need to improve awareness, prevention and control measures across the health care community with a specific focus on Care Home management, this will continue be addressed as part of the HCAI and Health Protection Committee action plan.

Local Authority Emergency Planning

Staffing levels within the team continue to cause significant concern and notably funding for the resilient communities support officer post.

Local Health Resilience Partnership (LHRP)

Priorities for 2015/16 include the development of an operational pandemic flu response plan, operational response plans for a mass casualty incident, completion of a radiation monitoring unit and work with the Council to develop a local Health Protection Incident Response Plan.

Sexual Health

Public Health will continue to work with primary care and specialist services to ensure professionals appropriately test for sexually transmitted infections and HIV. This includes testing the use of self-testing kits for HIV accessed through online ordering.

The delivery of a new sexual health system across Bristol, North Somerset and South Gloucestershire should offer important opportunities to create better connected and more efficient services that can improve outcomes for our local population, especially those who are at greatest risk.

Immunisation and Screening Programmes

Seasonal flu remains a national and local priority and the Health Protection Committee identified the need to prioritise seasonal influenza and pneumococcal (PPV) uptake. In 2015/16, the flu programme will be further extended to 5 and 6 year olds in Key Stage 1 in primary schools and the Meningitis B vaccination is likely to be implemented during the early part of 2015/16.

5. CONSULTATION

A copy of this report was considered by all the member bodies of the Health Protection Committee and comments incorporated as appropriate.

6. FINANCIAL IMPLICATIONS

Managing risk effectively will reduce potential financial implications of health protection incidents in North Somerset

7. RISK MANAGEMENT

The Health Protection assurance system in North Somerset is a risk management system. The areas for development identified in this report will further strengthen North Somerset's Health Protection Committee to manage these risks.

These risks are based on the assumption that key agencies will continue to work together going forward.

8. EQUALITY IMPLICATIONS

There are no equalities implications arising directly from accepting this report. The identified priorities for the coming year will help to address health inequalities. In particular, achieving higher rates of immunisation in vulnerable groups and improving access to sexual health services.

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North Somerset Community and Consumer Service

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