

North Somerset Council Health Protection Annual Report 2018-19



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Section 1

Executive summary

What is health protection?

Good health protection arrangements ensure that:

- there are effective and well-tested processes and plans in place to minimise the risk of avoidable harm
- appropriate and timely responses are made to incidents and lessons are learnt from the outcomes.

Areas of focus include emergency planning, environmental health, communicable disease control, screening and immunisations, sexually transmitted infections, blood borne viruses and infection prevention and control.

Purpose of the report

The North Somerset Health Protection Assurance Group's (HPAG) role is to provide assurance that all appropriate steps are being taken to meet local health protection needs. This report provides an overview of the areas reviewed by the group and progress against agreed priorities during 2018/19. The report supports Elected Members in their role overseeing the effectiveness of local health protection arrangements.

Progress against 2018-19 priorities

The progress made on each priority has been rated as red, amber or green below. More detail of progress against each priority is given within the main report from page 11 onwards.

- Increase flu vaccination uptake in frontline care workers in care homes.
- Deliver winter resilience/outbreak management training to care homes.
- Finalise, test and review the local Communicable Disease Control Plan.
- Increase flu vaccination uptake in at risk groups aged 6 months to 65 years.
- Increase second dose MMR (measles, mumps, rubella) vaccine uptake.

Priorities identified for 2019-20

- Help support the reduction of antimicrobial resistance and misuse of antibiotics.
- Increase flu vaccination uptake in:
 - frontline care workers in care homes and domiciliary care
 - at risk groups aged 6 months to 65 years.
- Increase the uptake of MMR2 2nd dose.
- Support the local implementation of the Human Papilloma Virus (HPV) programme for boys.
- Deliver winter resilience/outbreak management training to care homes.
- Refresh the airport plan in relation to the response to port health emergencies.
- Trading Standards to commission a voluntary sector support worker to undertake a range of remedial and advisory activities in relation to mail scams.

Infographics overview

Emergency planning & NHS England Local Health Resilience Partnership



North Somerset Council is one of only two local authorities to have met the minimum standards for Mass Evacuation and Shelter plans



North Somerset Council Major Incident Response Plan reviewed



Weston Area Health Trust (WAHT) has continued improvements and been assured as 'substantially compliant'



North Somerset Community Partnership (NSCP) also evidenced a strong position and were assessed as 'substantially compliant'.

Environmental health and communicable disease control



Delivery of 100% of planned food safety interventions for 2018-19 – 842 food businesses.



Team have dealt with 356 infections



Officers reviewed the food and health and safety plans for over 100 public events held in North Somerset.

Blood borne viruses



Completion rates for clients being treated for drug and/or alcohol addiction higher than the averages for England for example 11.9% compared to 6.5%

Sexually transmitted infections



Performance in North Somerset is generally close to or better than regional/national averages across most sexual health and wellbeing measures.

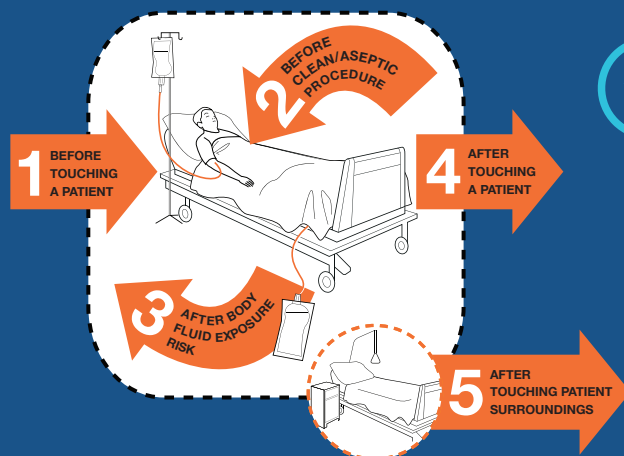


Evidence of reaching vulnerable groups, for example, young people with additional learning needs



LGBT+ training delivered to over 50 local professionals

Infection Prevention & Control



Project delivered to reduce MRSA infections among intravenous drug users



Programme of Winter Resilience and Infection Prevention and Control training delivered to Care Homes



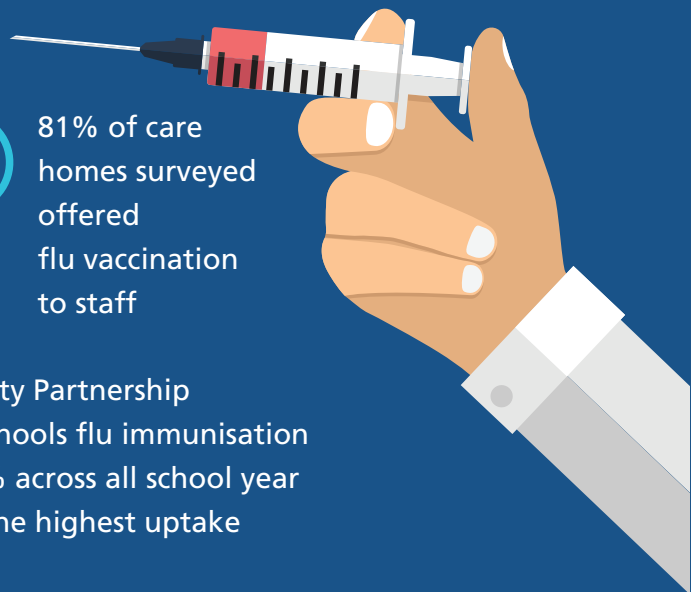
Screening and immunisations



81% of care homes surveyed offered flu vaccination to staff



North Somerset Community Partnership exceeded the national Schools flu immunisation programme target of 65% across all school year groups and was among the highest uptake areas for the programme.



Section 2

Introduction

The North Somerset Health Protection Assurance Group (HPAG) was set up in 2013. Its purpose is to provide assurance to the North Somerset Health and Wellbeing Board (formerly the People and Communities Board) and Health Overview and Scrutiny Panel that appropriate arrangements are in place to protect the health of the local population.

The group is chaired by the Director of Public Health (who has formal health protection responsibilities under the NHS Act 2006 and Health and Social Care Act 2012). The HPAG's role is to ensure there are safe, effective and well-tested plans and appropriate activity in place to protect the health of the population from avoidable harm.

The group provides a mechanism for multi-agency working and professional discussion to identify and address risks. The HPAG does not duplicate operational arrangements for responding to incidents. It provides a strategic overview of health protection issues, including the identification of gaps and emerging threats to health and wellbeing. The group helps to ensure a consistent and coordinated response to agreed priority actions.

During 2018-19 the HPAG monitored many work areas and overall was well assured that appropriate plans and working arrangements are in place to protect North Somerset residents. A small number of risks were identified throughout the year. These are described and discussed throughout the report with a focus on how these risks have and will be mitigated.

How Section 2 is set out

The HPAG receives regular updates from several agencies at its quarterly meetings. These updates can broadly be grouped under some key themes:

1. Emergency planning and response, including the NHS and Local Health Resilience Partnership
2. Environmental health and communicable disease control
3. Sexually transmitted infections
4. Screening and immunisations
5. Blood borne viruses
6. Infection prevention and control

This report provides key information and learning presented under each of these six themes.

The HPAG identified five priorities for 2018-19 and these were endorsed by the People and Communities Board. Progress against each of these priority actions is listed under the relevant theme from the list above, including a description of the outcomes that were achieved.

For more information on any of the areas within this report please contact
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Themes and achievements

Emergency planning and response

Emergency Planning

North Somerset Council (NSC)

The Emergency Management Unit (EMU) plan, prepare, train and exercise for emergencies that affect NSC and our residents. Emergencies include anything from small scale fire and minor property flooding, to mass casualty and severe disruption events such as terrorist attacks or gas pipeline explosions. The EMU was realigned and merged with the Safer & Stronger Communities team in 2018.

Emergency Preparedness

Responses require plans to be activated and the deployment of council officers and volunteers. The EMU have supported a number of work streams and projects to ensure that the local authority is prepared and able to respond to any emerging threats or incidents. This has included reviewing and updating plans and policies, delivering training and carrying out a number of local exercises, for example:

- Development of Operation London Bridge protocols.
- Community Resilience North Somerset (CRNS) Leadership, Command & Control training.
- Review of the NSC Major Incident Response Plan.
- Carried out Exercise Grey Dawn – A strategic exercise to test out strategic leadership responses to a local emergency. A number of learning points were identified, and this has formed part of the review of local response arrangements and training needs.

Please note this list is not exhaustive.

Joint working through the Avon & Somerset Local Resilience Forum (ASLRF)

The EMU manager has led on the development of the ASLRF Mass Evacuation & Shelter plans. The approach is to develop a capability-based plan that:

- establishes a minimum shelter capability of 1,500 beds across the ASLRF area to meet a modest scale event
- is a scalable response drawing on South West regional resources to respond to a large-scale event without need to escalate to a national response
- responds to a worse-case scenario, such as large scale coastal flood event impacting up to 70,000 homes and an immediate call for national assistance.

Unlike many LRF plans this approach does not rely on assumptions but clearly defines what is possible and within resource capability. To date, led by North Somerset, two of the five authorities have met the minimum standard.



Community Resilience North Somerset (CRNS)

There has been a significant review undertaken to provide greater resilience of smaller communities and assist with volunteer retention. GDPR has had an unfortunate and unintended consequence, with many volunteers not completing a new registration or giving active consent leading to the removal of volunteers from our database.

Joint work with the North Somerset Partnership secured grant funding which enabled the:

- purchase of a membership database that will alleviate and automate much of the programmes administration
- development of two animated videos with one promoting CRNS at the individual and community level and a second promoting the interdependence between local businesses and communities and the need for a collective resilience and preparedness.

Local Health Resilience Partnership (LHRP)

The NHS LHRP gives strategic leadership on Emergency Preparedness, Resilience and Response (EPRR) for the health organisations and communities in Avon and Somerset. It assesses local health risks and priorities taking into consideration the different needs of local communities to ensure preparedness arrangements reflect current and emerging threats and is part of the wider Avon and Somerset Resilience Forum. Information from this forum forms part of the North Somerset HPAG assurance processes.

Action plan priority 1

Finalise, test and review the local Communicable Disease Control Plan

In progress

- Public Health England (PHE) have taken over the responsibility for reviewing and finalising the LHRP Draft Communicable Disease Plan (developed in 2017) which includes the NSC local operational response. The plan is due to be updated and finalised by the end of March 2020 and will reflect learning from several health protection incidents across Avon and Somerset. This includes a cluster of meningitis cases in Bristol and the Salisbury novichok incident.

Key learning:

Significant pressures on PHE in responding to emerging needs and priorities meant this action was delayed until capacity was available.



Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance process

- The annual EPRR assurance process requires all hospitals, ambulance services, Clinical Commissioning Groups (CCGs), NHS funded community providers and NHS 111 providers to complete a self-assessment of their compliance against over 50 questions (or core standards) covering a range of areas such as plans, governance, risk assessment and training and exercising plans.
- Weston Area Health Trust (WAHT) have continued with their previous years improvements and have been assured as 'substantially compliant'. The work over recent years is a reflection of the Trust's recognition of EPRR issues, recruitment of specialist emergency management staff and commitment to resilience.
- North Somerset Community Partnership (NSCP) once again evidenced a strong position and were assessed as 'substantially compliant'.

Pandemic Influenza preparedness

- NHS England and Improvement (NHSEI) and Public Health England have been working in partnership to create a regional response plan to a possible Influenza Pandemic. The plan which is designed for the first operational phases of a pandemic is at the final stages of drafting with an anticipated implementation before the end of 2019.



Countywide Logistics cell plan

The LHRP have partnered Avon and Somerset Local Resilience Forum in the preparation and testing of a Countywide Logistics cell plan (getting the right people, information and resources together), which will support the Multi Agency environment in response to incidents such as: – Severe weather, Flooding, Heatwave, Fuel disruption, Site clearance.

This plan has been developed following the reflection and learning from the snow in 2018 (the "Beast from the East") and snow in late January / early February 2019 and has been tested across the Avon and Somerset area.

Environmental health and Communicable Disease Control

Environmental Health

HPAG received assurance that resilience concerns and service risks due to reduced capacity from a restructure and ongoing staffing issues which were identified last year have been addressed. For the first time in over 18 months the team became fully staffed in November 2018.

There have however been continued resilience pressures in year. This has been largely due to:

- the large number of planned food inspections
- continued work on offences under the Food Safety Act and the Food Safety and Hygiene Regulations in relation to the largest local food poisoning outbreak last year (cited to be probably the largest *Clostridium perfringens* food poisoning case in the UK). This subsequently went to the Magistrates court
- additional work considering the implications of Brexit. All food law is from the European Union so there are potential issues with import/export of food stuffs and of health certification for goods exported if the UK was classified as a third country.

Despite these challenges key achievements include delivery of 100% of planned food safety interventions for 2018-19.

Dealing with infections

The environmental health team have dealt with 356 infections this reporting period compared to 433 infections for the same period last year. Typically, most of the notifications consisted of *Campylobacter* infections (bacterial infections which are often foodborne and cause diarrhoea).

Follow up investigations included:

- the team working with the Health and Safety Executive in relation to a *Legionella* case linked to a hotel chain. A dead leg in the pipework was identified and since this was removed the samples have shown non detection of the bacteria
- in relation to a listeria case, the food business had only just received an unannounced food inspection but a further visit was scheduled to follow this matter up.

Vero cytotoxin-producing *Escherichia-Coli* (VTEC) 0157 is an infectious disease of public health significance. It requires significant public health input from North Somerset Council (NSC) due to the severity of symptoms and the fact that it is highly infectious. It can cause bloody diarrhoea and occasionally cause Haemolytic Uremic Syndrome (HUS) which is a condition that can lead to life threatening kidney failure. Early identification of infection, and exclusion of symptomatic and vulnerable people, can help to prevent any additional cases and the Environmental Health team have an important role to play in preventing outbreaks.

There were four cases of confirmed VTEC 0157 in 2018-19. One of the cases was a care worker so an assessment was undertaken to identify whether she needed to be excluded from work. There was one *E coli* 0157 where investigations identified

that the case had eaten raw venison. The wedding venue was in North Somerset, but the caterer is registered with Bath and North East Somerset (BANES). The information gathered from the surveillance questionnaire was passed to BANES for follow up.

Regulation 8 powers under the Health Protection (Local Authority Powers) Regulations were used to urge take up of treatment in a case involving a bat bite with rabies concerns.



- There were 842 food businesses which were due for an inspection in 18-19. All inspections were achieved which gave North Somerset the best performance in the West of England.
- Some food businesses have required a degree of intervention to improve standards and this has been resource intensive.
- A pub in the area which is part of a national food chain was inspected and rated as a zero.

Water and food sampling

- Sampling under the private water supply regulations and the Food Safety Act was carried out at a national yogurt producer and food samples taken from a number of approved premises supplying to wholesale and retail market. Airport water was also sampled in this period.

Public health work

All food outlets both land and airside at Bristol Airport were inspected this period.

Trading standards scam awareness work has continued providing one-to-one support to victims of scams (postal, telephone or online), many of whom are elderly or vulnerable. Some of these victims have lost tens of thousands of pounds.

Wider partnership work

- Environmental health officers supported care home training focused on infection control procedures and outbreak management.

Event work

- Officers reviewed the food and health and safety plans for over 100 events held in North Somerset. These range from small community events to events such as the Balloon Fiesta which attracts over 500,000 visitors.

Communicable disease control

Managing outbreaks

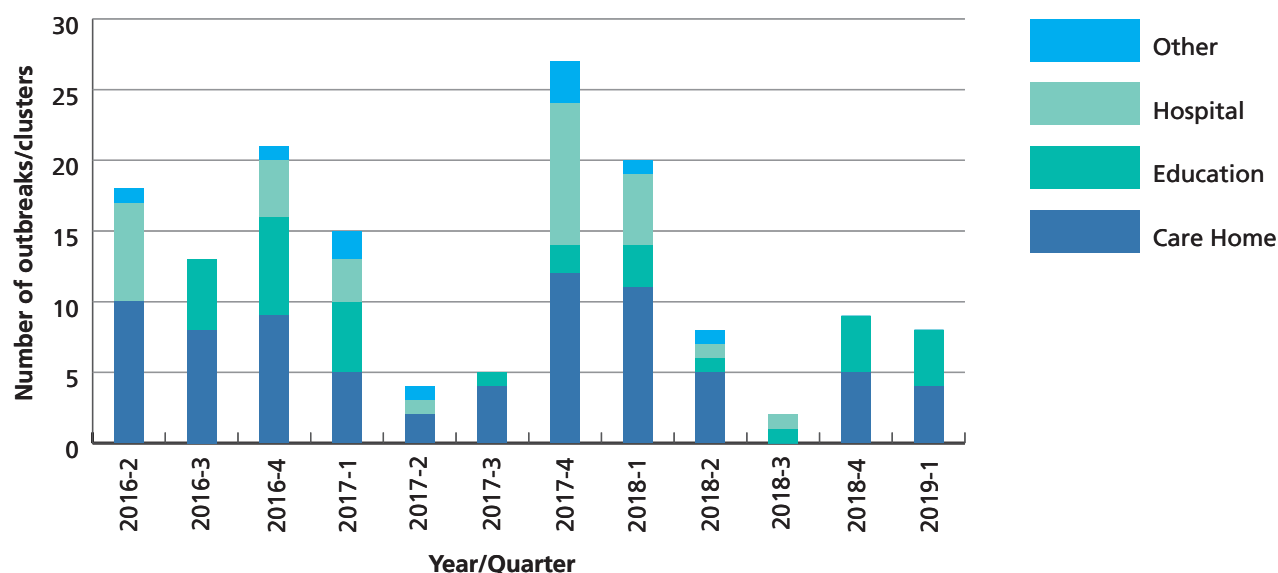
Local health protection teams (HPTs) made up of small groups of consultants, health protection nurses and practitioners, and surveillance staff lead Public Health England's (PHE) response to all health-related incidents:

- providing specialist public health advice and operational support to NHS, local authorities and other agencies
- monitoring and investigating infectious disease outbreaks.

Incidents, responses and enquiries

- There were 725 confirmed or probable communicable disease cases reported to the Health Protection Team compared to 667 last year. The majority were gastrointestinal infections (GI) predominantly campylobacter and a number of other GI's including, salmonella, giardia, shigella, E. coli which were within the expected numbers for the year.
- For vaccine preventable illnesses, there were a number of confirmed and possible measles and mumps cases reflecting a local outbreak of measles in Bristol and the increased number of mumps cases across the South West.
- There were two confirmed influenza A cases outside of the normal flu season. Other respiratory illnesses included atypical mycobacteria, meningococcal septicaemia, psitacosis and tuberculosis.
- Other notifications included chronic hepatitis B, hepatitis C, hepatitis E, listeria, pneumococcal disease and 1 invasive chickenpox case.
- The team received a total of 189 general enquiries; the majority were for communicable disease control, environmental enquiries including a gas leak and water source, and immunisation and vaccination queries.
- There were a number of outbreaks in care homes and nurseries which included respiratory tract infections and gastroenteritis in line with expected numbers (see tables below).
- Incidents reported included a domestic chemical incident, carbon monoxide exposure in a go-karting centre, and high carbon monoxide levels reported in flats following a fire.
- The HPT supported the local Winter Resilience Training for Care Homes.

North Somerset Gastrointestinal Outbreaks by setting – Q2 2016-Q1 2019



Sources: PHE winter bulletins

All reports of outbreaks/clusters of gastrointestinal infection (suspected or laboratory confirmed) by setting, including food poisoning outbreaks.

Sexually transmitted infections (STI's)

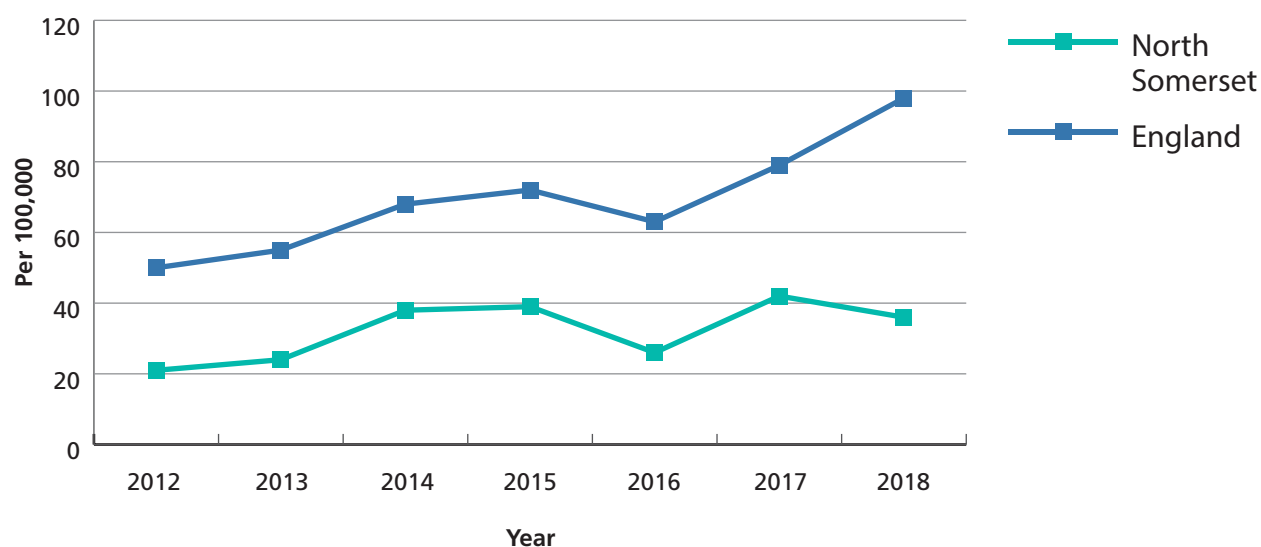
As STIs are often asymptomatic, frequent screening of risk groups is important. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. While vaccination is a measure that can be used to control genital warts, hepatitis A and hepatitis B, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

The burden of STIs in England continues to be greatest in young people, gay, bisexual and other men who have sex with men (MSM) and black ethnic minorities. Of all age-groups, the highest STI diagnosis rates in England are in young people aged 15-24 years. Nationally however, between 2011-12 and 2016 there was a 12% increase in people aged 65 years and over. Local data from Unity Sexual Health (our specialist provider of sexual health services) shows that in North Somerset during 2017/18 there were 314 attendances for people aged 45 or over out of a total of 2,520 service attendances. This represents 12.5% or about one in eight of all contacts. This is therefore an area for further focus.

Antimicrobial resistance is emerging as a major concern in the treatment and management of gonorrhoea (*Neisseria gonorrhoeae*). Reducing gonorrhoea transmission and ensuring treatment-resistant strains of gonorrhoea do not persist and spread remains a public health priority. The chart below shows that local gonorrhoea rates have not changed significantly and are lower than England rates see chart below.



Gonorrhoea diagnostic rate per 100,00 for North Somerset

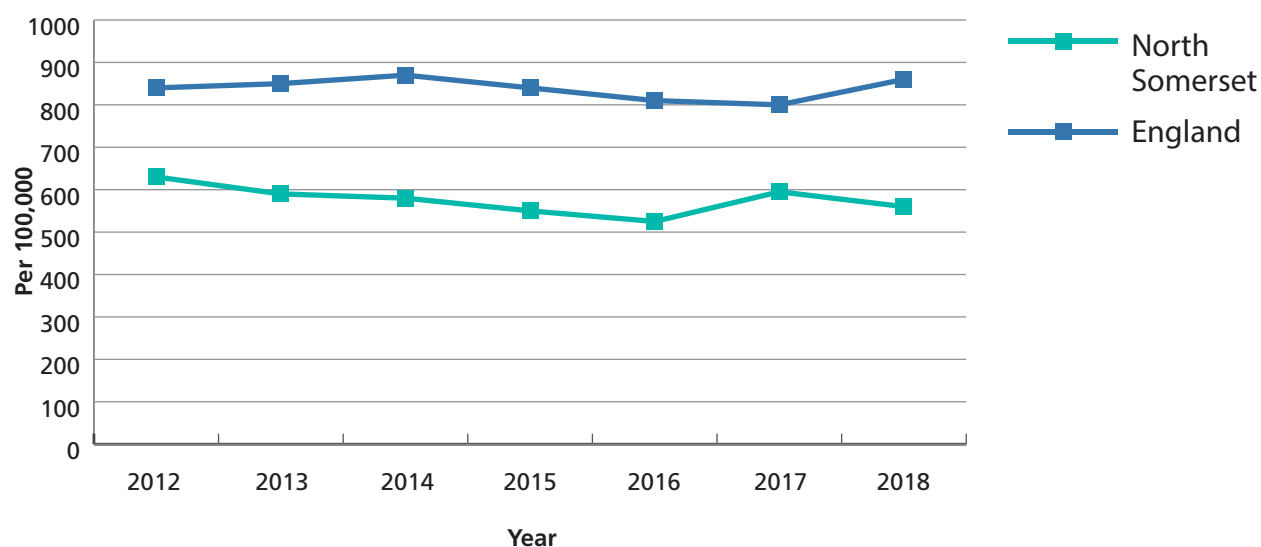


Source: PHOF in line with comment table below

In 2018 there was no significant change to the number of new STI diagnosis in the North Somerset population aged 15-64. There was however a 5% decrease in testing rates compared to 2017. This rate will be kept under review to see if this

is a single decrease or part of a longer-term trend. A total of 1,019 new STIs were diagnosed in residents of North Somerset in 2018. The rate was 479 per 100,000 residents, lower than the rate of 784 per 100,000 in England.

New STI diagnosis rates (exc chlamydia <25 years) per 100,000 population North Somerset and England



Source: Public Health Outcomes Framework (PHOF) Oct 2019

The latest version of the PHE Sexual and Reproductive Health Profile/Laser Report for 2018 shows performance in North Somerset is generally close to or better than regional/national averages across most sexual health and wellbeing measures. Exceptions to this are:

- The chlamydia detection rate per 100,000 young people aged 15-24 years in North Somerset was 1,503 in 2018, lower than the rate of 1,975 for England. 19.7% of 15-24 year olds were tested for chlamydia, compared to 19.6% nationally.
- Low HIV (human immunodeficiency virus) testing coverage among patients from North Somerset who were eligible to be tested for HIV at specialist sexual health services (SHS) in Bristol and WSM. The percentage tested in 2018 was 63.0% lower than the 64.5% in England. Local data for Q1 2018-19 shows 70.72% were tested.

Unity sexual health Service

- Unity Sexual Health service for North Somerset, Bristol and South Gloucestershire (led by University Hospital Bristol) includes a number of sub contracted providers – Weston Area Health Trust, Brook, Terence Higgins Trust and the Eddystone Trust.
- A range of new services that support STI identification and management have been developed including a single point of phone and website access, provision of self-testing kits online and in community locations.
- Demand continues to grow for the sexually transmitted infections (STIs) postal self-testing kits.

- Unity's Bristol central health clinic new rapid-result testing process (Panther) has been tested and evaluated after its roll out to males and is now being rolled out to females with test results available within three hours. This supports same-day diagnosis and treatment.
- Unity continues to take part in the national PrEP trial (pre-exposure treatment for HIV) prevention programme across three sites including the WISH centre in Weston-Super-Mare. The programme was extended and additional allocations were made to WISH and the Bristol Clinic.
- Unity continue to support health promotion campaigns targeted at high risk groups
- Unity have been developing and evaluating a targeted approach to Chlamydia testing

Sexual health services for young people

- Good links have been made between the Weston Integrated Sexual Health (WISH) Centre and Weston College with outreach work led by WISH nurses and visits to WISH by student groups, especially those potentially more vulnerable e.g. those with additional learning needs.
- Lesbian Gay Bisexual and Transgender (LGBT+) awareness training has been delivered to a range of local professionals including School Nurses and GP Practice staff to make services more welcoming and responsive to local needs.
- The School Nursing Service clinics have been extended to a number of secondary schools and the team now have two members of their team with specialist sexual health experience.

Infection outbreaks

- The PHE Outbreak control team action around the syphilis outbreak in the BNSSG area identified last year has continued into 2018/19. Control measures include community outreach targeted at men who have sex with men (MSM). Unity Sexual Health continue to support this work in North Somerset alongside the PHE sexual health campaign “Protect Against STIs” which highlights the increased likelihood of contracting a life changing STI (sexually transmitted infection) if people have sex without a condom. Enhanced surveillance reports continue to be produced for monitoring the rise in syphilis cases in the South West.



Screening and immunisations

NHS England has responsibility for commissioning screening and immunisation programmes under section 7A of the NHS Act 2006. Public Health England provides the public health expertise to support the robust and effective commissioning of these services to the local population.

Screening is defined as “The process of identifying apparently healthy people who may be at increased risk of a disease or a condition so that they can be offered information, further tests and appropriate treatment to reduce their risk and/or complications arising from the disease or condition.”

There are currently:

- three national cancer screening programmes (breast, bowel and cervical)
- eight non-cancer screening programmes as follows:
 - six antenatal and newborn (fetal anomaly, infectious diseases in pregnancy, sickle cell and thalassaemia, newborn blood spot and newborn hearing)
 - two young person and adult (abdominal aortic aneurysm and diabetic eye).

More detail on the purpose and process for each screening programme can be found on the NHS Choices – www.nhs.uk

North Somerset is generally close to or better than national averages across all immunisation and screening programmes but coverage in many programmes are still not reaching the desired levels for good population health protection.

Screening performance

Breast

All breast screening services were affected by the national missed screening incident (May 2018) whereby eligible women had not been sent an invite for screening. Services were required to provide additional appointments and take calls from the public to ensure that all women that had been missed were offered a screening appointment.

Nationally there is a decline in uptake of breast screening. Services in the South West generally perform in line or above with the national average. However, most services have pressures due to a combination of an aging workforce, pressures from symptomatic services and equipment issues.

Planned work within the South West Cancer Alliances will support the implementation of activities to reduce inequalities in uptake.

Public Health Outcomes Framework data shows that breast screening uptake was 76.8% in 2018 against the England average of 74.9%. This is slightly below 2017 uptake of 78% and is below the target level of 80%. Provisional data for early 2019 suggests that uptake remains similar. The service provider is looking at opportunities to improve uptake.

Cervical

2018/19 saw significant changes to the programme. Human Papilloma Virus (HPV) primary testing is a new way of looking at smear samples which will be checked first for HPV infection and only those that are positive for high risk infection will go forward for cytology and more frequent screening. The aim of this change is to more effectively identify women at greatest risk of developing cancer.

The Screening and Immunisation Team identified cervical screening coverage as one of its top priorities for 2018/19, working alongside Jo's Trust and the national Be Clear on Cancer campaign to increase awareness and improve uptake in cervical screening. Local initiatives however have been put on hold during this period in view of the intense pressure on local screening labs and services resulting from the national programme changes.

Cervical screening coverage was 76.1% in 2018, versus the England average of 71.4%. This is similar to the previous year (76.3%) and provisional data for March 2019 suggests that this rate continues. All levels are below the target level of 80%.

Bowel

The Faecal Immunochemical Test (FIT) 120 as a screening test has now replaced the previous faecal occult blood test in the South West. Simpler to use (requiring one stool sample rather than the previous 2 samples from 3 separate stools), pilot testing indicated this would potentially result in a 7% increase in uptake. There are however a number of challenges affecting implementation and planned trajectories including workforce and management of surveillance and symptomatic services.

The bowel cancer screening rate was 62.3% in 2018, which is in line with the previous year (62.5%) and above the England average rate of 59%. Early provisional data following the implementation of FIT 120 indicates an increase in uptake.

Diabetic eye screening programme

Uptake of routine digital screening in Bristol, North Somerset and South Gloucestershire (BNSSG) was 76.1% in 2018, compared to England average of 82.7%. This was above acceptable threshold but lower than the previous year (which was 82.2%). The service provider is working to address uptake in practices with low uptake across the BNSSG area.

Abdominal aortic aneurysm (AAA)

Coverage for the AAA screening continued to increase in 2018 to 88.1% from 76.3% in 2017 and compares favorably against the England average of 80.8%.

Ante-natal screening programmes

No concerns regarding the ante-natal screening programmes in North Somerset have been identified and performance across all programmes is above "acceptable" targets. Improvements have been made to reduce the avoidable repeat blood spot tests. Repeat tests fell to 1.5% in 2017/18 (against an England average of 2.5%), down from 8.2% in 2016/17 (against an England average of 2.9%). Provisional data for 2018/19 suggests that this has risen slightly again. The Trust has an action plan in place to address this.

Immunisations

Action plan priority 2

Increase second dose MMR (measles, mumps, rubella) vaccine uptake

Not achieved

Despite a number of local actions led by NHS England to increase uptake locally MMR uptake did not increase; this is in line with the national picture. (MMR second dose uptake for 2017/18 was 92.7%, latest data for Q3 2018/19 shows 91.9% uptake).

Local actions included:

- awareness raising and working with children and young people services to encourage the uptake of MMR
- MMR raised as part of all reception school entry meetings
- awareness raising and targeted social media activity to early years settings and families
- Letters to Headteachers to raise awareness and get support to increase uptake
- all GPs and practice managers in the area contacted and encouraged to promote vaccination in staff and patients
- innovation fund for GP practices to increase uptake and test new ways of working.

Key Learning:

Rates are declining nationally. A national UK Measles and Rubella Elimination Strategy 2019 has been developed to ensure 95% coverage is achieved.

Action plan priority 3

Increase flu vaccination uptake in at risk groups aged 6 months to 65 years

Not achieved

In 2018, 52.3% uptake was achieved compared to 53.7% in the previous year, this drop is in line with the national picture. However it was the second highest uptake in the South West north region and compared favorably with the England rate of 48%.

Action plan priority 4

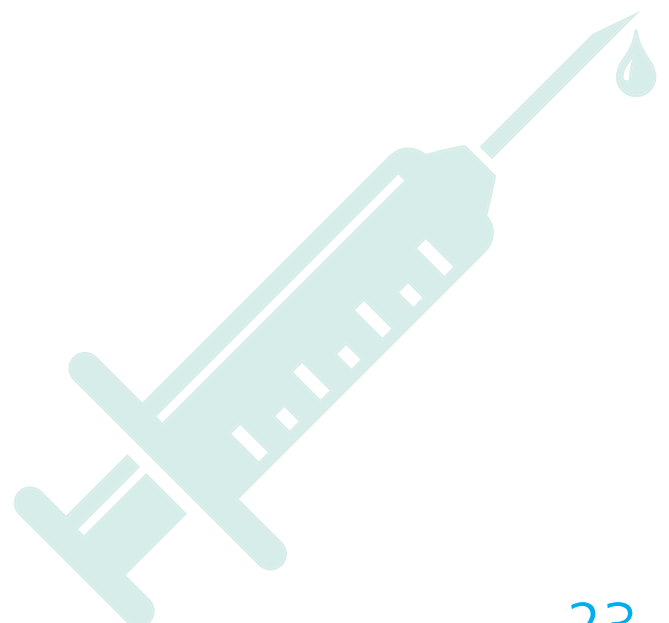
Increase flu vaccination uptake in frontline care workers in care homes

Achieved

81% of the 53 homes that responded to the annual flu survey offered the vaccination to staff compared to 42% of the 91 homes the previous year.

Key Learning:

The way that data is being collected needs to be reviewed so that direct comparisons can be made. Ongoing training needs were identified to support homes to achieve better uptake.



School aged immunisations

The HPV vaccination program will be extended to include boys from September 2019. No catch up programme is planned as good coverage is already provided by the girls' programme. Boys in year 8 will be vaccinated alongside girls as they become eligible.

Seasonal Flu: Children

The schools-based flu immunisation programme commenced in 2015. Extension to include year 5 in 2018/19 appeared to be well accepted and the subsequent inclusion of year 6 in 2019/20 means that every primary school aged child (including elective home educated) should be invited. The children's season flu programme is designed to provide both individual protection to children who receive the vaccine and to prevent the spread of flu to their family and community as children are 'super spreaders'.

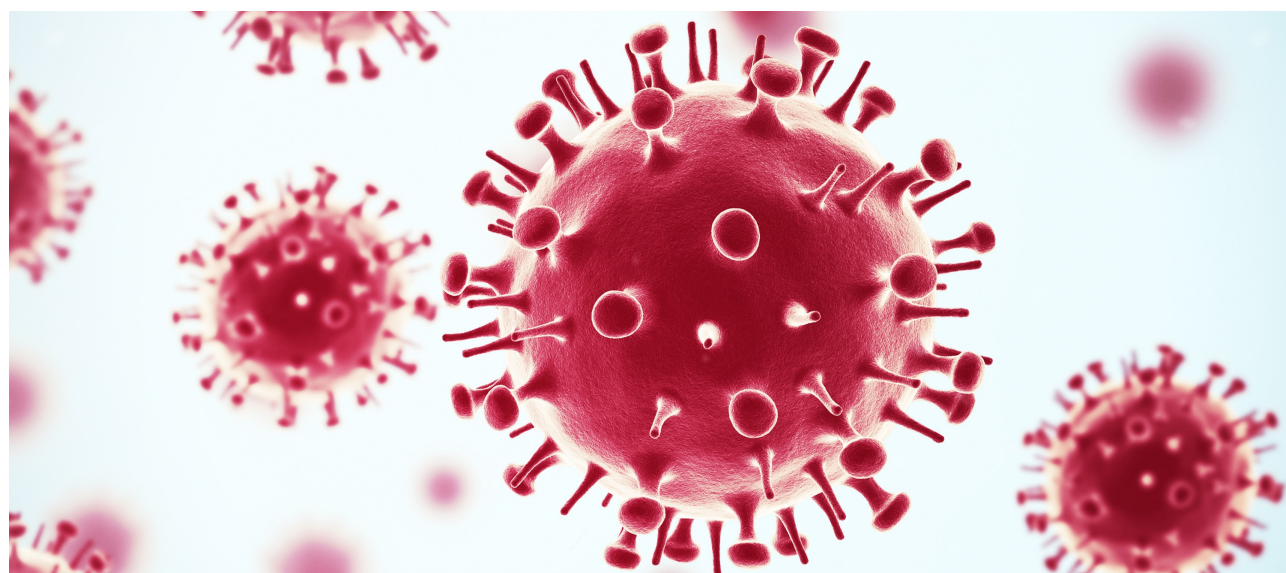
Alongside the offer of immunisation to all children aged 2-4 years in England through GP practices, all children of school years 1, 2, 3, 4 and 5 were offered the influenza vaccine via a nasal spray in 2018.

Flu vaccine uptake in GP practices in children aged 2-4 years continues to show year on year increases. At age 2 uptake was 63% in 2018/19, up from 56.2% in 2017/18 and 52.2% in 2016/17. At age 3 uptake was 63.8%, up from 58.4% in 2017/18 and 54.2% in 2016/17.

The national target of 65% uptake across all school year groups was met this year and showed an increase in uptake in comparison to last year with North Somerset remaining among the highest uptake areas for School Aged Immunisation across the region.

Annual target 40% uptake – Schools programme 2017/18 data					Annual target: 65% across all year groups – Schools programme 2018/19 data					
Reception (age 4-5)	Year 1 (5-6)	Year 2 (6-7)	Year 3 (7-8)	Year 4 (8-9)	Reception (age 4-5)	Year 1 (5-6)	Year 2 (6-7)	Year 3 (7-8)	Year 4 (8-9)	Year 5 (9-10)
72.4%	72.5%	70.4%	69.8%	66.9%	69.9% (1,748 children vaccinated)	74.8% (1,852)	73.8% (1,853)	71.4% (1,859)	70.2% (1,796)	67.6% (1,667)

Source: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-children-of-primary-school-age-monthly-data-2018-to-2019>.



Childhood Immunisations

A national 'value of vaccines' campaign began in the summer 2019 emphasising the benefits of vaccination.

During this period, uptake of Rotavirus at 12 months remains around 93%. Uptake of DTaP/IPV at 5 years remains above the 95% target at 97.9%. Uptake of MMR 1 at 5 years improved slightly at 97.6% up from 97.2% in 2017/18. MMR2 at 5 years remains higher than the England average (86.5%) but at 91.9%, remains under the 95% uptake target and will continue to be monitored. The implementation of the National Measles and Rubella Elimination Strategy (published in January 2019) and the loss of the Measles Elimination Status in England in 2019 mean MMR uptake will continue to be an area of focus for 2019/20.

The Meningitis B vaccine was a new programme introduced in 2015 and local uptake remains good (96.5% in 2018/19 up from 95.8% in 2017/18 and well above the England average).

Vaccines in Pregnancy

Nationally, annual prenatal pertussis vaccine coverage for 2018/19 was 68.8%, 3.1 percentage points lower compared to 2017/18. In comparison, coverage for BNSSG was higher at 70.4% in 2018/19. There are some challenges in tracking changes as some data are now aggregated to BNSSG level rather than individual local authorities. The implications of this will be kept under review.

Flu vaccination in pregnancy was reported as 50.4% in 2018/19, compared to 56.8% in 2017/18. Evaluation of the vaccination programme was completed as part of an MSc in Public Health. Two key issues are data reporting (uptake is likely to be much higher than nationally reported data), and recommendation of the midwife (rather than place of delivery). 2020/21 will look to develop funding bids for local providers to do robust audits of women's vaccination in pregnancy, to help demonstrate disparities in data reporting.

Targeted immunisations (Hepatitis B and BCG)

During 2018/19, the national Infectious Diseases in Pregnancy Screening Programme and Immunisation team have been working on the development of an 'Enhanced hepatitis B screening and immunisation pathway' to support the delivery of care for pregnant women with hepatitis B and their babies in England. It is anticipated the new pathway will be implemented from April 2020.



Older People's Immunisations

Following the ongoing supply constraints of Pneumococcal Polysaccharide Vaccine (PPV23) from Feb 2018, full supply was restored in April 2019. When limited stock was available during this period, practices were advised to prioritise individuals in high and moderate risk groups. All individuals from 65 years of age who are not in a clinical risk group are eligible for a one-off dose of PPV23 and practices are encouraged to offer this alongside flu vaccination during the flu season to support uptake.

The shingles vaccination programme began on 01 Sept 2013. The aim of the programme is to offer routine vaccination to all 70-year olds each year, with a catch-up programme for older cohorts each year until 2020/21. Shingles vaccination is now available to individuals from aged 70 years (with the exception of individuals in a 6 month window prior to turning 78) and a catch-

up cohort offer at age 78 years. Individuals remain eligible until their 80th birthday. Confusion about eligibility for the shingles programme continues to be a concern. This confusion should disappear as of September 2020 when all people aged 70 – 79 will be eligible for a shingles vaccination. Reviewing uptake of immunisations given to older people remains a priority for 2019/20

Locally, Shingles coverage at 70th birthday was 33.7% in 2018/19 with coverage in the catch-up cohort (78 year olds) at 38.3%. This remains higher than the England average of 31.9% in the routine cohort and 32.8% in the catch-up cohort.

Seasonal Flu: Adults

The seasonal flu immunisation programme is delivered between September and January each year. Eligible groups and the coverage from the 2018/19 programme are listed below. Overall good progress has been made but coverage needs to be higher.

Population group		Seasonal Flu Immunisation Coverage (% and number of eligible people where data available)		
		2016/17	2017/18	2018/19
Aged 65 and over		75.8% (33,766)	77.3% (38,972)	77.9% (39,821 patients)
At risk individuals from age six months to under 65 years (e.g. patients with diabetes or chronic heart disease)		53.5% (11,534)	53.7% (14,759)	52.3% (14,570)
Pregnant women (includes those in other risk groups)		52.1% (1,086)	56.8% (1,347)	50.4% (1,211)
Carers		43.4%	44.6%	No available data
Healthcare Workers	Weston Area Health Trust	53.2% (825)	62.0% (853)	80.4% (1,220)
	North Somerset Council Staff	163	176	190
	GP Practices	65.5%	74%	Data incomplete
	North Somerset Community Partnership	75.5%	78.5%	81%
	North Somerset Care Homes	No information available	42%*	81%**

Source: (<https://www.gov.uk/government/collections/vaccine-uptake#seasonal-flu-vaccine-uptake:-figures>)

*% offered the flu vaccination Based on 91 responses to Flu Survey 2017-18. No routine data available.

** % offered the flu vaccination Based on 53 responses to the Flu Survey 2018-19. No routine data available.

Infection prevention & control

Action plan priority 5

Improve infection prevention and control and outbreak management in care homes

Achieved

Key Learning:

- Additional training needs were identified e.g. more about homes gaining consent/ best interest for vaccinations for people with learning disabilities and vaccination training for care home staff.

Winter Resilience Training Care Home Staff

Care home residents and staff in long-stay residential care homes are particularly susceptible to infections which increase over the winter months, for example, seasonal influenza (flu) and gut infections (such as norovirus). These are very infectious and cause outbreaks in residential settings due to the close contact between residents and staff. Flu, in particular, can cause serious illness (including death) in elderly care home residents. Robust effective infection control practices are therefore essential.

A training workshop was held in September 2018. This was the third in a series of local annual workshops designed to better equip staff to prepare for winter challenges and know how to prevent and respond to outbreaks in line with the latest infection prevention control best practice and national/local guidance.

We continue to see staff attending from homes not represented before with the addition of four homes this year. Overall feedback was excellent and outcomes were good with staff committed to reviewing policies, earlier prevention interventions, promoting good practice infection control

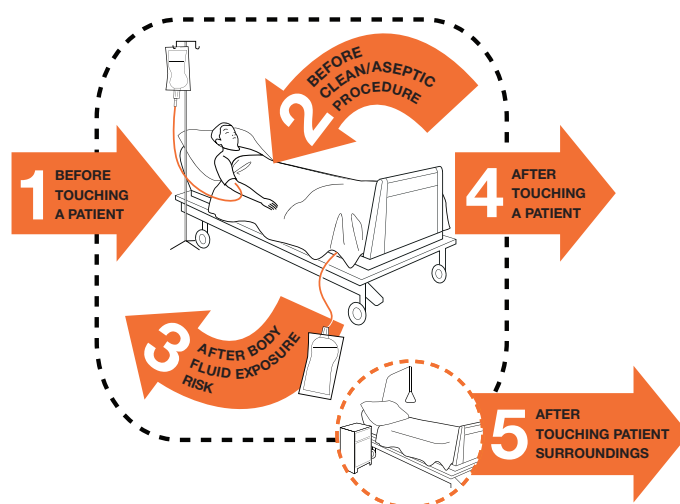
and immunisation approaches, cascade training to staff and carry out awareness raising with residents and families.

Healthcare-associated infections (HCAIs)

Healthcare-associated infections (HCAIs) pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS, health and social care services and cause significant risk of illness and death to those infected. HCAIs can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.

The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant *Staphylococcus aureus* (MRSA), methicillin-sensitive *Staphylococcus aureus* (MSSA), *Clostridium difficile* (C. difficile) and *Escherichia coli* (E. coli). HCAIs cover any infection contracted:

- as a direct result of treatment in, or contact with, a health or social care setting
- because of healthcare delivered in the community



- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

The Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (BNSSG CCG) provide assurance to the HPAG that appropriate governance systems and processes are in place to prevent avoidable healthcare associated infections. The (BNSSG CCG) Healthcare Associated Infection (HCAI) Group is the mechanism that supports this. Membership includes a range of acute and community contracted providers and also includes representation from Public Health England. Attendance is rated as good. The group receives regular updates and assurances on performance, identified trends, sharing of learning and associated work for improvement for PHE reportable infections. The group is part of a wider south west infection control network with shared learning and an action plan.

The primary focus this year has been Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia, Clostridium Difficile and Escherichia coli (E.coli) Bacteraemia.

During 2018-19, BNSSG CCG saw an increase in reported cases of MRSA bacteraemia in intravenous drug users. The rise in MRSA infections has been recognised as both a

public health and healthcare issue, and therefore the membership of the task and finish group is representative of the wider health community. This group is meeting monthly to identify, evaluate and implement actions to reduce MRSA bacteraemia in patients who inject drugs and action has been put in place to address these issues. The introduction of new post infection review guidance by NHS Improvement has currently taken away the requirement for University Hospital Bristol and Weston Area Health Trust to undertake formal post infection review and potentially may impact on the whole system approach to tackling MRSA bacteraemia. This impact is being reviewed and addressed.

Key Performance Indicators: MRSA, C. Difficile infections & E-coli

- The aspiration to have no cases of MRSA and C. Difficile infections (CDI) has not been achieved across the BNSSG area. Performance in regard to MRSA cases appointed to Weston Area Health Trust (WAHT) remains good.
- CDI rates continue to reduce and are the lowest reported in the last 11 years. E-coli rates are higher than both the South West and England.
- Audit of 30 cases undertaken by acute trust shows primary source for E-coli is urinary. A catheter passport has been developed which is a NHSI recommended intervention.

2018 Weston Area Health Trust MRSA, CDI & Ecoli rates

Infection	Number of cases	Rate	South West rate	England rate
MRSA	6	1.16	1.3	0.78
CDI	25	8.13	10.96	12.14
E-coli	128	26.72	21.71	22.06

*measured through a crude rate per 100,000 bed days ** Please note the table includes WAHT activity, a number of North Somerset residents use acute health services in Bristol as well WAHT

Blood Borne Viruses

- Injecting drug users (IDUs) are at increased risk of transmission of blood-borne viruses (BBVs) including Hepatitis B (HBV), Hepatitis C (HCV) and HIV. HBV and HCV can sometimes cause serious and potentially life-threatening damage to the liver over many years and are the leading cause of liver disease worldwide.
- North Somerset Council commissions a range of services which form the local adult community substance misuse treatment system. It contributes to reducing communicable disease transmission – BBVs – among the high-risk group of injecting drug users.

Key Performance Indicators

Hepatitis C testing among intravenous drug users is in line with last year's uptake and above the England average. There has been a welcome significant increase in the

percentage uptake of Completed Hepatitis B Virus immunisation course from 2014/15 to 2018/19 as outlined in the table below:

Hepatitis C Virus testing uptake

Key Performance Indicators	North Somerset 14/15	England 14/15	North Somerset 18/19	England 18/19
Hepatitis C Virus testing uptake among persons in drug misuse services who inject drugs 2016/2019	89.1%	83.3%	87.6%	84.0%

Completion of Hepatitis B Virus Immunisation course

Key Performance Indicators	North Somerset 14/15	England 14/15	North Somerset 18/19	England 18/19
Completion of Hepatitis B virus immunisation course people entering drug misuse services	13.3%	8.1%	21.6%	24.4%

Source: Public Health Outcomes Framework (PHOF), (Q4 18-19 DOMES)

Performance of the North Somerset treatment system

- In 2018/19 there was an increase in the number of individuals accessing the specialist substance misuse service – 1,369 compared to 1,298 in the previous year, an increase of approximately 5%. There was a small increase (3%) in the ratio of individuals receiving structured treatment in 2018-19 compared to 2017/18 and subsequent reduction to those receiving some form of unstructured support (from 377 to 360). This reflects the reducing number of individuals leaving treatment due to a variety of factors including increasing complexity of needs requiring longer treatment journeys.
- Successful completions are measured as the proportion who successfully complete treatment against the total number engaged in treatment for each drug group. In 2018, the proportion of opiate users achieving successful completion of drug treatment remains above the England average at 11.9% compared to 6.5%.
- The proportion of non-opiate users successful completion of drug treatment is in line with the England rate at 36.9%

Needle exchange

- Needle exchanges are an important mechanism for reducing the spread of blood borne viruses, especially HCV. Intravenous Drug Users (IDUs) 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.
- The most recent estimate (from 2011/12) of the number of IDUs in North Somerset is 418 (95%CI 315-521). The North Somerset rate is higher than both the South West and England per 1,000 population (NS = 3.33, SW = 2.99 and England = 2.49). There has been no update on the prevalence estimates for IV users since 2011/12.

During 2017/18 users of the local needle exchange services were provided with 10,000 to 15,000 needles per month. During 2018/19, pharmacies made up the bulk of distribution and dispensed an average of 13,100 needles per month.

Hepatitis C Virus (HCV) testing

- IDU is the most common route of HCV transmission.
- 2 in 5 of IDUs are living with HCV, and approximately half are undiagnosed.
- The provision of HCV services, with these now mainly being delivered by or in partnership with the Substance Misuse Service, has steadily improved over the last few years. During 2017/18, Addaction completed 129 Hep C tests of which 26 were positive. During 2018/19 the number of completed Hep C tests dropped to 74 of which 19 were positive. Latest 2019 data shows an increase in the number of tests.

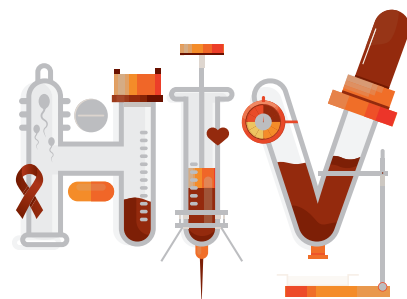


Hepatitis B Virus testing

- It is estimated that 1 in 200 IDUs are living with HBV. Nationally the level of immunisation uptake has stopped increasing.
- Whilst there has been an increase in the proportion completing Hep B vaccinations, it would appear that there has been a reduction in the number of Hep B tests conducted with only 67 Hep B tests completed in 2018/19 of which only 1 was positive (1.5%) compared with 117 in 17/18. Latest data for 2019 (2 quarters) show that there have already been the same number of tests done as last year.

HIV testing

- It is estimated that 1 in 100 IDUs are living with HIV. Addaction complete HIV testing for both their own service users and local sex-workers. During 2017/18, 128 HIV tests were taken with no positive results. In 2018/19, there was a reduction in the number of tests that Addaction completed (72) of which one was positive. Latest data for 2019 shows an increasing number of tests being carried out.



MRSA

- Historically MRSA has been a disease that is typically associated with hospitals. However, injecting drug users are a vulnerable group within the community at risk of MRSA infection. In 2016, the Drug Action Team implemented a system to enable them to receive alerts of MRSA cases related to IDUs given the increased risk in this population. Work continues to explore the incidence of MRSA with IDUs across BNSSG and identify possible areas of learning to support the reduction of MRSA and its consequences on this group of patients.

Health protection priorities for 2019/20

The HPAG is committed to improving all work streams and has recommended eight priorities to be addressed for 2019-20 in order for the Director of Public Health, on behalf of the local authority, to be further assured that suitable arrangements are in place in North Somerset to protect the health of the population.

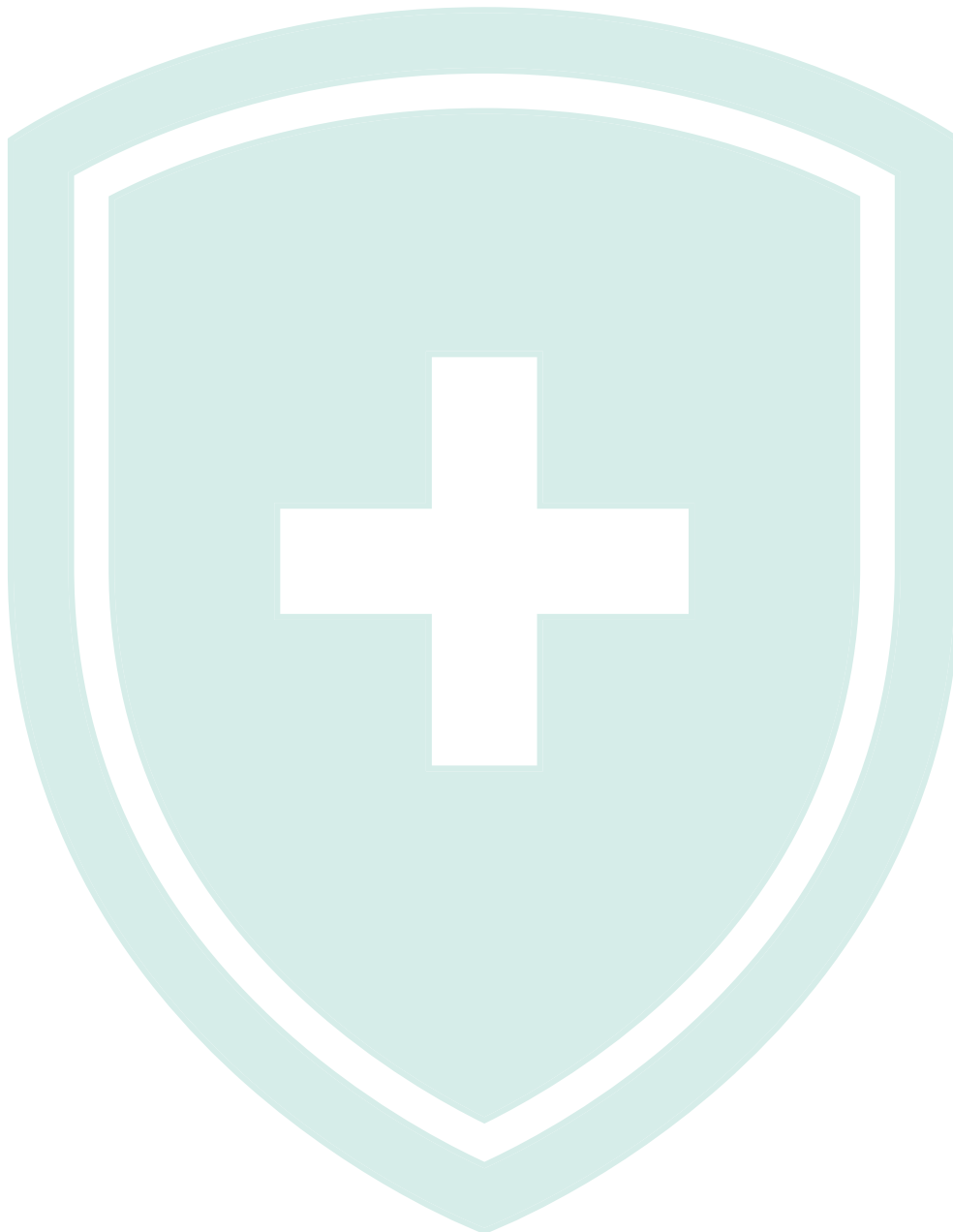
The process for identifying priorities has been informed through monitoring key performance indicators, maintaining a risk log and through intelligence, debriefs from outbreaks and incidents and work plans of the local partnership forums.

The following seven priorities have been identified for 2019-20:



Priorities identified for 2019-20

1. Help support the reduction of antimicrobial resistance and misuse of antibiotics.
2. Increase flu vaccination uptake in:
 - frontline workers in care homes and domiciliary care
 - at risk groups aged 6 months to 65 years.
3. Increase in uptake of MMR second dose.
4. Support the local implementation of the HPV programme for boys.
5. Deliver winter resilience/outbreak management training to care homes.
6. Food and safety team to refresh the airport plan in relation to the response to port health emergencies.
7. Trading Standards to commission a third sector support worker to undertake a range of remedial and advisory activities in relation to mail scams.





Data sources

Several data sources have been used in this report. Some of the key sources are listed below:

- PHE Sexual and Reproductive Health Profile
- NHSE Area Team data
- Quarterly Health Protection Surveillance Report, PHE South West
- Hepatitis C in the UK 2017 report
- Screening programme data
- PHE Outcomes Framework
- <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2018-to-2019>
- <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2013-to-2014-provisional-vaccine-coverage-data>
- Summary profile of local authority sexual health August 2019
- <https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014>
- <https://www.gov.uk/government/collections/vaccine-uptake#seasonal-flu-vaccine-uptake:-figures>
- <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2018-to-2019>
- <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2018-to-2019>
- <https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014>
- <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2018-to-2019>

