

## Health Protection Assurance Annual Report

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**Jane Robinson, Corporate Director of Adult and Health Services,  
Durham County Council**

**Amanda Healy, Director of Public Health, Durham County Council**

### **Electoral division(s) affected:**

Countywide

### **Purpose of the Report**

- 1 The purpose of this report is to provide members of Health and Wellbeing Board with an update on the health protection assurance arrangements in County Durham and health protection activities over the course of the year.

### **Executive summary**

- 2 The Health Protection Assurance and Development Partnership (HPADP) meets bimonthly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:
  - (a) screening programmes;
  - (b) immunisation programmes;
  - (c) outbreaks and communicable diseases;
  - (d) strategic regulation interventions;
  - (e) preparedness and response to incidents and emergencies.
- 3 Key issues identified in and addressed since last year's report include:
  - (a) collaborative work with Harrogate and District Foundation Trust, NHSE and schools, including addressing issues of equity of access resulting in improved uptake across all the school aged immunisation programmes;
  - (b) successful planning and delivery of the targeted 2–3-year flu pilot programme delivering the vaccinations within the nursery to raise

uptake rates. County Durham achieved the highest uptake for ages 2 and 3 years in the North East region;

- (c) work with system partners to deliver improved uptake rates for bowel and cervical cancer screening and abdominal aortic aneurysm screening and shingles and pneumococcal polysaccharide (PPV) vaccinations;
- (d) partners participated in the multi-agency delivery of several well received 'Table Top' exercises to 'operationalise' plans and protocols with partners from across the Local Resilience Forum (LRF), providing assurance of emergency preparedness during a period of significant organisational change. Further exercises are planned for the future;
- (e) the publication of the Sexual Health Strategy for County Durham and the development of the action plan to address key objectives identified in the strategy.

#### 4 Additional achievements in the last year include:

- (a) collaborative work with UK Health Security Agency (UKHSA) to address emerging health protection concerns including a complex outbreak of Group A Streptococcus (GAS) infections in a special educational needs school, planning and maximising measles, mumps, and rubella (MMR) vaccination uptake to protect the population from the predicted measles case increases and continued work with the trust to address health care associated infections (HCAI);
- (b) flu vaccination rates in County Durham have continued to be favourable and in every major target group, exceeding the rates for England;
- (c) completion of the Breast Screening Health Equity Audit and forward programme of work led by NHSE working with local partners;
- (d) development and implementation of the North East North Cumbria ICB anti-viral prescribing pathways facilitating the provision of medication to those identified as contacts to prevent transmission of these communicable diseases;
- (e) implementation of Community Protection Service (CPS) Workforce Development and Staff Retention Plan 2021-2026;

- (f) development and support for a network of 'warm spaces' across the county in winter 2022/23 and their development into 'welcome spaces' as centres providing more holistic support in winter 2024/25.
- 5 The in full list of recommendations are detailed in the Health Protection Assurance Annual Report. Particular areas for improvement and further assurance in 2024 are highlighted below and include:
- (a) work with the County Durham sexual health service to increase communication, testing, treatment and partner notifications of STIs with a particular focus on syphilis and gonorrhoea in the context of local epidemiology;
  - (b) continue ongoing system working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures;
  - (c) continuing to progress the collaborative work with IntraHealth, NHSE and schools, including addressing issues of equity of access, to maximise uptake of all school-aged vaccinations;
  - (d) maximise the uptake of MMR vaccination across County Durham to provide the best protection to residents from the national increase in measles cases;
  - (e) work collaboratively with partners to expedite improvements and amplify local communications to increase uptake rates for breast cancer screening, diabetic eye screening, chlamydia detection rates and HIV testing coverage within County Durham;
  - (f) support the development of LRF 'Table-top' exercises to 'operationalise' plans to ensure staff are knowledgeable and competent to contribute to future incidents.

## **Recommendations**

- 6 Health and Wellbeing Board is recommended to:
- (a) note the content of the report;
  - (b) note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;

- (c) note and support the areas for improvement and further assurance, particularly the school-aged immunisation service contract and sexual health contract. Both of these contracts are priority areas of work for improvement, development and assurance.

## **Background**

- 7 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.
- 8 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:
  - (a) the Secretary of State's public health protection functions;
  - (b) exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health;
  - (c) such other public health functions as the Secretary of State specifies in regulations;
  - (d) responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications;
  - (e) a duty to ensure plans are in place to protect their population including through screening and immunisation.
- 9 The delivery of robust health protection functions relies on effective partnership working between several local, regional, and national agencies. These include Local Authority (Public Health, Civil Contingencies Unit and Community Protection), UK Health Security Agency (UKHSA), North East and North Cumbria Integrated Commissioning System (ICS), Integrated Care Board (ICB) Central, NHS England and Improvement (NHSE&I), County Durham and Darlington Foundation Trust, Local Resilience Forum (LRF) Voluntary and Community Sector organisations. This report reflects the contributions that all partner agencies make towards the health protection agenda.

## **Main implications**

- 10 It is critical that the DPH receives assurance in relation to the health protection functions of screening; immunisation; outbreaks and communicable disease management; strategic regulation interventions and preparedness and response to incidents and emergencies.

- 11 The recommendations detailed in the Health Protection Assurance Annual Report 2023 are areas for development in the coming year. These recommendations inform the HPADP action plan and the forward plan for the meetings held bimonthly and reports to the HWB. The action plan is actively updated by key partners providing assurance and detailing progress on current priorities and actions.
- 12 County Durham benefits from the strong collaborative working relationships in place with key stakeholders. During the current review and restructuring of the ICS, ICP and ICB, there are ongoing discussions emphasising the importance of clear lines of sight, escalation and governance arrangements to ensure continued health protection assurance and maximising opportunities for improved population health outcomes.
- 13 Health protection is a dynamic discipline, with new and emerging threats affecting the population of County Durham. Ongoing work across system partners seeks to ensure arrangements are in place to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards. Investment in staff and their training is key to ensure a competent workforce with capacity to respond.
- 14 This report demonstrates areas of innovation, data-led interventions, local research activity and sharing of best-practice contributing to improving the quality of evidence underpinning the delivery of health protection services and interventions.

## **Conclusion**

- 15 The health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance.
- 16 Good communication exists between the commissioners of the various programmes and the DPH; remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns.
- 17 There remain areas for improvement and increased assurance. These recommendations are listed in full in the attached Health Protection Assurance Annual Report.

**Author:** Joy Evans Tel: 07902 831608

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## **Appendix 1: Implications**

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### **Legal Implications**

Section 2B NHS Act 2006 places a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

The steps that may be taken include:

providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness; providing financial incentives to encourage individuals to adopt healthier lifestyles; providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment; providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; making available the services of any person or any facilities; providing grants or loans (on such terms as the local authority considers appropriate

### **Finance**

This report has no implications for finance.

### **Consultation and Engagement**

There is no requirement for consultation in relation to this report.

### **Equality and Diversity / Public Sector Equality Duty**

There are no implications in relation to the Public Sector Equality Duty in relation to this report.

### **Climate Change**

Exposure to potential harms arising from the effects of climate change would fall within the umbrella of health protection, for example severe weather patterns.

### **Human Rights**

This report has no implications for human rights.

### **Crime and Disorder**

This report has no implications for crime and disorder.

**Staffing**

This report has no implications for staffing.

**Accommodation**

Not applicable.

**Risk**

No risks are identified for the Council.

**Procurement**

Not applicable.



