



## **Cabinet**

**Date**      **Wednesday 18 May 2022**  
**Time**      **9.30 am**  
**Venue**     **Council Chamber, County Hall, Durham**

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### **Business**

#### **Part A**

#### **Items which are open to the public and press**

1. Public Questions
2. Minutes of the meetings held on 6 April 2022 and 27 April 2022 (Pages 3 - 14)
3. Declarations of Interest

#### **Ordinary Decisions:**

4. Annual Enforcement Programme Children and Young Persons (Protection from Tobacco) Act 1991 and Anti-Social Behaviour Act 2003 - Report of Corporate Director of Neighbourhoods and Climate Change (Pages 15 - 24)
5. Health Protection Assurance Annual Report - Joint Report of Corporate Director of Adult and Health Services and Director of Public Health (Pages 25 - 52)
6. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration
7. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

#### **Part B**

#### **Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information)**

8. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

**Helen Lynch**

Head of Legal and Democratic Services

County Hall  
Durham  
10 May 2022

To: **The Members of the Cabinet**

Councillors A Hoggood and R Bell (Leader and Deputy Leader of the Council) together with Councillors T Henderson, S McDonnell, J Rowlandson, E Scott, P Sexton, A Shield, J Shuttleworth and M Wilkes

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**Contact: Ros Layfield**

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## DURHAM COUNTY COUNCIL

At a Meeting of **Cabinet** held in Council Chamber, County Hall, Durham on **Wednesday 6 April 2022 at 9.30 am**

### **Present:**

**Councillor A Hopgood (Leader of the Council) in the Chair**

### **Cabinet Members:**

Councillors R Bell (Deputy Leader of the Council), S McDonnell, J Rowlandson, E Scott, P Sexton, A Shield, J Shuttleworth and M Wilkes

### **Apologies:**

Apologies for absence were received from Councillor T Henderson

### **Also Present:**

Councillors J Blakey, B Coult, J Elmer, C Hood, P Jopling and D Sutton-Lloyd

## **1 Public Questions**

There were no public questions received for this part of the meeting.

## **2 Minutes**

The minutes of the meeting held on 16 March 2022 were agreed as a correct record and signed by the Chair.

## **3 Declarations of Interest**

There were no declarations of interest.

## **4 Proposal to close the Sunnydale site of Greenfield Community College on 31 August 2022 and rebuild the Newton Aycliffe Site (Key Decision: CYPS/01/2022)**

The Cabinet considered a report of the Corporate Director of Children and Young People's Services that sought approval to close the Sunnydale site of Greenfield Community College on 31 August 2022 and rebuild the Newton Aycliffe site, taking account of the Local Authority's duties as prescribed in the Education and Inspections Act 2006 to secure sufficient places and to ensure good outcomes for all children and young people in the local area (for copy of report see file of minutes).

A written response would be made to a member of the public who had submitted a question in relation to this item and also item 8.

**Resolved:**

That the recommendations in the report be approved.

**5 Declaration of an Ecological Emergency (Key Decision: NCC/03/22)**

The Cabinet considered a report of the Corporate Director of Neighbourhoods and Climate Change that responded to the Environment and Sustainable Communities Overview and Scrutiny Committee report to Cabinet on the consideration of an ecological emergency. Cabinet were asked to formally declare an ecological emergency for County Durham (for copy of report see file of minutes).

The Leader welcomed to the meeting the Chair and Vice Chair of the Environment and Sustainable Communities Overview and Scrutiny Committee. Councillor Bev Coult, Chair of the Committee presented to Cabinet the work of the Committee. She gave the background in that Cabinet had requested that the Overview and Scrutiny undertake a review, and report back to Cabinet within six months, having considered the evidence in relation to biodiversity decline and make a recommendation in relation to declaration of an ecological emergency.

She advised of the meetings that had taken place receiving evidence from the Neighbourhoods and Climate Change Service Grouping and from partners of biodiversity decline at an international, national, regional and local level. The committee recognised that the Council and partners have undertaken many projects to restore and protect wildlife and habitats in the county with its semi-natural habitats were clearly under significant pressure and the loss or poor condition of these habitats would impact negatively on local species.

The evidence presented clearly showed declines in various bird species, herptiles; mammals; fish; butterflies and extinction or significant decline in bumblebee species at a local level.

The Chair of the Ecological Emergency Workstream of the Environment and Climate Change Partnership and Director of the North Pennines AONB attended the February meeting and confirmed that there was an ecological emergency and that there had been a catastrophic decline in nature resulting in an ecological crisis.

Councillor Coult advised that having considered the evidence provided it was unanimously agreed by the Committee to recommend to Cabinet that DCC declares an ecological emergency. In addition, it was also agreed by members that should Cabinet decide to declare then Cabinet also considers further additional recommendations which were detailed within the report.

Councillor Wilkes thanked the Chair and Vice Chair and the committee for this work, they had responded to the challenge set them and had produced this thorough report in the timeline set. He supported the recommendation to declare an ecological emergency and advised that officers would now bring this to life by coming forward with an action plan to tackle this. Councillors Rowlandson and Bell also advised of their support for the declaration being made.

**Resolved:**

The recommendations in the report be approved.

**6 Annual Review of Constitution**

The Cabinet considered a report of the Head of Legal and Democratic Services and Monitoring Officer to present the Constitution, as updated following the annual review, for adoption by Council (for copy or report see file of minutes).

**Resolved:**

That the recommendations in the report be approved.

**7 County Durham Plan: Parking and Accessibility, Developer Contributions and Residential Amenity Supplementary Planning Documents**

The Cabinet considered the report of the Corporate Director of Regeneration, Economy and Growth to seek Cabinet's approval to commence consultation on the second draft of the Parking and Accessibility Supplementary Planning Document, the first draft of the Developer Contributions Supplementary Planning Document and minor alterations to the Residential Amenity Supplementary Planning Document. All three documents supported the recently adopted County Durham Plan (for copy of report see file of minutes).

**Resolved:**

That the recommendations in the report be approved.

## **8 Updated SEND Strategy for County Durham 2022-24**

The Cabinet considered the report of the Corporate Director of Children and Young People's Services that introduced a new Special Educational Needs and Disability (SEND) Strategy for the county to be adopted for the period 2022-24 (for copy of report see file of minutes).

A written response would be made to a member of the public who had submitted a question in advance of the meeting in relation to this item and the report at item 4.

### **Resolved:**

That the recommendations in the report be approved.

## **9 High Needs Block Funding for SEND and Inclusion Support**

The Cabinet considered the report of the Corporate Director of Children and Young People's Services that provided an update on spend and pressures on the High Needs Block (HNB) of the Dedicated Schools Grant (DSG), which supported Special Educational Needs and Disability (SEND) and inclusion support services for children and young people living in County Durham.

The 2021/22 forecast financial outturn position was outlined, along with the latest five-year financial plan and project updates, which collectively aimed to help ensure HNB spending was maintained within budget and the accumulated deficit in the HNB was recovered between 2020/21-2024/25 (for copy of report see file of Minutes).

### **Resolved:**

That the recommendations in the report be approved.

## **10 Apprenticeship Strategy 2022-2025**

The Cabinet considered the report of the Corporate Director of Resources to adopt the council's updated Apprenticeship Strategy for the period 2022 – 2025 (for copy of report see file of minutes).

### **Resolved:**

That the recommendations in the report be approved.

## **11 Poverty Strategy and Action Plan**

The Cabinet considered the report of the Corporate Director of Resources that provided an update on the work to ensure there was a coherent and co-ordinated strategic approach, both within the council and across the Council's partners to address poverty across County Durham.

The report sought approval to consult on a revised County Durham Poverty Action Plan which sets out a comprehensive response to the impacts of the wide-ranging poverty issues within the county (for copy of report see file of minutes).

The Leader advised that Councillor Surtees had submitted questions on this item however as she had not been present to ask her questions in person a written response would be made after the meeting.

Councillors Shield thanked the Corporate Director and his team, and the work of the poverty action steering group in bringing this report to Cabinet. He advised that poverty was a complex issue which manifests itself in many ways, its causes and impacts are multifaceted, and holds back many communities across the county. He explained the council's response to tackling this which included having a strong economic strategy, raising aspirations, providing opportunities for all, and by doing this by working in partnership. He emphasised that alongside this was the provision of a strong safety net in place to support those vulnerable households and those in crisis. He advised of the current support in place, and the additional funding support that had been made available and how it would be distributed.

Councillor Shuttleworth in seconding the report advised of his support for the strategy and action plan which was particularly important at the current time. It provided the right balance with the current measures in place and moving forward in tackling poverty. He welcomed the consultation process to take place.

### **Resolved:**

That the recommendations in the report be approved.

## **12 North East Screen Industries Partnership**

The Cabinet considered the report of the Corporate Director of Regeneration Economy and Growth that sought approval to contribute to the North East Screen Industries Partnership region-wide development programme, and implementation of the associated Memorandum of Understanding (MOU) with the BBC (for copy of report see file of minutes).

**Resolved:**

That the recommendations in the report be approved.

**13 Exclusion of the Public**

**Resolved:**

That under Section 100(a)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely discussion of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

**14 Tees Valley Energy Recovery Facility Local Authority Special Purpose Vehicle (Key Decision: NCC/02/22)**

The Cabinet considered the report of the Corporate Director of Neighbourhoods and Climate Change to update Members on progress since Cabinet approval was gained on 8 July 2020 to participate in a joint procurement for a residual waste treatment solution, the Tees Valley Energy Recovery Facility (for copy of report, see file of minutes).

**Resolved:**

That the recommendations in the report be approved.

## **DURHAM COUNTY COUNCIL**

At a **Special Meeting of Cabinet** held in the Council Chamber, County Hall, Durham on **Wednesday 27 April 2022 at 9.30 am**

### **Present:**

**Councillor A Hopgood, Leader of the Council, in the Chair**

### **Cabinet Members:**

Councillors R Bell, T Henderson, S McDonnell, J Rowlandson, E Scott, P Sexton, A Shield and M Wilkes

### **Apologies:**

An apology for absence was received from Councillor J Shuttleworth

### **Also Present:**

Councillors E Adam, B Bainbridge, A Bell, J Blakey, T Duffy, L Holmes, C Hood, G Hutchinson, P Jopling, J Nicholson, A Reed and D Sutton-Lloyd

## **1 Declarations of interest**

Councillor E Scott advised that although she did not have interest to declare she would not be taking part in the discussion or decision making in relation to the two items on the agenda relating to Durham County Council headquarters. She would withdraw from the meeting during consideration of those items.

Councillor Scott left the room.

## **2 Durham County Council Headquarters Alternative Options Assessment [Key Decision: REG/04/22]**

The Cabinet considered a joint report of the Corporate Director of Regeneration, Economy and Growth and Corporate Director of Resources which reviewed the plans to occupy the newly constructed building on The Sands in Durham City. It considered options for the location of the Council's Headquarters and the use of the estate to support wider economic objectives for the county should the Council not occupy The Sands site. The report set out the proposal to dispose of The Sands site, (excluding the surface car park area and new multi storey car park), subject to planning (for copy of report see file of minutes).

Councillors R Bell responded to the questions from Councillors D Sutton-Lloyd, L Holmes, C Hood, and P Jopling about the common land de-registration process, the conference facilities, the number of jobs aykley heads site could create, and staffing accommodation at Crook.

Councillor M Wilkes responded to the questions from Councillor E Adam about the statements relating to climate change and building research establishment environmental assessment method standards.

Councillor R Bell thanked the Corporate Director and all officers who had been involved in this work which had been and continued to be a significant piece of work. He provided the background to the review, and the current position explaining that the need for value for money and that decisions were in the public interest had run through all of the work . He explained that the sands building was now complete with the costs being inflated due to the common land public inquiry. He provided the costs of the sands development. Durham University was the interested party in acquiring the sands building, and in seeking to use this for the development and expansion of its business school would safeguard and create new roles.

He explained that the preferred alternative accommodation strategy was to sell the sands building and take forward the proposals in the report in relation to the buildings, which would provide significant flexibility for the council going forward.

He explained that the sale of the sands building to the university would facilitate other benefits arising from the preferred accommodation proposals. This included the provision of conference facilities for use by other organisations, and that by the development of the sites proposed, together with bringing back into use the dli museum which had already been agreed, would kick start aykley heads redevelopment, and would bring the former Stanley customer access point back into use. The proposals allowed the demolition of the existing county hall building to progress at the earliest opportunity and did not unduly delay the development of the aykley heads strategic site. He outlined the effect on the council's staff, and engagement with staff.

The University have provided clear evidence and readiness to move forward with the purchase which was subject to planning consent in relation to the change of use. He advised that the recommendations in the report demonstrated value for money and satisfied the public interest tests, and although he couldn't advise of the amount of surplus this would generate, the council would be significantly better off with its preferred alternative accommodation strategy than by moving into the sands building.

In summary he explained that the proposals were a viable alternative option for the council, that there was a compelling case to do this. It further demonstrated the cabinet's bold and ambitious vision for the county, and he concluded by emphasising his enthusiasm for moving forward in this way.

Councillor J Rowlandson advised that he had a final look around the completed sands site the previous week. He thanked both Kier and the council's staff involved for the high-quality build, that it had been completed on time, and for the build to budget albeit that the common land issue had resulted in additional costs having to be incurred. He explained how it demonstrated the council's ability to deliver on large complex builds on time and that the council was in a really good position to deliver on the forthcoming accommodation builds. The University is an ideal occupier of the sands building, and as a Russel group member their business school was world renowned.

Councillor M Wilkes explained that this was an exemplary plan, and stated that the public had not wanted the council building on the sands site, and that they wanted levelling up across the county. He explained that the sands building now complete is not appropriate for the council's use, and how the council's workforce had changed post covid. He advised that the new council building at aykley heads would be multi-purpose, had the potential to bring in significant income, would provide flexibility for the future, and how the strategy provided for the accommodation not just in Durham city centre but also elsewhere in the county. He explained that by providing mixed use facilities we would encourage businesses to invest in the county and save money for the council. He was delighted to support the strategy which would bring jobs, save money and was the right thing to do.

Councillor Sexton referenced recent correspondence from Kevin Jones MP that had been sent to the Leader, and stated it was disappointing that he hadn't waited for the response from the Leader before the MP had publicised his comments. Cllr Sexton rebuked the comments made by the MP, and that the decisions being made were not political they were practical, he pointed out the reasons for coming to this decision, and that the financial information on the strategy which was commercially sensitive was contained in the private report to Cabinet.

Councillor A Hopgood advised of the review that had taken place, and that post covid the council had changed the way it worked. She advised that the accommodation strategy proposals had been fully costed, were value for money, and that the detailed financial information was set out in the private report which opposition members had access to.

She highlighted that the proposals would enhance Stanley front street, and that with the conference facilities being brought to the aykley heads site, alongside bringing the dli museum back into use, which had previously been agreed, would kick start the redevelopment of the aykley heads site.

**Resolved:**

That the recommendations in the report be approved.

Councillor Scott returned to the room.

**3 Council Plan 2022 – 2026 [Key Decision: CORP/R/22/04]**

The Cabinet considered a report of the Corporate Director of Resources which presented the draft updated Council Plan, covering the period 2022 to 2026, prior to submission for consideration and approval by Full Council in June (for copy of report see file of minutes).

Councillor Hopgood thanked the Corporate Director and his team in preparing the updated council plan. She emphasised the wide-ranging public services provided by the council and had a significant role in providing for everyone who lived, visited, and worked in the county. In acknowledging that there were many issues to address she advised how important it was to do this in partnership with others in the public and private and voluntary sectors. Strong community cohesion was required and focus on what happens the most to its residents and businesses. She advised of the work that had been undertaken in refreshing the council priorities since the local elections last year and advised of those decisions that had been undertaken in line with these priorities. She welcomed that going forward the plan would be refreshed annually at the February council meeting, and would ensure full incorporation of corporate and financial planning, and by doing it would keep it focussed and relevant.

Councillor Shield welcomed the refreshed and updated plan and thanked the corporate director and his team for the work undertaken. He welcomed the revised plan which set out the actions that the council would lead on which had a revised focus. He explained how it was underpinned by a series of corporate strategies and delivery plans, however the focus on the document was the key issues giving the example of the poverty strategy action plan agreed earlier in the year by cabinet. He advised of his support for the annual refresh of the plan, and how by moving towards updating this annually in future any issues could be picked up and the plan re-focussed more often than previously.

Councillor Wilkes supported the plan, and he was delighted it now included the environment and climate change at its core.

**Resolved:**

That the recommendations in the report be approved.

**4 Exclusion of the public**

**Resolved:**

That under Section 100(a)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely discussion of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

Councillor Scott left the room.

**5 Durham County Council Headquarters Alternative Options Assessment [Key Decision: REG/04/22]**

The Cabinet considered a joint report of the Corporate Director of Regeneration, Economy and Growth and Corporate Director of Resources which reviewed the plans to occupy the newly constructed building on The Sands in Durham City. It considered options for the location of the Council's Headquarters and the use of the estate to support wider economic objectives for the county should the Council not occupy The Sands site. The report set out the proposal to dispose of The Sands site, (excluding the surface car park area and new multi storey car park), subject to planning (for copy of report see file of minutes).

**Resolved:**

That the recommendations in the report be approved.

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**Cabinet**

**18 May 2022**

**Annual Enforcement Programme  
Children and Young Persons  
(Protection from Tobacco) Act 1991 and  
Anti-Social Behaviour Act 2003**



**Ordinary Decision**

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**Report of Corporate Management Team**

**Alan Patrickson, Corporate Director of Neighbourhoods and  
Climate Change**

**Councillor John Shuttleworth, Cabinet Portfolio Holder for Rural  
Communities and Highways**

**Electoral division(s) affected:**

Countywide.

**Purpose of the Report**

- 1 This report reviews enforcement activities under the Children and Young Persons (Protection from Tobacco) Act 1991, the Anti-Social Behaviour Act 2003, and the Licensing Act 2003 for the period April 2021 to March 2022 and seeks approval of a new enforcement programme for 2022/23.

**Executive summary**

- 2 The County Council has statutory responsibility for enforcement of age restricted products, namely tobacco, nicotine inhaling products, spray paint containers, alcohol, videos and DVDs, cigarette lighter refills, fireworks and the proxy sale of tobacco products and supply of nicotine inhaling products to under 18s.
- 3 The Authority has also elected to enforce the age-restricted sales of solvents and glue, knives, access to gaming establishments and access to sunbed premises.
- 4 For many years the Authority has taken a proactive approach to tackling the harms and criminality associated with the illegal supply and misuse of alcohol and tobacco within County Durham. Together with our partners in the Police Licensed Economy Team and the County Durham

Tobacco Alliance, we continue to conduct high visibility enforcement campaigns to tackle the health inequalities and links with organised crime associated with these products. Protection of children is also a high priority. This forms part of a holistic approach the County Council has adopted to tackle the harms caused by alcohol and tobacco, as well as tackling the wider determinants of health.

- 5 Over the last two years, Covid has impacted on our service activities and staffing resource, with members of our service being involved in the regulation of businesses impacted by the Covid restrictions. As a result, the timing of the annual plan has been disrupted and activity has been significantly limited compared to previous years.
- 6 Considerations around the health and wellbeing of our staff and, most importantly, any young volunteers used in test purchase exercises, put this work on hold in terms of the ability to conduct test purchases in a Covid secure way, in line with the health and safety risk assessments around work activities. Covid business restrictions and social distancing has limited our activities and approach to businesses.
- 7 As a result, Covid has curtailed areas of our enforcement work relating to illicit tobacco and age restricted products.
- 8 As we now begin to emerge from the impacts of the pandemic, we plan to relaunch this important area of our work, to protect our young people and residents of County Durham and safeguard their health and wellbeing.
- 9 This report provides details of enforcement activity during 2021 / 2022, in relation to age restricted products and tackling supplies of illicit tobacco.
- 10 Information is provided in relation to complaints, test purchase and seizure activity for this period.
- 11 Details of the outcomes of enforcement action are provided.
- 12 The proposed enforcement programme for 2022/ 2023 is detailed.

### **Recommendation(s)**

- 13 Cabinet is recommended to:
  - (a) note the enforcement activity undertaken during 2021 / 2022;
  - (b) approve the proposed enforcement programme for 2022 / 2023.

## Background

### *Underage Sales Enforcement Activity*

- 14 Due to concerns as to the health and wellbeing of our young volunteers, it has not been possible to progress this programme over the last two years.
- 15 Alternative enforcement and advice to retailers has been adopted, we are in discussions with partners and organisations as to securing volunteers to recommence this important work.

### *Tackling Illicit Tobacco*

- 16 A notable success on tackling illicit tobacco, resulted in the execution of entry warrants in retail premises and associated domestic dwellings which resulted in the recovery of over 156,000 cigarettes and approx. 53 kg of hand rolling tobacco being taken out of the supply chain. This seizure, having an estimated market value of around £61,523 being sold as illicit product, representing sales in the region of £114,780 of genuine product. Under the Proceeds of Crime Act £14,680 in cash was also detained and is subject to investigation.
- 17 Legal action was also taken, resulting in the courts imposing a closure order on the retail premises for an initial 3-month period, which was later extended for a further 3 months, the business being deemed a nuisance in the community.



- 18 Further inspections of retail business premises recovered a further 6,060 cigarettes and 3.8 kg HRT, worth around £ 2,500.
- 19 Additional work has resulted in 27 “cease and desist” warnings being issued to low level domestic sellers, allowing us to focus on developing operations against those suspected of selling illicit tobacco products to children for formal enforcement action. Monitoring will continue of complaints and intelligence to ensure compliance of this who have received warnings.
- 20 Warrants have been executed on 7 premises since April 2020, with inspections conducted on tobacco product sales in 12 retail settings.
- 21 We continue to support and raise awareness of the Keep it Out campaign to educate the public on illicit tobacco being sold in our communities and the harm it causes, including increasing availability to children. The Keep it Out website and publicity materials advise residents how they can report concerns anonymously.



## Developments and Horizon Scanning

- 22 Since 18 April 2021, the age limit applying to National Lottery Tickets has changed from 16 to 18 years of age being the lawful age at which they can be purchased.
- 23 The Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 came into force on 1 October 2021.
- 24 The purpose of this Act is to prohibit the administering of botulinum toxin (Botox) or a filler, by way of injection for a cosmetic purpose, to a person under 18 years of age in England.
- 25 It is also an offence for a person to make arrangements to undertake or arrange for another person to undertake these procedures on a person under 18.
- 26 These procedures carry risks to physical health, including infection, blindness, and in rare cases death. There are psychological implications with changing physical appearance which may adversely impact on the mental wellbeing, particularly of young people.

- 27 The legislation, therefore, aims to safeguard children, not only from the potential health risks, but also takes into account the ethical considerations about the extent to which young people under 18 years of age, have the emotional and mental maturity to give informed consent on such invasive procedures, available on the commercial market, without a medical or psychological assessment.
- 28 Such procedures will still be available to people under 18 but only where they have been approved by a doctor, with the administration of the treatment carried out by an approved person.
- 29 The prohibition aims to reinforce existing good practice within the cosmetics industry.
- 30 Legal requirements affecting the beauty sector have been added to the DCC website pages, covering Botox and fillers.
- 31 Trader advice has been given to the sector and we will follow up on any complaints from the public.
- 32 [Note – source Guidance for local authorities from the Departments of Health and Social Care].

### *Nicotine Inhaling Products -Vaping Devices and E Cigarettes*



- 33 The product safety requirements relating to e cigarettes and vaping devices are within the remit of the Tobacco and Related Products Regulations 2016 with age restriction of 18 being imposed by the Nicotine Inhaling Products (Age of Sale and Proxy Purchases) Regulations 2015.
- 34 More recently, such devices have increasingly come to the attention of Trading Standards authorities across the country, in relation to concerns as to complying with the legislation.
- 35 These concerns relate to nicotine strength, vaping liquid tank capacity, both of which may exceed the permitted amounts.

- 36 Vaping liquids (other than for medical use) must be registered with the Medical and Healthcare Products Regulatory Agency, (MHRA), before they can be placed on the market.
- 37 Concern also exists as to products being on the market in the UK, which are intended for other countries and counterfeit products. Some products also give rise for concern as to the safety of batteries and charging devices where they are rechargeable as opposed to single use devices.



- 38 Action is being taken, with visits to retailers, providing trader guidance and with enforcement activity where necessary.

### *Offensive Weapons Act 2018*

- 39 It is anticipated that the provisions of this Act, relating to knives, certain offensive weapons, bladed articles, and corrosive substances, enabling enforcement by local authority Trading Standards Teams, will come into force in April 2022.
- 40 This will apply to the distance sales of such products to ensure that proof of age checks are in place upon delivery or collection by customers.

### **Main implications**

- 41 The proposed enforcement programme for 2022/2023 consists of the activities detailed below:
- (a) An intelligence led approach to underage sales enforcement and tobacco. This will continue to develop the intelligence from the “Keep it Out Campaign” and from other partners and sources, to deliver enforcement action where possible. It will continue to develop information from community intelligence through partnership working and publicity activity;

- (b) Scoping delivery of the “Tick Box” Campaign, a national initiative, working with the self-storage industry to adopt good practice and prevent the storage by individuals and business of counterfeit and illicit products in storage facilities;
- (c) Working in partnership with the Police and other enforcement agencies to identify and disrupt the involvement of organised criminality in the illicit tobacco supply chain;
- (d) Investigation of all consumer and trader complaints;
- (e) Undertaking market surveillance project activity in relation to age restricted products;
- (f) Continuation of our joint working with the Police Licenced Economy Team, and other agencies to adopt a holistic approach to solving problems associated with the accessibility and misuse of age restricted products;
- (g) Contributing to events to raise public awareness of the harms associated with illicit tobacco, to publicise the work of the service and encourage reporting of this criminal activity;
- (h) Providing retailer training, on underage sales as a way of supporting businesses meet their legal obligations;
- (i) Continuation of our work in partnership with the police, HMRC and other agencies to tackle sales from private premises to children, particularly in relation to alcohol and tobacco;
- (j) Working with the County Durham Tobacco Alliance partners, providing guidance to traders on the legal requirements surrounding E Cigarettes / Vaping equipment and products and access of their customers to advise on smoking cessation support;
- (k) Providing training to the County Durham smoking cessation service, ABL Health, on illegal tobacco and vaping devices;
- (j) Continuation with a practice of reviewing licenced premises when appropriate;
- (l) Continuation of our work to tackle health inequalities and antisocial behaviour associated with the misuse and illegal supply of age-restricted products, in particular alcohol and tobacco;
- (m) Deliver business advice on and carry out enforcement of new legislation for which we may be statutorily responsible including all new legislation, which may emerge in relation to knife sales

and corrosive substances. Exploring the delivery of a responsible retailer scheme, in partnership with the Police, in relation to the Offensive Weapons Act 2019.

## **Conclusion**

42. The agreement of the proposed Enforcement Programme for 2022/2023 will ensure that the Council continues to address the problem of underage sales and access to age restricted products by those underage as well as the wider health and criminal issues surrounding these products.

## **Background papers**

- None.

## **Other useful documents**

- None.

## **Author(s)**

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Craig Hudson, Trading Standards Manager      Tel: 03000 260 938

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## **Appendix 1: Implications**

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### **Legal Implications**

In relation to instituting criminal proceedings of taking Licence reviews to committee, and other sanctions – within the existing infrastructure with DCC Legal Services.

### **Finance**

No additional implications beyond existing funding / staffing arrangements. Some additional and time limited external funding may be available for targeted project work.

### **Consultation**

Not applicable.

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

Not applicable.

### **Climate Change**

No applicable.

### **Human Rights**

Enforcement activity to be undertaken with due regard to the Human Rights Act 1998, and the Regulation of Investigatory Powers Act 2000.

### **Crime and Disorder**

This area of proposed enforcement activity seeks to protect residents, young people and legitimate businesses from criminal activity and disorder linked to the matters concerned. Partnership working with Durham Police and Public Health on these issues.

### **Staffing**

Additional duties and enforcement responsibilities under the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 and the anticipated commencement order as to section 64 of the Offensive Weapons Act 2019. No indication at present as to additional Government funding for the enforcement burdens of these duties. To deliver within existing staffing.

### **Accommodation**

Not applicable.

**Risk**

If the proposed enforcement activity is not undertaken, reputational risk, potential health, crime, and disorder harms taking place in communities. Growth in criminality and involvement of Organised Crime Groups.

**Procurement**

Not applicable.

**Cabinet**

**18 May 2022**

**Health Protection Assurance Annual Report**

**Ordinary Decision**



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**Report of Corporate Management Team**

**Jane Robinson, Corporate Director of Adult & Health Services**

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

**Councillor Paul Sexton, Portfolio Holder for Adult & Health Services**

**Electoral division(s) affected:**

All

**Purpose of the Report**

- 1 The purpose of this report is to provide members of Cabinet with an update on 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 Group (HPADG) meets quarterly 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 achievements overseen by HPADG in the last year include:

Programme delivery:

- (a) Improvement in flu vaccination uptake amongst eligible groups and effective delivery of the extended Durham County Council flu vaccination to all staff, with sustained increased uptake;
- (b) Progressed work with cervical screening services to ensure that staff shortages and previously restricted access to training has improved;
- (c) Sustained delivery of national immunisations programmes.
- (d) Sustained delivery of the Antenatal and Newborn Screening programme;
- (e) Development of the avian flu and seasonal flu (care home settings) anti-viral prescribing pathways.

Collaborative system working:

- (a) Continued excellent working relationships with UK Health Security Agency (UKHSA) during a time of significant change and COVID-19 enabling response to several non-covid outbreaks and incidents;
- (b) Development of Health Protection Assurance Board (HPAB) Transition Plan capturing the learning from covid including in relation to engagement of communities (vaccine inequality), use of data, real time dashboards and national and local intelligence;
- (c) Establishment of a protecting health team within public health to embed the learning from COVID-19 lead both proactive and reactive health protection responsibilities, working closely with system partners;
- (d) Completion of collaborative review, Public Health and NHS England (NHSE), to identify variation in second dose measles, mumps, and rubella (MMR) vaccinations by GP practice and address key issues contributing to this variation and undertake catch-up programme.

4 Areas impacted by COVID-19 and requiring further development:

- (a) All screening programmes have been impacted by the pandemic other than Antenatal and Newborn screening (see paragraph 51);
- (b) The restoration of affected screening programmes was started prior to the second wave and will have been affected by successive waves;

(c) Development areas include:

#### Programme delivery

- Understanding reasons for underperformance for the newborn and infant physical examination and ensure remedial measures are put in place;
- Improving uptake of certain vaccinations including shingles and pneumococcal;
- Ensuring equitable coverage and uptake of screening and immunisations programmes, seeking to identify, understand and address within Durham inequalities;
- Ongoing work with schools and providers to ensure improved rates of vaccination amongst adolescents, learning lessons from the COVID-19 vaccination campaign to ensure equity of access and to work with NHSE and local school provider, Harrogate and District Foundation Trust (HDFT), to gain assurance of actions and catch-up programmes in place to address reduced uptake due to disrupted programme delivery.

#### Collaborative system working

- Development of a sexual health strategy for County Durham;
- Ensuring health protection and public health related; emergency preparedness is assured during organisational change;
- Working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures.

### **Recommendation(s)**

5 Cabinet is recommended to:

- (a) note the content of the report;
- (b) note that the performance in County Durham for all childhood immunisation programmes exceeds both national standards and national averages;
- (c) note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;
- (d) request a further report be presented to a future meeting of Cabinet which provides further assurance in respect to flu and COVID-19 vaccination, the ongoing work with CDDFT in relation to Infection Prevention and Control (IPC);
- (e) support the development and delivery of the transition plan to 'Living with Covid' capturing the learning from Covid;

- (f) support the review of the health protection governance arrangements aligning the robust Covid assurance arrangements with wider health protection governance.

## Background

- 6 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.
- 7 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.
- 8 Within Durham County Council, the remit for health protection is delivered by Public Health in conjunction with the Community Protection Service (CPS) and the Civil Contingencies Unit (CCU). The local Clinical Commissioning Group (CCG) has responsibilities for elements of health protection including, for example, the quality and uptake of immunisations. The CCG also employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.
- 9 UKHSA's core functions include protecting the public from infectious diseases, chemicals, radiation, and environmental hazards and supporting emergency preparedness, resilience, and response. Teams responsible for delivering these functions in the North East sit within the UKHSA Centre and also provide access to national experts in these fields.
- 10 NHSE is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East.
- 11 Regular liaison between Directors of Public Health (DsPH) and the Centre Director of UKHSA in the North East occurs via weekly North East DsPH meeting (as well as via the Public Health Oversight Group). The Head of Public Health for NHSEI in Cumbria and the North East also attends as required.

- 12 In August 2020 the Secretary of State for Health and Social Care announced the abolition of Public Health England, with a new National Institute for Health Protection (NIHP) to take over its health protection functions.
- 13 On 24 March 2021, it was declared that the UK Health Security Agency (UKHSA) would replace the concept of the NIHP and be established from April 2021. The transfer of responsibilities took place in October 2021. Locally and regionally, all parties have worked hard to successfully maintain relationships and working arrangements.
- 14 UKHSA includes PHE health protection teams, the NHS Test and Trace Programme and the Joint Biosecurity Centre, which were stepped up in response to the COVID-19 pandemic.
- 15 The White Paper 'Integration and Innovation: working together to improve health and social care for all' was published on 11<sup>th</sup> February 2021. This announced that the government had concluded that the allocative functions of CCGs should be held by an Integrated Care System (ICS) NHS Body and that the Integrated Care Board (ICB) is a Category One responder.
- 16 Work is underway at a North East level to agree an assurance process for the ICB in its new role as a Category One responder for Emergency Planning, Preparedness and Response.

### **Health protection assurance arrangements in County Durham**

- 17 There have been significant changes in governance and assurance for the COVID-19 pandemic and local response, which is covered separately in updates to the Local Outbreak Management Plan (LOMP) and Health and Wellbeing Board (HWB) via the HPAB.
- 18 The HPADG, chaired by the DPH, was established in 2018, and aims to enable the Director of Public Health to fulfil the statutory role in seeking assurance that satisfactory arrangements are in place to protect the health of the local population.
- 19 The HPADG has developed a detailed action plan built on five pillars of health protection, 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.

- 20 The action plan is supported by a scorecard that includes a range of appropriate health protection indicators and outcomes (see the health protection scorecard attached in Appendix 2).
- 21 This report is informed by updates from the implementation of the health protection action plan, which is overseen by the HPADG.
- 22 The direct response to the COVID-19 pandemic is covered in reports from the HPAB, which have been provided to every HWB throughout the duration of the pandemic to date. This report, therefore, addresses indirect effects of COVID-19 and the resulting implications on relevant work programmes.
- 23 The Health, Safety and Wellbeing Safety Strategic Group (HSWSG) is in place in DCC to ensure that suitable priority is given to the management of Health, Safety and Wellbeing across the Council. This includes representation from Public Health.
- 24 NHSE established a County Durham and Darlington Screening and Immunisations Oversight Group which provides assurance to the DPH in relation to screening and immunisation programmes. In addition, the management of incidents and the quality assurance for screening programmes are reported separately to the DPH. Programme boards have been established for each of the screening and immunisation programmes.
- 25 UKHSA established the County Durham and Darlington Area Health Protection Group, and this brings together organisations involved in protecting the health of the population. Prior to the pandemic, the group met quarterly, attended by a Consultant in Public Health. The purpose of the group is to provide a forum to discuss strategic and operational health protection issues; review outbreaks and incidents (local, regional, and national) and learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed, and solutions identified; identify local priorities alongside implementing national policy and guidance and identify any joint training and development needs. The group does not have a formal accountability or governance structure.
- 26 UKHSA North East has a bespoke surveillance system in place for communicable diseases with daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents, and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.

- 27 In addition, the DPH has direct access to national surveillance systems set up for the collection and analysis of COVID-19 related data including vaccinations.
- 28 The DsPH for County Durham and Darlington established the County Durham and Darlington Healthcare Acquired Infections (HCAI) Assurance Group in 2004. This group is chaired by a DPH and has wide membership from all provider organisations, enabling the DsPH to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to CCGs where action plans are put in place to address identified issues. These are reported to the CCGs' Governing Bodies as part of the regular quality reports.
- 29 County Durham CCG has retained an in-house team of Infection Prevention and Control nurses. The Infection Prevention and Control Team (IPCT) provide a service to both County Durham and Darlington to support both Primary Care and Social Care within residential settings, and, since September 2020, the service has been extended to schools providing for children with Special Educational Needs and Children's Residential Homes in outbreak to bolster their Infection Prevention and Control Support in County Durham.
- 30 The IPCT continue to undertake Root Cause Analysis of Community Onset Clostridium Difficile Infection (CDif) cases and Community Methicillin Resistant Staphylococcus (MRSA) blood stream Infections. Lessons learned are highlighted to the appropriate clinicians in primary care.
- 31 In 2021 NHS England announced new gram negative blood stream infection (GNBSI) targets for all acute trusts and CCGs the IPCT has undertaken a significant amount of work with local partners previously to try to address this target. This work will continue going forward.
- 32 The team is notified of all alert organisms for residents in care homes and offers the appropriate advice to the staff to help manage the resident safely.
- 33 The IPCT support and work with colleagues in the local authorities' adult social care commissioning team.
- 34 All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Assurance group chaired by the DsPH.
- 35 NHSE and CCGs have a duty to cooperate with local authorities on health and well-being under the NHS Act 2006. This includes cooperating on health protection, including the sharing of plans. The

2012 Health and Social Care Act makes clear that both NHS England and the CCGs are under a duty to obtain appropriate advice in the protection of the public health. NHS bodies are also under a statutory duty to cooperate with other organisations on civil contingency planning matters under the Civil Contingency's Act 2004.

- 36 The Civil Contingencies Unit (CCU) is the local authority's point of contact for emergency planning and business continuity both internally and externally in response to incidents and emergencies. The CCU is also a conduit for information for multiple agencies through the Local Resilience Forum (LRF) and have a duty officer on call at all times.
- 37 CCU holds a community risk register which provides assurance to the DPH about key risks to the community including: pandemic influenza; flooding; adverse weather; emerging infectious disease; fuel shortage; widespread long duration electricity network failure; animal disease and building collapse.
- 38 The CCU produce extensive emergency preparedness plans which are shared on 'Resilience Direct' and work with the LRF to co-ordinate training and exercising of these plans. The unit also provides training and exercising to local organisations including schools, housing providers, the university and community groups.
- 39 All internal plans are reviewed on a regular basis. The DPH is involved in the initial development of relevant plans and is sent updates once plans are reviewed. Access to LRF plans is through 'Resilience Direct' from the LRF or the CCU. The DPH is a member of the LRF strategic board
- 40 Under normal circumstances, UKHSA's Health Protection, NHSE's Screening and Immunisation and the local IPCT produce annual reports, however, these have not been produced due to the unprecedented demands of the COVID-19 pandemic
- 41 The IPCT annual report details the range of support and interventions initiated to reduce HCAI and reports in year activity details. This report also includes the work plan for the IPCT for the upcoming year.
- 42 The DCC Community Protection Service (CPS) provides assurance to national regulators including Department for Environment, Food and Rural Affairs (DEFRA), Food Standards Agency (FSA) and Health and Safety Executive (HSE) through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement polices and disease contingency plans. Services provided by CPS are regulated nationally by the FSA, HSE

and DEFRA to provide further assurance on the quality of service provision.

- 43 A Local Air Quality Management Area currently exists within Durham City. Action and implementation plans are in place to reduce Nitrogen Dioxide emissions and improve air quality standards within that area
- 44 The launch of the government's Spring Plan: Living with Covid sets out that the local response should now become more aligned with wider local health protection arrangements, bringing the lessons learnt from the pandemic to further develop the health protection system. It is therefore recommended that a full governance review is a timely development in light of the transition from pandemic to endemic and organisational changes (national, regional, and local).

## **Updates on key areas**

- 45 Data provided below are collated from numerous sources and compiled in the health protection scorecard attached at Appendix 2.

## **Screening and immunisations**

### **Screening**

- 46 In 2020 and 2021 cancer screening programmes were affected by the COVID-19 pandemic. Despite this coverage rates in County Durham for cervical and bowel cancer, have consistently exceeded minimum standards and national averages. In 2021:
- (a) Cervical screening coverage in County Durham was 75.4% compared to a national average of 68.0%.
  - (b) Bowel cancer coverage in County Durham was 67.5% compared to a national average of 65.2%.

Breast cancer screening coverage decreased in 2021 and fell below minimum standards (70%) locally, regionally, and nationally. County Durham coverage is statistically similar to the national average. In 2021:

- (c) Breast cancer coverage in County Durham was 64.4% compared to a national average of 64.1%.
- 47 Performance in County Durham against key indicators for the non-cancer screening programme Newborn Hearing, shows sustained achievement above national minimum standards with a coverage for 2020/21 of 98.1%. The new provision of Local Authority level data for minimum standard was met for the Newborn and Physical Examination (within 72 hours of birth) shows that although the minimum standard

was met for this screening at 96.7% for 2020/21. this is statistically significantly below the England coverage of 97.3%. County Durham is an outlier in the region with coverage significantly lower than the North East and England.

- 48 Screening coverage for infectious diseases in pregnancy, sickle cell and thalassaemia and Newborn blood spot screening show sustained achievement across the North East in 2020/21. Quarterly Screening KPI reports are published on provider performance and as at Q4 2020/21 CDDFT and County Durham CCG met the standard for the aforementioned indicators.
- 49 Abdominal Aortic Aneurysm screening coverage for County Durham fell by 30 percentage points to 49.9% for County Durham in between 2019/20 and 2020/21. This is 0.1% below the standard of 50%. Decreases were also seen regionally and nationally. Across the North East coverage for 2020/21 was 50.0% and for England, 55.0%.
- 50 Diabetic Eye Screening coverage has fallen regionally and nationally in 2020/21. For the North East, coverage of 62.9% is below the minimum standard of 75%. The quarterly KPI provider performance reports for the County Durham and Darlington Diabetic Eye Screening Programme show coverage has been below 75% for each of the four quarters.
- 51 COVID-19 has impacted on delivery of most adult screening programmes, this is due both to service pressures, challenges in securing venues, and the health conditions of those who would be presenting for screening increasing reluctance to attend. The following services currently recovering:
  - (a) Abdominal Aortic Aneurysm - the current forecast is to complete by June 2022;
  - (b) Diabetic Eye Retinopathy - the target to have invited the backlog is March 2022. The programme now has an additional Health Inequalities” module on their IT systems which will allow health equity audit and further improved targeting;
  - (c) Bowel cancer screening - the services have done well to recover and now start Age Extension, which will be implemented in year-bands from now until 2024/5. This means an increase of c.85% on top of the 60-74 yrs. Population;
  - (d) Breast cancer screening - clinic throughput has necessarily been less than pre-COVID-19 and so there is a long restoration time, which NHSE are working with providers to reduce. The ICS are working to address improvements and NHSE has invested in staff and equipment to improve uptake.

- 52 Cervical cancer screening services have been restored, and Antenatal and Newborn Screening services have been unaffected by the pandemic.

## **Immunisations**

- 53 Vaccinations delivered through primary care (including the childhood programme) have been unaffected by the COVID-19 pandemic. Work is ongoing locally and regionally to scope and address the disruption of Covid-19 on school age immunisation services.
- 54 At the time of writing, the COVID-19 vaccination programme is ongoing, with many system partners now supporting the vaccination delivery programme including Primary Care Networks, community pharmacies, and school delivery programme. Staff from the recently closed Mass Vaccination Centre are now located in County Hall and support the delivery of pop-up clinics to maximise access and uptake across all age groups. High quality data populates a real-time dashboard with a wide range of filters enabling granular knowledge of uptake by age, gender and location informing the targeting of pop-up clinics.
- 55 Overall, the universal childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates generally above national targets and averages (see Appendix 2) for 2020/21. This includes the following coverage:
- (a) 97.4% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year (n.b. Data for Pneumococcal conjugate vaccine (PCV) at 12 months is not available in 2020-21. This is due to the change in the national vaccine schedule and how the vaccination is recorded);
  - (b) 98.2% of the Dtap / IPV / Hib vaccine at 2 years;
  - (c) 96.9% of the PCV booster at 2 years;
  - (d) 96.9% for one dose of MMR at 2 years;
  - (e) 97.2% for the Hib / Men C booster at 5 years;
  - (f) 98.1% for one dose of MMR at 5 years;
  - (g) 96.4% for two doses of MMR at 5 years.
- 56 The human papillomavirus (HPV) vaccination coverage for females was below target for 2019/20 and this has continued for the 2020/21 period (see Appendix 2). From 2019/20, the HPV vaccine was extended to 12 to 13 year old males. For 2020/21 the coverage for males was:
- (a) 56.6% for one dose at 12-13 years;
  - (b) 60.3% for two doses at 13-14 years.

- 57 At the time of writing, the flu vaccination campaign is ongoing as patients can be inoculated until the end of March 2022. Flu vaccination uptake for 2020/21 shows an improvement compared to the previous years across all eligible groups. Provisional data show that, despite challenges to delivery in a COVID-19 safe environment, uptake of flu vaccinations has improved across eligible groups since the previous year. Coverage achieved for residents aged 65 years and over, primary school aged children and those classified as at risk was above target.
- 58 In 2020/21 the DCC staff vaccination programme once again included all staff (including schools, but not academies). To date, 3255 staff vaccinations have been given.
- 59 An evaluation of the 2020/21 campaign will be produced by the Board in Spring 2022. This will inform the flu programme for 2022/23.
- 60 Pneumococcal polysaccharide (PPV) vaccination coverage for those aged 65 years and over continues to increase and coverage for 2020/21 was 72.8%.
- 61 Uptake of shingles vaccine remains stubbornly low. In 2019/20 50% coverage was achieved locally for those aged 71 years. Full year data for 2020/21 is yet to be published however for Q3 2020/21 coverage for 71 year olds was at 41.6%. Discussions have been held with NHSE on ways to improve uptake locally.
- 62 In the first half of 21/22 there was a continued shortage of pneumococcal vaccine covering 23 strains of the bacteria that may have impacted on uptake.

## **Communicable disease control and outbreaks**

- 63 Throughout the past year the Local Authority has worked closely with colleagues at UKHSA, in their lead role, to address a number and range of non-Covid infections including meningitis, tuberculosis, avian flu, flu outbreaks (care homes), and legionella. Collaborative work across with system partners has also facilitated the development of the season flu (care homes) anti-viral prescribing pathway, avian flu framework and anti-viral prescribing pathway and a number of lessons learned exercises to improve practice.
- 64 In response to the pandemic, DCC has established an Outbreak Control Team and a 7-day week rota for the public health team to monitor and respond to clusters and outbreaks of COVID-19. A wider on-call rota was put in place to manage outbreak responses, with outbreak control teams convened on a number of occasions, pulling together colleagues across the spectrum of public health, community protection,

communications, civil contingencies, and community support, to respond to individual outbreaks.

- 65 The presence of several prison establishments in Durham presents challenges in the management of infectious diseases, particularly respiratory viruses (including COVID-19), blood borne viruses and tuberculosis. The Public Health team supported the establishment of the Immigration Removal Centre in County Durham and has worked collaboratively with UKHSA on Outbreak Control Teams in this setting.
- 66 At the time of writing, there have been outbreaks of COVID-19 within prison establishments across the North East at different stages of the pandemic.
- 67 The Public Health team are currently supporting the preparations and response to the Ukraine humanitarian crisis. A briefing has been produced and shared with key stakeholders identifying potential health and wellbeing issues and implications. Public Health continues to work with NHS partners to ensure that pathways are in place to provide access to healthcare as required.
- 68 Several meetings have been held with stakeholders including CDDFT, UKHSA, IPC and Public Health to support and strengthen the delivery of the IPC action plan to address the clusters of health care acquired infection reported over the last 12 months
- 69 The Integrated Sexual Health Service (ISHS) is expected to provide and discuss quarterly Genitourinary Medicine Clinic Activity Dataset (GUMCADv3) and Sexual and Reproductive Health Activity Data (SRHAD) data analysis from UKHSA to enable informed commissioning decisions relating to genitourinary medicine (GUM) attendances, activity, and sexually transmitted infection trends.
- 70 As the ISHS moves into living with COVID-19, a review of the current delivery model which will include remote access and the reintroduction of walk-in appointments is required. This process should help identify any potential unintended inequalities and further explore STI rates and wider service indicators and support service development.
- 71 In November 2021, DCC were notified that the ISHS was yet to carry out the necessary system upgrade to GUMCAD v3 and was identified as an outlier within the region. This was raised with CDDFT who acknowledged the delay; linked to a reduction in IT system support to the service, which has since been resolved and the outstanding completion of a Data Protection Impact Assessment. The upgrade to the system planned to be fully functional by July 2022 with additional training for staff to be provided by Inform Health.

- 72 Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham CCG is the highest prescribing area in the country for antibiotics. Total antibiotic prescribing is increasing in the CCG to above pre-covid levels and is above the new national ambition.
- 73 In response to this the CCG have included Antimicrobial Resistance within the risk register and have a robust plan, involving a whole system approach which started in 21/22 but will continue into 22/23. Work that has been carried out within 21/22 includes audits and patient reviews in primary care, audits and discussions with Urgent Care and extended care providers as well as secondary care.
- 74 In 21/22 the CCG commissioned a public awareness campaign called Seriously Resistant. This campaign aims for wider education and messages to patients and the public through a social media campaign. There is also ongoing work through schools to encourage a cultural change in the public belief of antibiotic being required for viruses and how we need to protect antibiotics for serious illness.

### **Strategic regulation intervention**

- 75 The Community Protection Service (CPS) delivers key frontline services which are mainly regulatory in nature and encompass environmental health, trading standards and licensing functions. The service is adopting a more strategic and risk-based approach to regulation and works closely with a range of key partners to achieve better regulatory outcomes which protect and promote the health and wellbeing of local communities. The Service is now responsible for community safety, including Anti-Social behaviour and the Horden Together Team who signpost into a variety of support services including addictions, mental health, alcohol and drug misuse and crisis services.
- 76 In relation to service priorities, as well as maintaining the Council's statutory functions around food safety and wellbeing, occupational safety and health, pollution control, housing standards and other health protection interventions, the CPS is an integral part of the Council's COVID-19 Pandemic response in relation to outbreak management and regulation of relevant health protection legislation and implementation of local COVID-19 restrictions.
- 77 The CPS team has had long term capacity issues which has been further compounded by the COVID-19 response and Brexit transition. This coincides with national shortages of suitably qualified Environmental Health and Trading Standards professionals which has presented difficulties with ongoing recruitment as well as staff retention and succession planning.

- 78 A Workforce Development and Staff Retention Plan 2021-2025 has been developed and will be implemented as from April 2022. In addressing the growing skills and expertise gap and the plan focusses on three key areas for actions namely RETAIN, RECRUIT and TRAIN and will provide an essential framework to support the development of all CPS employees. The plan will assist in ensuring the council is equipped to provide the best, most cost-effective CP service through a flexible and skilled workforce and will be implemented over the next 5 years to ensure business.
- 79 In addition, the CPS has a number of specialist teams which will provide an enhanced COVID-19 response in relation to local COVID-19 outbreaks, workplace health and safety, nuisance, and anti-social behaviour. As part of our graduated approach to compliance and enforcement, some enforcement actions will need to be escalated to the specialist CP teams as and when necessary. The Community Protection Service Teams have a range of enforcement powers and tools to deal with non-compliance issues associated with current restrictions and other matters which may be related to local restrictions including:
- Fixed Penalty Notices;
  - Prohibition Notices;
  - Improvement notices;
  - Abatement Notices;
  - Community Protection Notices;
  - Directions to close premises, events, or public places;
  - Criminal Proceedings.
- 80 The CPS continues to provide business support through the Business Regulatory Advice Department (BRAD). The service team will provide advice and guidance to businesses to promote better compliance with current legislation as well as facilitates business diversification.
- 81 The CPS is leading the Horden Together Initiative which was launched in October 2021 and currently has resources to continue until 2024.
- 82 This work supports the principles of the County Durham Together initiative which will provide a new way of working with our communities towards achieving the County Durham Vision 2035.

- 83 Supported by the Safe Durham Partnership, the project aims to strengthen our existing partnership arrangements as well as facilitate system change and promote the co-production of future services
- 84 The overarching vision of the partnership is to promote new ways of working which could be replicated in other areas where there is significant health, social and economic problems.
- 85 The Horden Together initiative is centred around the Making Every Adult Matter (MEAM) framework and brings together a variety of different partners who will work as one team within a neighbourhood hub. Their work will focus on addressing the needs of individuals as well as local community priorities and build upon best practice and shared learning identified from our ongoing response to the COVID-19 pandemic.
- 86 Community Navigators have already had an overwhelming response within the first 6 months of operation and are working with the community and individuals in the area to promote conversation and positive engagement as well as deliver the co-production of future services.
- 87 Working collaboratively to restore, redeem and transform local communities and address a variety of community issues and social needs, the Horden project team will focus on the social determinants of health including improvements in the local environment, housing, education, income, crime, and social capital.
- 88 Initial investment in the Horden project has been identified until 2024 and further funding opportunities are currently being explored to extend the project and potentially increase the establishment of more place-based teams in other areas of high multiple deprivation across the County.

### **Preparedness and response to incidents and emergencies**

- 89 Partner organisations involved in public health have played a major role in preparing for and responding to public health incidents this year.
- 90 Partners have continued to respond to COVID-19 outbreaks in line with the local outbreak management plan.
- 91 Partners have also been involved in responding to other major incidents including a number of winter storms which affected the county during November/December 2021 and January and February 2022, with particular focus on ensuring the welfare of vulnerable and clinically vulnerable people affected by power outages caused by the storms.

- 92 Outbreak management and business continuity plans have been reviewed and developed and exercised on a number of occasions. As part of the development of the COVID-19 Local Outbreak Management Plan, scenario planning workshops were used to develop standard operating procedures for each of the outbreak control teams.
- 93 The council's emergency response procedures, and in particular those relating to evacuation and emergency rest centres have been reviewed and revised in response to the evolving COVID-19 guidance and rest centre managers and responders briefed and trained on COVID-19 safe management and practice.
- 94 Exercises were developed and undertaken in response to the government's local response strategy and the development of the County Durham Local Health Protection Assurance Board's own case and outbreak exceedance modelling (the spike predictor tool).
- 95 The civil contingencies unit has provided the local coordination and identification of COVID-19 testing sites across the county and Darlington and has worked with the CCG and NHSEI to identify vaccination centre sites and to organise pop-up vaccination clinics. The unit is now liaising with UKHSA on the decommissioning of sites.
- 96 The Excess Death Framework for Durham and Darlington was exercised in 2020 and subsequent COVID-19 specific excess death plans and protocols have been developed and exercised. The CCU now represents the county on a new regional excess deaths group which was established in 2021 to share best practice and facilitate collaboration and coordination across the region.
- 97 Public health partners took part in an exercise on wider winter pressures which included other impacts in addition to COVID-19 and EU transition.
- 98 Plans are in place for the two Control of Major Accident Hazards (COMAH) sites in Durham and a statutory exercise for one of the two sites was undertaken in 2021 (Exercise Mussel). A separate exercise for the second site is planned for later this year in 2022 (Exercise Toucan).
- 99 A multi-agency plan for the LRF was developed for site clearance including the management of hazardous materials and this was exercised with multi-agency partners including public health in 2021 (Exercise Rouville 21)
- 100 The Director of Public Health, along with other DsPH across the North East continue to be part of a Scientific and Technical Advice Cell (STAC) rota in a major incident when a STAC is called by the Strategic

Co-ordinating Group the DPH will chair the STAC. The DPH has undergone Major Incident Gold Command Training to ensure the DPH can operate at Strategic Command Group (SCG) level and understands the working arrangements of STAC and the SCG.

- 101 Agencies have also monitored the spread of avian flu across the country and provided advice to the farming and poultry industries on human health risks in commercial farming, restriction zones and to the public in relation to coming into contact with dead wildfowl. Outbreak management meetings have been held between the Director of Public Health, UKHSA, Community Protection and CCU and a communications strategy developed including the production of a range of communications materials display at affected sites and locations.

## **Communications**

- 102 The contribution of communications campaigns must be also highlighted. Extensive joint work across regional and system partners has significantly enhanced the health protection programmes both proactive and responsive, detailed throughout this report. This includes the calendar of campaigns, specific and targeted communications campaigns including flu, MMR, meningitis, avian flu, COVID-19. These campaigns have been shaped by behavioural insights work that inform the design, message, and mode of delivery of messages ensuring relevance to the target audience and facilitating community-based asset approaches to be strengthened.

## **Main implications**

- 103 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.
- 104 The HPADG has an action plan which is actively updated by key partners providing assurance and identifying priorities and actions. The HPADG group meets quarterly and reports to the HWB.

## **Conclusion**

- 105 The health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance.
- 106 Good communication exists between the commissioners of the various programmes and the DPH and remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns.

- 107 There has been significant change to health protection structures and processes during the COVID-19 pandemic. The transition arrangements to living with COVID-19 present opportunities to integrate the lessons learnt from the pandemic to further develop the health protection system whilst remaining flexible and agile to be able to manage and respond to further waves or variants of COVID-19.
- 108 The dynamic situation presented by the pandemic and other climate related emergencies have brought about beneficial reviews and changes to emergency response arrangements.
- 109 The timely revision of the health protection governance arrangements will ensure robust, effective, and streamlined procedures are in place for monitoring, reporting and enable system collaboration to determine priorities for action and affect change where required.
- 110 There remain areas for improvement and increased assurance including:
- (a) some screening and immunisation services - joint working with commissioners, providers, and communities to take collaborative action to expedite improvements and amplify local communications including; breast cancer screening, abdominal aortic aneurysm (AAA) screening and diabetic eye screening;
  - (b) employing the learning from COVID-19 vaccination to increase uptake in school based vaccinations including HPV;
  - (c) utilising the skills and expertise developed in the COVID-19 granular data analysis to further understand and address variation in access to services by sociodemographic characteristics.
- 111 Monitoring towards achievement of the identified actions will be undertaken by the HPADG and using the health protection scorecard. The HPADG meets quarterly and reports to the HWB.

### **Background papers**

- None

### **Other useful documents**

- None

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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**

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.

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## **Appendix 2: Health Protection Scorecard**

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Attached as separate document

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## Health Protection scorecard - March 2022

	Significantly worse than England
	Not significantly different to England
	Significantly better than England
	Significance not tested
-	No sub-regional data available
	Above national goal
	Close to national goal
	Below national goal

	Indicator	Measure	Period	County Durham		North East	England
				No.	Measure		
Screening	C23 - Percentage of cancers diagnosed at stages 1 and 2	%	2019	1,211	51.4%	52.6%	55.1%
	C24a - Cancer screening coverage - breast cancer	%	2021	41,948	64.4%	64.7%	64.1%
	C24b - Cancer screening coverage - cervical cancer (25 - 49 years)	%	2021	61,159	75.4%	73.1%	68.0%
	C24c - Cancer screening coverage - cervical cancer (50 - 64 years)	%	2021	39,520	76.4%	75.6%	74.7%
	C24d - Cancer screening coverage - bowel cancer	%	2021	65,971	67.5%	67.9%	65.2%
	C24e - Abdominal Aortic Aneurysm Screening - Coverage	%	2020/21	1,624	49.9%	50.0%	55.0%
	C25b – Diabetic eye screening - uptake (%)	%	2020/21	-	~	62.9%	67.9%
	C24h - Infectious Diseases in Pregnancy Screening – HIV Coverage (%)	%	2020/21	-	~	99.8%	99.8%
	C24i - Infectious Diseases in Pregnancy Screening – Syphilis Coverage (%)	%	2020/21	-	~	99.8%	99.8%
	C24j - Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage (%)	%	2020/21	-	~	99.8%	99.8%
	C24k - Sickle Cell and Thalassaemia Screening – Coverage (%)	%	2020/21	-	~	99.8%	99.7%
	C24l - Newborn Blood Spot Screening – Coverage (%)	%	2020/21	-	~	98.0%	97.2%
	C24m - Newborn Hearing Screening – Coverage (%)	%	2020/21	4,476	98.1%	97.6%	97.5%
	C24n - Newborn and Infant Physical Examination Screening – Coverage (%)	%	2020/21	4,424	96.7%	97.2%	97.3%

Indicator	Measure	Period	County Durham		North East	England
			No.	Measure		
<b>12 months</b>						
D03b - Population vaccination coverage - Hepatitis B (1 year old)	%	2020/21	4	100%	-	-
D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	%	2020/21	4,725	97.4%	95.5%	92.0%
	<90% 90% to 95% ≥95%					
D03f - Population vaccination coverage - PCV (1 year old)	%	2019/20	4,923	97.8%	96.4%	93.2%
	<90% 90% to 95% ≥95%					
<b>24 months</b>						
D03g - Population vaccination coverage - Hepatitis B (2 years old)	%	2020/21	-	*	*	*
D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	%	2020/21	5,003	98.2%	96.9%	93.8%
	<90% 90% to 95% ≥95%					
D03m - Population vaccination coverage - Hib / MenC booster (2 years old)	%	2020/21	4,942	97.0%	95.3%	89.8%
	<90% 90% to 95% ≥95%					
D03k - Population vaccination coverage - PCV booster (2 years old)	%	2020/21	4,938	96.9%	95.3%	90.1%
	<90% 90% to 95% ≥95%					
D03j - Population vaccination coverage - MMR for one dose (2 years old)	%	2020/21	4,934	96.9%	95.3%	90.3%
	<90% 90% to 95% ≥95%					
<b>2-3 years</b>						
D03l - Population vaccination coverage - Flu (2-3 years old)	%	2020/21	6,566	64.5%	60.1	56.7%
	<40% 40% to 65% >65%					
<b>5 years</b>						
D04b - Population vaccination coverage - MMR for one dose (5 years old)	%	2020/21	5,543	98.1%	97.0%	94.3%
	<90% 90% to 95% ≥95%					
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	%	2020/21	TBC	97.2%	95.1%	92.3%
	<90% 90% to 95% ≥95%					
D04c - Population vaccination coverage - MMR for two doses (5 years old)	%	2020/21	5,444	96.4%	92.5%	86.6%
	<90% 90% to 95% ≥95%					
<b>Other Children and young people</b>						
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	%	2020/21	2,034	66.1%	80.9%^	76.7%
	<80% 80% to 90% ≥90%					
D04f - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	%	2020/21	2,073	69.3%	53.4%^	60.6%
	<80% 80% to 90% >90%					
<b>Other</b>						
Persons entering substance misuse treatment - Percentage of eligible persons completing a course of hepatitis B vacc		2016/17	32	3.6%	6.0%	8.1%
D05 - Population vaccination coverage - Flu (at risk individuals)	%	2020/21	47,889	59.0%	56.6%	53.0%
	<55% ≥55%					
D06a - Population vaccination coverage - Flu (aged 65+)	%	2020/21	92,992	84.2%	83.7%	80.9%
	<75% ≥75%					
D06b - Population vaccination coverage - PPV (aged 65+)	%	2020/21	82,981	72.8%	73.7%	70.6%
	<65% 65% to 75% ≥75%					
D06c - Population vaccination coverage - Shingles vaccination coverage (71 years old)	%	2019/20	3,079	50.0%	50.8%	48.2%
	<50% 50% to 60% ≥60%					

Imms and Vaccs

	Indicator	Measure	Period	County Durham		North East	England
				No.	Measure		
Sexual health	D02a - Chlamydia detection rate / 100,000 aged 15-24	R/100,000	2020	814	<b>1,226</b>	1,515	1,408
		<b>&lt;1,900 1,900 to 2,300 ≥2,300</b>					
	D02b - All new STI diagnoses (exc Chlamydia aged <25) / 100,000	R/100,000	2020	1,423	<b>424</b>	449	619
	Gonorrhoea diagnosis rate per 100,000 population	R/100,000	2020	318	<b>60</b>	59	101
	Syphilis diagnoses rate per 100,000 population	R/100,000	2020	19	<b>3.6</b>	8.5	12.2
	D07 - HIV late diagnosis (%)	R/100,000	2018-20	17	<b>37.8%</b>	39.8%	42.4%
		<b>≥50% 25% to 50% &lt;25%</b>					
Infectious diseases	Legionnaire's disease confirmed incidence rate / 100,000	R/100,000	2016	3	<b>0.57</b>	0.53	0.61
	Typhoid and paratyphoid confirmed incidence rate / 100,000	R/100,000	2018	2	<b>38.0%</b>	0.15	0.61
	D08b - TB incidence (three year average)	R/100,000	2018-20	30	<b>1.9</b>	3.5	8
	3.05i - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12months (%)	%	2019	6	<b>75.0%</b>	81.4%	82.0%
	Measles new diagnosis rate	R/100,000	2018	1	<b>0.2</b>	0.5	1.7
	Non-typhoidal Salmonella (incidence)	R/100,000	2017	92	<b>17.6</b>	16.6	15.7
	Campylobacter (incidence)	R/100,000	2017	689	<b>132</b>	123	97
	Cryptosporidium (incidence)	R/100,000	2017	75	<b>14.4</b>	10.4	7.3
	Giardia (incidence)	R/100,000	2017	35	<b>6.7</b>	11.9	8.5
	STEC serogroup O157 (incidence)	R/100,000	2018	13	<b>2.5</b>	2	1

	Indicator	Measure	Period	County Durham CCG		STP	England
				Count	Value	Value	Value
Health Care Acquired Infection	All C. difficile rates by CCG and financial year	R/100,000	2020/21	116	21.9	27.6	22.2
	All MRSA bacteraemia rates by CCG and financial year	R/100,000	2020/21	8	1.5	0.7	1.2
	CCG-assigned MRSA rates by CCG and financial year	R/100,000	2016/17	1	0.4	0.57	0.4
	All MSSA bacteraemia rates by CCG and financial year	R/100,000	2020/21	127	24	27.2	20.8
	Trust-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	3	3	-	315
	Third party-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	0	0	-	276
	All E. coli bacteraemia rates by CCG and financial year	R/100,000	2020/21	371	70	83.5	65.3
	Counts and 12-month rolling rates of C. difficile infection, by CCG and month	R/100,000	Dec-21	117	22.1	29.5	24.8
	Counts and 12-month rolling rates of all MRSA bacteraemia cases, by CCG and month	R/100,000	Dec-21	10	1.9	1	1.2
	Counts and 12-month rolling rates of MSSA bacteraemia cases, by CCG and month	R/100,000	Dec-21	135	25.5	28.2	21.8
	Counts and 12-month rolling rates of E. coli bacteraemia by CCG and month	R/100,000	Dec-21	387	73	86.7	67.2
	Counts and 12-month rolling rates of hospital-onset E. coli bacteraemia, by CCG and month	R/100,000	Dec-21	88	16.6	18.7	12.5
	Counts and 12-month rolling rates of community-onset E. coli bacteraemia, by CCG and month	R/100,000	Dec-21	299	56.4	68	54.7