Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Monday 3 October 2022**
Time **9.30 am**
Venue **Committee Room 2, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies

2. Substitute Members

3. Minutes of the meeting held on 15 July 2022 (Pages 3 - 14)

4. Declarations of Interest, if any

5. Any Items from Co-opted Members or Interested Parties

6. Health Protection Annual Assurance Update - Report of the Director of Public Health, Durham County Council (Pages 15 - 42)

7. COVID-19 Transition Plan - Report of the Director of Public Health, Durham County Council (Pages 43 - 104)

8. Quarter 1 2022/23 Performance Management Report - Report of Paul Darby, Corporate Director of Resources (Pages 105 - 118)

9. 2021/22 Q4 and 2022/23 Q1 Adults and Health Services Budget Outturn - Reports of Paul Darby, Corporate Director of Resources and presentation by Andrew Gilmore, Finance Manager (Pages 119 - 152)

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

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
23 September 2022

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor P Jopling (Chair)
Councillor J Howey (Vice-Chair)

Councillors V Andrews, C Bell, R Charlton-Lainé, I Cochrane, R Crute, K Earley, O Gunn, D Haney, J Higgins, L A Holmes, L Hovvels, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons, T Stubbs, D Oliver and E Peeke

Co-opted Members: Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Joanne McCall Tel: 03000 265895

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 15 July 2022 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee
Councillors J Howey, V Andrews, K Earley, D Haney, J Higgins, L A Holmes, L Hovvels, C Martin, S Quinn, K Robson, T Stubbs and B Coult (substitute for M Simmons)

Co-opted Members
Mrs R Gott and Ms A Stobbart

1 Apologies

Apologies for absence were received from Councillors Gunn, Savory and Simmons.

2 Substitute Members

Councillor Coult was present as substitute for Councillor Simmons.

3 Minutes

The Minutes of the meeting held on 9 May 2022 were agreed as a correct record subject to the following amendments;

- Councillor Earley referred to the minute that suggested that NEAS had an ambition to replace the existing UHND A&E facility, which should have referenced the ambition as that of CDDFT.

- Councillor Earley also advised that he had been quoted as querying the priority funding for a new regional body, when in fact he had queried funding for the UHND A&E facility.

- Councillor Higgins advised that the walk in centre that was closed was in a neighbouring ward and not within his own as stated.

4 Declarations of Interest

Councillor Haney declared an interest in item no. 10 as he was a Public Governor on Tees, Esk and Wear Valley NHS Foundation Trust.

Councillor Earley declared an interest in item no. 6 as a member of Shotley Bridge Hospital Support Group.

5 Any Items from Co-opted Members or Interested Parties

Mrs R Gott advised that she had concerns with regards to the slotting in of staff on the Integrated Care Board and the potential impact on services. She also highlighted concerns around pressures being experienced within mental health service provision citing her own personal experiences.

David Gallagher, Executive Director of Place Based Delivery (Central and Tees Valley) North East and North Cumbria Integrated Care Board reported that the process of slotting in staff to the new organisation was being undertaken in accordance with NHS “Agenda for Change” principles and is in keeping with agreed HR protocols.

In respect of Mrs Gott’s concerns regarding mental health, Jennifer Illingworth, Care Group Director, Tees, Esk and Wear Valleys NHS Foundation Trust suggested that these could be discussed outside of the formal Committee.

6 Shotley Bridge Hospital Update

The Committee received a presentation of Dr J Steele, Clinical Lead, County Durham and Darlington NHS Foundation Trust, which provided an update with regards to the reprovision of Shotley Bridge Hospital (for copy see file of minutes).

Members were advised that the scheme was clinically led with ongoing public and key stakeholder engagement. In terms of services, Dr Steele advised that there would be no significant changes and that a site had been identified 1.8 miles from the current site. A timeline was shared with Members and she confirmed that construction would start in December 2023 and the facility would be completed early in 2025.

Councillor Haney advised that people were frustrated and although reassuring communications had been received, he wondered whether the Trust would be willing to attend a public meeting.

Senior Portfolio Lead, Senior Portfolio Lead, County Durham Care Partnership, advised that the Communications Lead had already started Councillor briefing sessions and they were willing to extend the programme to give regular updates and a comprehensive communications plan.

The Clinical Lead added that whilst the Trust were willing to attend meetings and listen to public feedback, there may be services that were unable to be delivered. Councillor Haney added that most people in the town would say that the number of beds was inadequate, however the conversation was necessary, and views should still be considered.

Local Member, Councillor Earley, confirmed that people were contacting him to highlight services the lack of services such as Endoscopy which had been included in other new hospitals, but was unable to be delivered in Durham. He shared his disappointment about the number of beds and suggested that people wanted more individual rooms for various medical and personal reasons. That being said there were positive elements, and he noted the plans for 24/7 urgent care but wondered if it would include GP cover.

The Senior Portfolio Lead, advised that the number of beds had been determined by clinicians who had disagreed with the New Hospitals Programme guidance for 100% single bed occupancy rooms and a mix of eight single rooms with two four bedded single sex bays was considered more appropriate, especially given the social interaction requirements for rehabilitation patients.

With regards to the rationale behind the decision not to open a new Endoscopy Suite, the Clinical Lead advised that she was not partial to the reasoning, but confirmed that it would have been based on a clinical analysis, of which more detail would be provided after the meeting.

The Senior Portfolio Lead advised that had been some concerns regarding the use of Endoscopy as a diagnosis tool as this process was not particularly pleasant and the budget did not have the ability to provide this treatment at Shotley Bridge.

Councillor Andrews added that endoscopy in North Yorkshire had been moved from community hospitals as an on-site Anaesthetist was required to perform the procedure which was not always possible.

The Lead Clinician added that patients requiring diagnosis tended to be frailer and more at risk of having serious complications whilst undergoing this type of investigation and whilst most were performed with no issue, some could result in a crisis. Councillor Earley responded that if age and frailty were high risk factors the Trust could implement an age limit and other risk management measures.

Denise Alexander, Interim Project Lead, Healthwatch County Durham, referred to the involvement of Healthwatch County Durham in the new project particularly in respect of public engagement and communications. Further discussion would take place around future ongoing engagement activity linked to the project.

Councillor Hovvels wanted to record her gratitude to everyone involved in the process as it had been a long time since the initial discussions. She also emphasised the importance of community engagement.

Councillor Howey asked whether the plans would affect the mental health provision that was already situated at this location. J Illingworth, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust, advised that Derwent Clinic was on a site owned by the Trust and separate from the hospital. Whilst the building was not in a good state, there were no plans to move out nor was there a suggestion that the clinic would be moved from the area.

Councillor Haney added that earlier in the process, consideration had been given to a new clinic in order to try and secure more space, however the space required could not be offered, therefore it had not materialised.

Councillor Martin confirmed that the previous update the Committee had received had confirmed that the plans were subject to around 12 months delay and there was a risk that funding would be lost if they were not delivered.

The Senior Portfolio Lead confirmed that the delay was around six months as this was a complex, clinically led programme of work and main hospital sites were extremely busy and the NHS had undergone many changes. Despite being an outline business case, there were additional criteria to meet for the full business case which were being included at this stage.

With regards to the timing, the scheme had to be delivered by the end of 2025 and there were no issues doing that. A design and build contract was being procured and the process of starting on site was beginning.

In response to a comment from Councillor Martin, the Senior Portfolio Lead confirmed that the changes in the NHS that were causing the delay were not related to the change from CCG to ICB but related to the new Hospital Programme, many of which were major hospital builds and also the discussions regarding the criteria for community hospitals versus acute.

Resolved

That the presentation be noted and regular updates be brought back to future meetings of the Committee.

7 Integrated Care System Update

The Committee received a presentation of D Gallagher, Executive Director of Place Based Delivery (Central and Tees Valley) North East and North Cumbria Integrated Care Board which provided an update on the Integrated Care System (for copy see file of minutes).

Councillor Hovvels commented on the simple way the presentation had explored such a complex new way of working and the message had to continue to be shared as such in order for people to understand.

Councillor Holmes asked how it was possible to ensure fair attention was given to all areas in the North East and Cumbria and not just cities such as Newcastle and Carlisle. The Executive Director of Place Based Delivery advised that the link with Health and Wellbeing Board would continue and the majority of the work would continue to be done locally. An Integrated Care Partnership (ICP) had also been established from across the North East and North Cumbria, bringing together 13 local councils, hospitals, community services, primary care, hospices, and voluntary, community and social enterprise (VCSE) organisations and Healthwatch across the region.

Councillor Stubbs queried the number of Senior Managers after the transfer and whether there had been any reductions. The Executive Director of Place Based Delivery advised that the roles were slightly different, but there were likely the same number of posts.

The Interim Project Lead, Healthwatch County Durham advised that all 13 Healthwatch organisations across the locality had been working for more than 12 months to ensure the voice of the patient and public remained and was built into the programme. A lot of work had been done to ensure it was inclusive and the ICB included a seat for Healthwatch Northumberland. The Executive Director of Place Based Delivery added that continuing to ensure the local patient voice was heard was essential.

With regards to integrated services, Councillor Andrews was concerned that this could only work with improvements to social care, ambulance wait times and bed numbers. The Executive Director of Place Based Delivery advised that all partners were working together to consider challenges that would improve the integrated partnership.

Councillor Holmes was aware that big hospital projects would need to be considered by the ICB, but queried how much control they had over services offered in hospitals. The Executive Director of Place Based Delivery confirmed that as contracts moved across from CCG's to ICB, they would take on the role of working with local people and stakeholders to make sure they were delivered. There would be no change, but more leverage over providers if they were not providing the expected level of service.

Councillor Howey was concerned that bigger hospitals with more specialist needs would result in the deterioration of services provided in Durham. She asked whether the ICB would need to consider proposals such as Bishop Auckland A&E and the Executive Director of Place Based Delivery advised that first the Trust

would need to support the proposal and a business case be approved ICB. This type of proposal would also need national approval and the process had not changed. There were no plans to downgrade the acute hospital and he highlighted that patients were also transferred from Newcastle and other areas into Durham. In response to a final question from Councillor Howey, he confirmed that the extension to Durham A&E would need to be approved by the ICB.

The Principal Overview and Scrutiny Officer advised that the Committee and other Committees had well-established positive relationships with the former CCG and knew who to contact for service information and member queries. He sought assurances that during the transfer of responsibilities that information on key points of contact and service staff these contacts and positive relationships would continue.

Resolved

That the presentation be noted and regular updates be brought back to future meetings of the Committee.

8 Draft Pharmaceutical Needs Assessment 2022-25

The Committee received a report of the Director of Public Health which provided details regarding the publication of a Pharmaceutical Needs Assessment 2022-25 (for copy see file of minutes).

C Jones, Public Health Pharmacy Adviser advised that there had been 290 responses to consultation which would be combined with response.

Councillor Stubbs asked whether the number of responses from the public was as expected and whether it was a low response rate. The Public Health Pharmacy Adviser confirmed that it was a reasonable response, compared to similar exercises that she had experienced. The biggest response was from the community champion network, which had provided over 600 responses but only 290 had been deemed to be reasonable. They included a mix of individual comments and comments from organisations.

Based on previous history of these type of surveys Councillor Stubbs asked whether there was any evidence that people only tended to fill them in if they were unhappy with a service, which resulted in negative responses. The Public Health Pharmacy Adviser advised that there had been a good balance of responses and people were happy to come forward with approval of service provision. The responses had been reflected in the way those received had been summarised.

The Interim Project Lead, Healthwatch County Durham referred to a survey carried out in 2019, in which 90% of the feedback had been positive. There were suggested improvements and services that customers would like to have delivered,

to be followed up in March 2020 however due to the pandemic, could not be done face to face.

Councillor Hovvels referred to the important role of Pharmacists that enabled patients to self-diagnose and predicted it would be more demanding in future due to the difficulties in getting appointments. The Public Health Pharmacy Adviser advised that there had been national changes and more services were able to be offered by Pharmacies, such as assisting with prescribed medicines, or support with minor illnesses and screening. Councillor Hovvels confirmed that there were many welcome changes to the service during the pandemic, in particular the offer of delivery.

Councillor Holmes confirmed that there were still some issues regarding repeat prescriptions and stock levels and wondered what could be done to ensure the necessary stock was kept in order to provide repeat prescriptions. The Public Health Pharmacy Adviser advised that there was a national issue with intermittent issues affecting supply chains. There were a host of processes and procedures to protect supply chains and provision for GP's to supply suitable alternatives where possible.

Councillor Quinn queried the consultation process and the options available to respond to the survey and how it had been advertised. She had been notified as a community champion, but not as a customer in the pharmacy.

The Public Health Pharmacy Adviser confirmed that pharmacies had not been used as a conduit due to their existing workload, however they had consulted with the Local Pharmaceutical Committee and used networks such as Healthwatch, Durham County News, and the voluntary care sector for advertising purposes. The consultation itself was available online but there was a facility to assist people filling it in.

Councillor Quinn was concerned that if there were supply issues, people may choose not to take regular medication. The Public Health Pharmacy Adviser confirmed that there were clinical exceptions within national guidance that allowed patients to access alternatives in consultation with their GP.

The Principal Overview and Scrutiny Officer advised that the item had been brought to Committee to allow Members the opportunity to provide a response and all comments raised would be included.

The Committee also agreed to support the findings of the HWB included in the executive summary for the provision of future pharmaceutical needs and improvements.

Councillor Earley added that the Council should do everything they could to support this service, which had in the past been underutilised.

Resolved

That the report be noted and comments submitted with regards to the Draft Pharmaceutical Needs Assessment.

9 Q4 2021/22 Performance Management Report

The Committee considered a report of the Corporate Director of Resources which presented an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlighted key messages to inform strategic priorities and work programmes at the end of quarter four, January to March 2022 (for copy see file of minutes).

The Council had been shortlisted for the LGC Award 2022 in the Public Health category for work on health, especially mental health and the winner would be announced later in the week.

Councillor Quinn referred to the free courses and community-based activities which had been attended throughout the year and confirmed that she had attended some of the sessions and highly recommended them. There was some fantastic work within communities to ensure people were getting out and participating in physical exercise.

Councillor Quinn went on to suggest that educating young mothers and ensuring they had skills to cook healthy meals was a vital programme that could improve health and wellbeing.

With regards to long and independent lives Councillor Coult referred to figures regarding participation in sport and physical activity and inactivity and asked whether there was any further information that could indicate what was preventing 30.8% of the population from participating. She also queried whether there were any hotspots within the County.

A Harrington, Strategy Team Leader advised that it was difficult to get weighted data however she would liaise with colleagues in Public Health to see if they had a better understanding. She advised that a physical activity strategy was being developed and should be provided to the Health and Wellbeing Board in July 2022.

With regards to hotspots in localities, the Strategy Team Leader was unable to confirm whether any intelligence could be shared, but she would investigate.

Councillor Hovvels confirmed that there were issues with transport, especially in rural communities and due to the increased cost of travel and the cost of living crisis, people would be more under pressure and this would impact on people's

health and wellbeing. Despite the events being free, there were still costs associated with attending them which could prohibit participation.

Councillor Howey asked whether the benefits of walking could be promoted to those who lived in rural communities and parents who were driving children to school. The Strategy Team Leader confirmed that she was aware that where possible schools promoted walking to school and the Council promoted physical activity as much as possible through their website, however there were often costs involved that restricted certain types of promotion.

Councillor Quinn agreed that every school could be involved in walking to school campaigns, such as the walking school bus. This had been popular a number of years prior, but it relied heavily on volunteers. Elected Members would help where possible as obesity rates were extremely high in school children and a lot of parents were unemployed yet still relying on cars.

The Chair added that elderly people with painful health problems were restricted when it came to exercise.

Resolved

That the Committee notes the overall position and direction of travel in relation to quarter four performance, the impact of COVID-19 on performance, and the actions being taken to address areas of underperformance including the significant economic and well-being challenges because of the pandemic.

10 NHS Foundation Trust Quality Accounts 2021/22

The Committee considered a report of the Corporate Director of Resources which provided the responses made on behalf of the Committee in respect of NHS Foundation Trust Draft Quality Accounts 2021/22 (for copy see file of minutes).

The Principal Overview and Scrutiny Officer presented a summary of the comments on the Annual Accounts of North East Ambulance Service, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust.

Resolved

That the report be noted.

11 Adults Wellbeing and Health OSC

The Committee received a report of the Corporate Director of Resources which provided an updated draft work programme for 2022/23 (for copy see file of minutes).

The Principal Overview and Scrutiny Officer confirmed that the Committee were recommended to identify a topic for in depth review and it was anticipated that input from the thematic OSCs would be required into the Medium Term Financial Plan MTFP (13) development and beyond.

A Gilmore, Finance Manager (AHS), presented a presentation which explained the involvement of Scrutiny Committees in the development of savings options on MTFP(13) (for copy see file of minutes).

The recommendation was that thematic OSC's considered options for efficiency savings and/or opportunities for generating additional income with their thematic service areas, which would be considered for inclusion by Cabinet.

Councillor Stubbs confirmed that elected members would undoubtedly have ideas and proposals that they could contribute towards this process, however the role of the Committee was to scrutinise proposals and he wondered if there would be a conflict of interest.

Councillor Hovvels objected to the proposal as she determined it to be contrary to the role of the Committee. The fundamental role of Scrutiny was to scrutinise services and make recommendations. Scrutiny Members had never previously been involved in contributing towards decisions, it was the remit of the Cabinet. She also questioned whether it was constitutionally sound.

Councillor Earley commented that to do this properly, Members would need a lot of financial data, which would be an awful lot of additional work and pressure on Officers.

The Chair advised that the idea was that Members would have more of an input on where savings could be made at a local level.

Councillor Andrews considered that it would be difficult for the Committee to scrutinise or provide feedback on an item they had already contributed to.

Councillor Martin confirmed that there was no restriction in the Constitution to prevent this proposal and the Committee were only being asked to contribute ideas. This was a tool that could be utilised for Councillors to feel more involved in the process.

Councillor Higgins saw this as an exercise to form a workshop and come up with ideas for Cabinet, that they would potentially then be asked to scrutinise. He objected on the basis that Members could not scrutinise proposals that they had put forward as suggestions.

Councillor Martin suggested that as Members were not in agreement on the recommendation to set up a task and finish group to review activity on MTFP(13) that a motion be put forward.

Councillor Martin then proposed to accept all recommendations in, seconded by Councillor Stubbs.

Councillor Hovvels advised she was against any proposal to set up a task and finish group to review activity on MTFP(13).

The Principal Overview and Scrutiny Officer confirmed that the Council's Constitution allowed for Overview and Scrutiny to consider the Council's budget and assist the Executive in the development of the Council's annual budget and review and scrutinise budgetary management. This role was led by the Corporate Overview and Scrutiny Management Board but thematic OSCs had been asked to consider contributing to this process this year.

In terms of the motions put to Committee, the Principal Overview and Scrutiny Committee advised that decisions of Scrutiny were usually made by consensus but given the opposing views expressed by members at the meeting it was appropriate to vote on the respective proposal/recommendation.

Upon a vote being taken it was

Resolved

(i) That the proposed Adults Wellbeing and Health OSC work programme for 2022/23 be agreed; and
(ii) That a task and finish group be established to review activity on MTFP(13).

This page is intentionally left blank

Adults, Wellbeing and Health Overview and Scrutiny Committee

3 October 2022

Health Protection Assurance Annual Report

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

Electoral division(s) affected:

All

Purpose of the Report

1 The purpose of this report is to provide members of Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) 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 AWH OSC 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 AHS OSC 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 11th 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. Ful 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

Contact: Joy Evans Tel: 07902 831608

Appendix 1: Implications

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.

Appendix 2: Health Protection Scorecard

Attached as separate document

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 – Syphillis 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		
Imms and Vaccs	**12 months**						
	D03b - Population vaccination coverage - Hepatitis B (1 year old)	%	2020/21	4	100%	-	-
	D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% 90% to 95% ≥95%	%	2020/21	4,725	**97.4%**	95.5%	92.0%
	D03f - Population vaccination coverage - PCV (1 year old) <90% 90% to 95% ≥95%	%	2019/20	4,923	**97.8%**	96.4%	93.2%
	24 months						
	D03g - Population vaccination coverage - Hepatitis B (2 years old)	%	2020/21	-	*	*	*
	D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	%	2020/21	5,003	**98.2%**	96.9%	93.8%
	D03m - Population vaccination coverage - Hib / MenC booster (2 years old) <90% 90% to 95% ≥95%	%	2020/21	4,942	**97.0%**	95.3%	89.8%
	D03k - Population vaccination coverage - PCV booster (2 years old) <90% 90% to 95% ≥95%	%	2020/21	4,938	**96.9%**	95.3%	90.1%
	D03j - Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	%	2020/21	4,934	**96.9%**	95.3%	90.3%
	2-3 years						
	D03l - Population vaccination coverage - Flu (2-3 years old) <40% 40% to 65% >65%	%	2020/21	6,566	**64.5%**	60.1	56.7%
	5 years						
	D04b - Population vaccination coverage - MMR for one dose (5 years old) <90% 90% to 95% ≥95%	%	2020/21	5,543	**98.1%**	97.0%	94.3%
	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	%	2020/21	TBC	**97.2%**	95.1%	92.3%
	D04c - Population vaccination coverage - MMR for two doses (5 years old) <90% 90% to 95% ≥95%	%	2020/21	5,444	**96.4%**	92.5%	86.6%
	Other Children and young people						
	D04e - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) <80% 80% to 90% ≥90%	%	2020/21	2,034	**66.1%**	80.9%^	76.7%
	D04f - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old) <80% 80% to 90% >90%	%	2020/21	2,073	**69.3%**	53.4%^	60.6%
	Other						
	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) <55% ≥55%	%	2020/21	47,889	**59.0%**	56.6%	53.0%
	D06a - Population vaccination coverage - Flu (aged 65+) <75% %≥75%	%	2020/21	92,992	**84.2%**	83.7%	80.9%
	D06b - Population vaccination coverage - PPV (aged 65+) <65% 65% to 75% ≥75%	%	2020/21	82,981	**72.8%**	73.7%	70.6%
	D06c - Population vaccination coverage - Shingles vaccination coverage (71 years old) <50% 50% to 60% ≥60%	%	2019/20	3,079	**50.0%**	50.8%	48.2%

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

Indicators are ordered by PHOF indicator number, and grouped appropriately.
Imms and Vaccs are grouped by age, then indicator number.

~ Local Authority data not provided in England. Quarterly KPI data reports for NHS screening services are published by NHS England
* Value supressed for disclosure control due to small denomenator
^ Figure is for the NHS Local Team North East and Yorkshire (Cumbria and North East)

This page is intentionally left blank

	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

This page is intentionally left blank

Adults, Wellbeing and Health Overview and Scrutiny Committee

03 October 2022

Covid-19 Transition Plan and Health Protection Governance Arrangements Report

Ordinary Decision

Report of 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 Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) with the progress of the Covid-19 Transition Plan and Health Protection governance arrangements stepping down from an enhanced public health response to business as usual, aligning the management of Covid-19 to the wider health protection arrangements.

Executive summary

2 Prior to the Covid-19 pandemic the Health Protection Assurance and Development Group (HPADG), provided governance and oversight for all health protection issues.

3 The pandemic is one of the greatest public health challenges in living memory. It has affected every part of society throughout 2020, 2021 and 2022.

4 Due to the response required for Covid-19 the Health Protection Assurance Board (HPAB) was set up in June 2020 as a dedicated board to oversee and co-ordinate the local Covid-19 response, while the Health Protection Assurance and Development Group (HPADG) maintained its function for all other health protection matters.

5 The HPAB provided governance, oversight and leadership in the local management of Covid-19. The HPAB was responsible for the development and delivery of the statutory Local Outbreak Control Plan

2020/21 (LOCP) and the Local Outbreak Management Plan 2021/22 (LOMP). These plans provided the framework for leading, controlling, co-ordinating and managing the transmission of Covid-19.

6 The plans described how Durham County Council (DCC), Responsible Authorities, NHS and other health partners, will protect and support identified high risk settings.

7 This includes; the use and development of local data to inform actions and decision making, the management of outbreaks in identified settings, the management of Variants of Concern (VoC), supporting the delivery of the NHS Test and Trace Service, the delivery of a targeted community testing programme; supporting the delivery of the vaccination programme; delivering a full range of public and internal communications to protect and inform the public and to co-ordinate the voluntary and community response, including Covid-19 Champions.

8 The LOCP and LOMP built on the established public health protection arrangements regionally with Public Health England (PHE) that then became UK Health Security Agency (UKHSA). These documents also built on the strong relationships and interdependencies with other partners (both locally and regionally across the LA7/LA12) and helped the rapid development of the Covid-19 response.

9 When the Covid-19 Vaccination Programme was rolled out across County Durham (from Dec 2020) the existing Flu Vaccination Board extended its remit to cover Covid-19 vaccinations and was renamed the Immunisation Board and the terms of reference revised.

10 Moving into the next phase of the pandemic to 'Living Safely with Covid' and aligning the management of Covid-19 to other respiratory infections it is appropriate to de-escalate our Covid-19 plans to business as usual and position it with the response to other communicable diseases across County Durham.

11 The Covid-19 Transition Plan and proposed Health Protection Governance arrangements were developed to enable the strategic level co-ordination of the transitional arrangements for Covid-19 stepping down from an enhanced public health response to business as usual.

12 The Covid-19 Transition Plan has been delivered through five workstreams: Settings; Governance, Oversight and Policy; Interdependencies for Service Response; Funding; and Escalation and Surge Response.

13 The Covid-19 Transition Plan has also captured key learning and opportunities, risks and mitigations, with a full set of recommendations presented to the Health Protection Assurance Board (HPAB).

14 The Transition Plan is attached at Appendix 2 for information.

Recommendations

15 Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) is recommended to:

a) Note the content of this report;

b) Note the extensive work undertaken collaboratively by a range of partners within robust governance arrangements;

c) Receive a future report detailing the surge planning proposals.

Background

16 The pandemic is one of the greatest public health challenges in living memory. It has affected every part of society throughout 2020, 2021 and 2022.

17 Due to the response required for Covid-19 the Health Protection Assurance Board (HPAB) was set up in June 2020 as a dedicated board to oversee and co-ordinate the local Covid-19 response.

18 The HPAB was responsible for the development and delivery of the statutory Local Outbreak Control Plan 2020/21 (LOCP) and the Local Outbreak Management Plan 2021/22 (LOMP). These plans provided the framework for leading, controlling, co-ordinating and managing the transmission of Covid-19.

19 Durham County Council (DCC) started from a strong position as the HPAB built on established and robust relationships with Public Health England Health Protection Team (HPT), now the UK Health Security Agency (UKHSA), and their health protection expertise. It also built on the strong relationships and interdependencies with other partners and helped develop the Covid-19 response at speed.

20 The Local Outbreak Management Plan 2021/22 (LOMP) was 12-month plan with the latest version ending in March 2022. The underpinning principles of the LOMP were:

- Transmission of the virus needs to be kept as low as possible through robust control measures and outbreak response;
- Surveillance of transmission and variant emergence must be optimal;
- Test, trace and isolate needs to work effectively, with a clear testing strategy;
- The vaccination programme should be delivered effectively and equitably.

21 The plan described how Durham County Council (DCC), Responsible Authorities, NHS and other health partners, protect and support identified high risk settings.

22 This includes; the use and development of local data to inform actions and decision making, the management of outbreaks in identified settings, the management of Variants of Concern (VoC), supporting the delivery of the NHS Test and Trace Service, the delivery of a targeted community testing programme; supporting the delivery of the

vaccination programme; delivering a full range of public and internal communication action to protect and inform the public and to co-ordinate the voluntary and community response, including Covid-19 Champions.

23 In addition to the LOMP, the Council has worked with Local Authorities across the region so that local actions were aligned across the LA7 priorities for Covid-19 (short and medium term). These LA7 priorities are as follows:

- Take our communities with us in all that we do through clear communications, listening to them and addressing their concerns;
- Continue to support sustainable, equitable and rapid deployment of vaccination;
- Transform our approach to good infection, control and hygiene measures, taking our partners, businesses and communities with us, to ensure the protection of all of the population and the inclusion of vulnerable people in settings and in the community;
- Ensure a consistent approach to the prioritisation of threats to health, including considering the vulnerability and complexity of settings and the level of demand on the public health system, to ensure that public health capacity is deployed as effectively as possible;
- Support educational settings to understand, prevent and manage Covid-19 infections to minimise education disruption;
- Have plans to maximise use of available workforce capacity to respond quickly in a surge, in line with agreed national frameworks and health protection risk assessments;
- Work with the health and social care system to ensure equity of access to treatments and support;
- Maintain and improve surveillance systems and oversight;
- Promote the use of research to improve our knowledge of Covid-19 and interventions to prevent, treat and deal with its consequences and seek opportunities to contribute to the evidence base;
- Ensure that data flows and information governance support us to do our best for our population.

24 When the Covid-19 Vaccination Programme was rolled out across County Durham (from Dec 2020) the existing Flu Vaccination Board governance structure was utilised and its remit extended to cover Covid-19 vaccinations. The board was renamed the Immunisation Board and the terms of reference revised.

25 Moving into the next phase of the pandemic to 'Living Safely with Covid' and treating Covid-19 like other respiratory infections it is appropriate to de-escalate Covid-19 plans to business as usual and align it with the response to other communicable diseases across County Durham.

Health Protection Governance Arrangements

26 Prior to the Covid-19 pandemic the Health Protection Assurance and Development Group (HPADG), provided governance and oversight for all health protection issues.

27 Due to the response required for Covid-19 the Health Protection Assurance Board (HPAB) was set up in June 2020 as a dedicated board to oversee and co-ordinate the local Covid-19 response, while the Health Protection Assurance and Development Group (HPADG) maintained its function for all other health protection matters.

28 As mentioned in paragraph 24, from December 2020 we utilised the existing Flu Vaccination Board and extended its remit to cover Covid-19 vaccinations The board was renamed the Immunisation Board and the terms of reference revised.

29 The review of the health protection governance arrangements as part of the Transition Plan, proposes to stand down the Health Protection Assurance Board (HPAB) and for the Health Protection Assurance and Development Group (HPADG) to become a partnership group to reflect deepened relationships and collaborative working arrangements resulting from the Covid-19 response.

30 The terms of reference, objectives and membership have been reviewed to align the robust Covid-19 assurance arrangements with wider health protection governance, capturing the learning and the successful approaches and interdependencies established during the Covid-19 response including the Health Protection Assurance Board (HPAB).

31 The Immunisation Board will become a steering group and continue to establish co-chairing between the Director of Public Health (DPH) and CCG Clinical Lead.

32 The last meeting of the Health Protection Assurance Board (HPAB) took place 19 May 2022.

33 All recommendations identified in the Covid-19 Transition Plan will continue to be monitored by Health Protection Assurance and Development Partnership (HPADP).

34 A visual infogram of the governance arrangements for Health Protection are provided at Appendix 3

Covid-19 Transition Plan

35 The Covid-19 Transition Plan was developed to enable the strategic level co-ordination of the transitional arrangements for Covid-19 to step down from an enhanced public health response to business as usual.

36 The Covid-19 Transition Plan has been delivered through five workstreams:

- **Workstream 1 – Settings**

  Education; Children's Residential Homes; University; Workplaces; Health and Social Care Settings; Secure estates; Early Years

- **Workstream 2 – Governance, oversight and policy**

  Heath Protection Assurance Board; Health and Wellbeing Board; Oversight Groups; Policy Group; LRF

- **Workstream 3 – Interdependencies for service response**

  Data and Surveillance; Vaccinations; Communications; PCR and LFD Testing programmes; Community Engagement; Vulnerable and Underserved Communities

- **Workstream 4 – Funding**

  COMF; Test & Trace; pooled LA7; Other Covid Funding

- **Workstream 5 – Escalation and surge response**

  Out of Hours Response; Testing; LTP; Contact Tracing; LRF

37 The purpose of the transition plan was to:

- Provide a strategic level co-ordination of the transitional arrangements for Covid-19 as response de-escalates into a 'Living Safely with Covid' approach;
- Embed Covid-19 responses into the wider Health Protection System and inform our wider system planning and response;
- Retain the principles and goals in the Local Outbreak Management Plan (LOMP);
- Align with regional LA7 programme of work to live safely with Covid-19;
- Learn lessons - retaining local good practice and stronger relationships;
- Build on the strengthened relationships with regional HPT / UKHSA and regional processes.

38 Local partners will continue to work closely with LA7 colleagues on a programme of work at a North East level to live safely with Covid-19 and to develop a programme of work learning from the pandemic, as well as regional UKHSA colleagues and national contacts for Government.

39 The Covid-19 Transition Plan started from a point of heightened response, and builds on the LOMP objectives to re-develop them focused on the following goals:

- Scaling down across settings but retaining escalation, interdependencies, crucial skills and protecting critical infrastructure;
- Impact on health inequalities;
- Protect people and communities at greatest risk from Covid-19;
- Minimise the impact of Covid-19 on the wellbeing and development of children, young people and adults;
- Vaccine promotion and leaving on-one behind programme;
- Retain the real time data and surveillance improvements;
- Enabling future enhanced or surge response;

- Implementing lessons learnt into wider Health Protection, Public Health and Responsible Authorities work.

40 The HPAB agreed key milestones for the Covid-19 Transition Plan to ensure that:

- The transition arrangements and actions identified in this plan are progressed;
- Settings are supported to achieve key milestones / smooth transition in response to the Spring Plan;
- Appropriate consideration is given to the key areas of work that need to be undertaken in order to meet deadlines;
- All relevant actions are completed within the necessary timescales;
- Key lessons learned are captured and used to inform development;
- Robust plans and procedures remain should escalation be required to respond to future waves or new variants.

41 During the pandemic, Contain Outbreak Management Funding (COMF) was allocated to local authorities from central government for public health purposes to help support and mitigate the impact of Covid-19 in local areas.

42 From the funding streams received, there were 76 bids totalling £23.9 million, of which 53 COMF bids were approved. Monthly monitoring reports submitted to Corporate Management Team (CMT) and the HPAB provided overview and scrutiny of the programme spend with funding to be completed and spent by March 2022.

43 The total spend at the end of the COMF programme totalled £19.4 million accounting for 83% of the total bid value. A final evaluation report has been presented to CMT in June 2022 and provides a final update and position statement outlining the outcomes and achievements, and how this funding will support further service improvement.

Key Learning and Opportunities

44 Some key learning and opportunities that have come out of the Covid-19 Transition Plan process are listed below:

- Strengthened response through collaborative system approach, CCG, PH, UKHSA, Foundation Trust, DCC – data, testing, IPC, vaccinations, communications etc;
- Strengthened relationships have enabled PH to facilitate settings to self-support via a risk assessed approach with support where required and enhanced wider health protection prevention and response;
- Combining surveillance (spike) data and local/soft intel for community response using a menu of public health measures to respond and then review;
- Comprehensive approach to all aspects of the Covid-19 response to address inequality and inequity;
- Significant pandemic specific innovations integrated into ongoing service design and delivery and increased investment in infection, prevention and control (including care homes, Children's Residential Homes);
- Proactive approach to identify, reach out to and support all residents via Population Health Management (PHM), esp. Clinically Extremely Vulnerable (CEV) and Multiple Social Vulnerabilities (MSV);
- Embedding the key elements of the one system response to Covid-19 into future governance arrangements and interdependencies. The ability to be flexible and agile.

45 A full list of learning and opportunities are contained in the Covid-19 Transition Plan at Appendix 2.

Key Risks and Mitigations

46 Some key risks and mitigations identified in Covid-19 Transition Plan are listed below:

- Returning to business as usual induces the loss of key partners, interdependencies and collaboration. This is mitigated through using the strengthened relationship in the Health Protection Assurance Board (HPAB) to embed strategic interdependencies

into the Health Protection Assurance and Development Group (HPADG);

- National data sources which we depend on for Covid-19 surveillance could reduce or stop. It is agreed to tolerate this risk as the current national policy is to focus on high risk which is proportionate at this stage of the pandemic;

- Unknowns and uncertainty around the burden of Long Covid in the population. This is mitigated through the recommendation for a Long Covid analysis by our Research & Public Health Intelligence Team;

- Covid-19 has amplified existing health inequalities. This is mitigated through the recommendation to review and update the Covid Health Impact Assessment (HIA).

47 A full list of risks and mitigations are contained in the Covid-19 Transition Plan at Appendix 2.

Recommendations within the Transition Plan

48 There were a number of recommendations presented to the Health Protection Assurance Board (HPAB) on the 05 May 2022. These cross various workstreams and fall naturally into the following themes:

- **Oversight and governance**

  - Health Protection Governance review to increase system working and strategic and operational assurance;
  - Revise Health Protection Assurance and Development Group (HPADG) governance arrangements;
  - Scope the development of specific Covid-19 strategies e.g. Clinically Extremely Vulnerable (CEV) strategy;
  - Regular review/alignment of local plans with regional (LA7, ICS, UKHSA, NHS) programme of Covid-19 work.

- **Strengthen system collaboration and partnership working**

  - Continuation of Community and Settings Oversight Group with revised terms of reference to embed Covid-19 learning and wider health protection work, e.g. maximising opportunities to promote the Better Health at Work Award, the inclusion of health protection (including infection, prevention and control) in the Healthy Frameworks workstreams;

- Strengthen enhanced networks and relationships with a Public Heath presence in service networks and meetings across the Local Outbreak Management Plan (LOMP) settings, e.g. public health involvement in care home provider meetings;
- Share local learning and good practice with UKHSA and regional reviews to inform future joint management/working arrangements/strategies.

- **Tackling increased inequalities and disproportionate impacts**

  - Consider the review and update of the Covid Health Impact Assessment (HIA) or contribute to other areas of Public Health work;
  - Develop a Long Covid initial analysis through a mini health needs assessment or rapid revie or contribute to other areas of Public Health work;
  - Provide a Covid Outbreak Management Fund (COMF) evaluation report to define outcomes and achievements;
  - Develop a sustainable 'leaving no-one behind' strand to current vaccination programmes.

- **Better information, a more informed population**

  - Develop public facing information on wider health protection themes to include on Durham Insight and inform communication campaigns;
  - Explore surveillance data with a focus on the level of data we have had access to for Covid-19 and whether this can be replicated to other infectious diseases and vaccinations to inform targeted work;
  - Invest in and develop a health protection training programme to upskill identified workforces;
  - Retain and continue to update communication team's health protection skills to support strategic/operational development, activity and system support;
  - Use data and intelligence to inform and drive service response and communications across wider public health communications calendar.

- **Empowering Communities**

  - County Durham Together to be informed by lessons learnt and Hub / Local Tracing Partnership legacy report;

- Continued investment in the Champions programme and broaden work programme to support wider PH/CCG/NHS community engagement and community resilience;
- Embed Making Every Contact Count (MECC) approach across vaccination programmes and develop vaccination champions.

- **Emergency Response**

  - Provide surge/escalation options appraisal paper;
  - Propose a Public Health section as part of organisational business continuity;
  - Maintain and review a local surge plan for Covid-19.

49 All recommendations identified in the Covid-19 Transition Plan will continue to be monitored by Health Protection Assurance and Development Partnership (HPADP).

Conclusion

50 Throughout the pandemic, Durham County Council (DCC) have worked with national and regional partners such as the NHS, UKHSA, CCG, the Local Resilience Forum, and community and voluntary organisations to deliver local interventions and to protect and support our residents, families, businesses, social care, community organisations, and NHS structures in County Durham.

51 The clinical response and understanding of Covid-19 continues to improve, with vaccination and treatments now embedded as part of the clinical response.

52 In addition, direct action with communities and engaging with settings as part of the enhanced community response toolkit via the Spike Detection Tool, soft intelligence and setting specific knowledge had been undertaken throughout. The work of County Durham Together, the Local Tracing Partnership, Community Champions, Community Testing Teams, Covid Awareness Team amongst many others have work to empower and support community resilience.

53 Over the course of the pandemic, DCC have supported a wide range of settings and services responded to outbreaks in care homes, schools, workplaces and a variety of community settings in County Durham to reduce the impact of the virus upon our communities.

54 This work will continue as we now move into the next phase of the pandemic of ‘Living Safely with Covid’ and aligning the management of covid to other respiratory infections.

55 It is appropriate to de-escalate our Covid-19 plans to business as usual and align it with our response to other communicable diseases across County Durham.

Background papers

- None

Other useful documents

- Local Outbreak Control Plan 2020/21 (LOCP)
- Local Outbreak Management Plan 2021/22 (LOMP)

Author(s)

Amanda Healy Tel: 03000 268147

Appendix 1: Implications

Legal Implications

The Health & Social Care Act 2012 refers to Section 2B NHS Act 2006 which places a duty on each local authority to take such steps as it considers appropriate for improving and protecting the health of the people in its area.

Finance

No issues identified.

Consultation

Public Health will continue to engage and consult with partners in the development and delivery of frameworks for communicable diseases.

Equality and Diversity / Public Sector Equality Duty

No issues identified.

Climate Change

No issues identified.

Human Rights

No issues identified.

Crime and Disorder

No issues identified.

Staffing

No issues identified.

Accommodation

No issues identified.

Risk

The risk of catching or passing on Covid-19 and other respiratory infections can be higher in certain places and when doing certain activities. In general, the risk of catching or passing on a respiratory infection is highest when in close contact with someone who is infected.

Having control plans and processes in place to mitigate the transmission of Covid-19 and reduce the disruption to individuals and the community due to an outbreak is a key role for Public Health.

Procurement

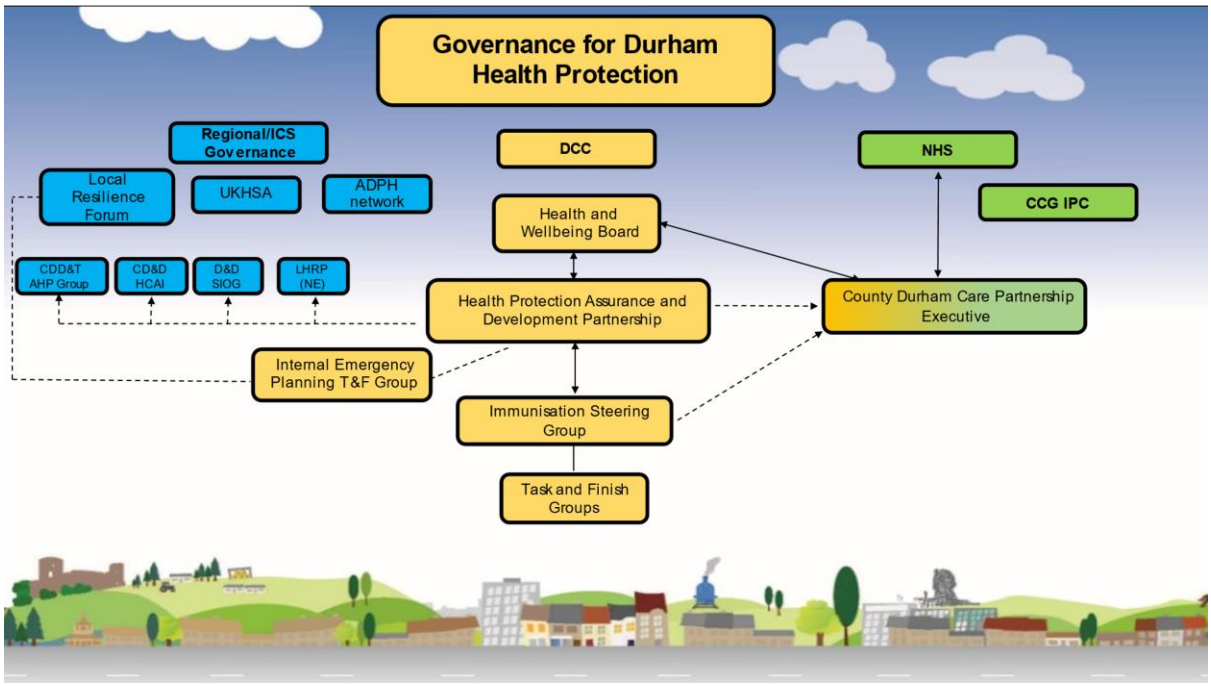
No issues identified.

Appendix 2: Covid Transition Plan v11

Attached as a separate file.

Appendix 3: Governance arrangements for Health Protection

Visual infogram of the governance arrangements



Covid Transition Plan

Health Protection Health Assurance Board

(v13 August 2022 - COMPLETED)

Purpose of the Plan

The purpose of this transition plan is to provide strategic level co-ordination of the transitional arrangements for the Covid-19 response as it de-escalates into a 'Living Safely with Covid' approach. Our Covid-19 plans would align with our response to other communicable diseases across County Durham.

Introduction

The Covid-19 pandemic is one of the greatest public health challenges in living memory. It has affected every part of our society throughout 2020, 2021 and 2022. Within County Durham the Health Protection Assurance Board (HPAB) was set up as a dedicated board to oversee and co-ordinate the local Covid-19 response, while the Health Protection Assurance and Development Group (HPADG) maintained its function for all other health protection oversight issues.

As the Covid Vaccination Programme was rolled out across County Durham we utilised the existing Flu Vaccination Board and its remit was extended to cover Covid.

The governance for the transition plan is shown at appendix 1 and the full governance for Health Protection is shown at appendix 2 showing the links to the LRF for the HPAB.

There is a recognition that as we move forward, we need to embed our continued approach to Covid-19 in the wider Health Protection System, rather than as a separate stream of work, learning lessons from the pandemic to inform our wider system planning and response. We will need to continue to be agile, flexible and ready to respond, including through surge capacity.

Background

The HPAB developed and implemented the County Durham Local Outbreak Management Plan (LOMP) to co-ordinate the local response activity, ensuring we could manage any new threats including enduring transmission, test, trace and isolate, Variants of Concern (VoC) and multiple concurrent outbreaks, as well as responding to changes in the government's Covid response plans.

We started from a strong position as the LOMP built on our established and robust relationships with Public Health England Health Protection Team (HPT), now the UK Health Security Agency (UKHSA), and their health protection expertise.

The LOMP has helped us prevent, manage and contain Covid-19 and minimise the resulting impact on residents. It is a rolling 12-month plan with the current version ending in March 2022. The underpinning principles of the LOMP are:

- Transmission of the virus needs to be kept as low as possible through robust control measures and outbreak response.

- Surveillance of transmission and variant emergence must be optimal.
- Test, Trace and Isolate needs to work effectively, with a clear testing strategy.
- The vaccination programme should be delivered effectively and equitably.

In addition to the LOMP the LA7 priorities for Covid-19 (short and medium term) are:

1. Take our communities with us in all that we do through clear communications, listening to them and addressing their concerns.
2. Continue to support sustainable, equitable and rapid deployment of vaccination.
3. Transform our approach to good infection, control and hygiene measures, taking our partners, businesses and communities with us, to ensure the protection of all of the population and the inclusion of vulnerable people in settings and in the community.
4. Ensure a consistent approach to the prioritisation of threats to health, including considering the vulnerability and complexity of settings and the level of demand on the public health system, to ensure that public health capacity is deployed as effectively as possible.
5. Support educational settings to understand, prevent and manage COVID-19 infections to minimise education disruption.
6. Have plans to maximise use of available workforce capacity to respond quickly in a surge, in line with agreed national frameworks and health protection risk assessments.
7. Work with the health and social care system to ensure equity of access to treatments and support.
8. Maintain and improve surveillance systems and oversight.
9. Promote the use of research to improve our knowledge of COVID-19 and interventions to prevent, treat and deal with its consequences and seek opportunities to contribute to the evidence base.
10. Ensure that data flows and information governance support us to do our best for our population.

This transition plan is informed by the LOMP and will ensure a managed de-escalation of enhanced response to a routine surveillance and response approach.

Local partners will continue to work closely with LA7 colleagues on a programme of work at a North East level to live safely with Covid-19 and to develop a programme of work learning from the pandemic, as well as regional UKHSA colleagues and national contacts for Government.

Scope and outcomes

We are starting from a point of heightened response, and the transition plan aims to align closely to the LOMP objectives and re-develop them focused around the following goals:

- Scaling down across settings but retaining escalation, interdependencies, crucial skills and protecting critical infrastructure.
- Impact on health inequalities.
- Protect people and communities at greatest risk from COVID-19.

- Minimise the impact of COVID-19 on the wellbeing and development of children, young people and adults.
- Vaccine promotion and leaving on-one behind programme.
- Retain the real time data and surveillance improvements.
- Enabling future enhanced or surge response.
- Implementing lessons learnt into wider Health Protection, Public Health and Responsible Authorities work.

The Health Protection Assurance Board (HPAB) will agree and implement a transition plan with key milestones to ensure that:

- The transition arrangements and actions identified in this plan are progressed.
- Settings are supported to achieve key milestones / smooth transition in response to the Spring Plan.
- Appropriate consideration is given to the key areas of work that need to be undertaken in order to meet deadlines.
- All relevant actions are completed within the necessary timescales.
- Key lessons learned are captured and used to inform development.
- Robust plans and procedures remain should escalation be required to respond to future waves or new variants.

Outcomes

- Covid response is embedded into the wider Health Protection System.
- Escalation response plans ready for to spike in cases / outbreaks / vulnerabilities / surge vaccination.

In Scope

The scope of the project includes:

- Governance
- Organisational roles and responsibilities
- Partnership strategic level co-ordination
- Partnership service level co-ordination
- Corporate demand / intensity / frequency
- Policy
- Information sharing
- Funding
- Communications
- Risks

Out of Scope

The scope of the project does not include, but may be informed by:

- Partners internal covid response, business framework and structural plans.

Assumptions

- Any current government statutory restrictions, clinical regulations, government guidance will be adhered to

Constraints

- Government regulations or guidance
- Change or revision of government strategic focus
- Adequate resources are not available to implement the transition plan
- Changes will need to be in line with funding constraints / staff resources

Workstreams

The Transition Plan will be delivered through five workstreams:

- Workstream 1 – Settings
- Workstream 2 – Governance, oversight and policy
- Workstream 3 – Interdependencies for service response
- Workstream 4 – Funding
- Workstream 5 – Escalation and surge response

Current Updates and Actions

Workstream 1 – Settings

Setting	Update	RAG	Actions	Timescales
Early Years	**Testing** Not subject to the same testing regimes but due to the strong support for EY setting by Helen's team testing advice for staff and parents have been shared throughout the pandemic.		No testing regimes required. Updated guidance has been distributed to the team.	**05 April 2022 Complete**
	Surveillance Helen is part of the CSOG group and receives surveillance updates from PH intelligence and also has provided useful community intelligence.		Continue to be a member of the newly developed CSOG group, to continue strong working relationships and to update on guidance. Link into the CYP quarterly meetings with all the settings to retain and build on the strong working relationships with PH to cover all areas of PH that affect Early Years or where EY can influence	**05 April 2022 Complete**
	Controls and Risks / Reporting outbreaks Currently under the same process as Schools. Covid inbox > SWSD > Early Years. This has worked really well and provide EY staff with additional skills and confidences, formed stronger relationships with settings and internally stronger relationships with Public Health.		Early Year settings will continue to report into HPT when their setting meets the threshold for outbreak. Early Years team to continue to pick these up and engage with their settings to offer advice and guidance. Protecting Health team to ensure that the team are supported with advice and guidance.	**01 April 2022 Complete**

Setting	Update	RAG	Actions	Timescales
	Future – Covid and other communicable disease EY would still want to engage with the setting and use Public Health, Protecting Health team as advisors. Currently setting will report other communicable diseases direct to UKHSA, if PHPH are informed of reports EY would also like to know so that the team can support the setting.		Helen Nixon confirmed as SPOC. Protecting Health team to support the SPOC on all transmissible diseases in line with UKHSAs process	**01 April 2022 Complete**
Education	**Testing** • **staff and CYP** Staff and pupil testing asymptomatic testing removed. • **Special schools** - Testing arrangements to be confirmed		No testing regimes required. Updated guidance has been distributed to the team.	**April 2022 Complete**
	• **Surveillance** – PCR and self-reported LFD positives in <18yrs CD residents continue to be cross referenced to the school roll and are displayed in the Schools Cases BI Monday-Friday. Settings may have fuller understanding of cases in staff and any LFD positives which haven't been reported via gov.uk The number of schools reporting to DfE COVID-19 helpline line is reported on the CMT report every fortnight until it is decommissioned		Julia Bates identified as the SPOC. SPOC to continue to be a member of the newly developed CSOG group, to continue strong working relationships and to update on guidance. UKHSA covering educational setting from the 1st April SWSD Link into the CYP and education management teams. Continued PH support for general public health matters	**March 2022 Complete** **April 2022 Complete**

Setting	Update	RAG	Actions	Timescales
	Outbreak management / Reporting outbreaks - will this be DCC or UKHSA, what will DCC role be? CRM? - Report to OM inbox, managed via Protecting Health or SWSD school lead (SWSD inbox to remain?) - Schools with hospitalised cases, high case numbers - RA and advice • **Special schools** - report to OM inbox, managed via Protecting Health or SW team lead (SWSD inbox to remain?) - RA and advice - Identification of special schools with high risk individuals – and response to these		UKHSA covering educational setting from the 1st April with Protecting Health team providing advice and support from where appropriate Share our practice (self-supporting risk assessed approach for low-risk scenarios and support for high-risk) with UKHSA to inform future working arrangements. Rationalise inbox and SPOCs, communication and facilitate safe and smooth transition Work with schools, LA partners and UKHSA to retain IPC measures and support.	**April 2022 Complete** **April 2022 Complete** **April 2022 Complete** **April 2022 Complete**
	Education Oversight Group • actions and current state reviewed by a small team/ key leads SWSD/PH? Or continue with revised and reduced EOM– reviews between 1-5 schools where • complexity and/or input by others is needed.		Education Oversight Group stood down due to transition to UKHSA	**April 2022 Complete**
Children's Residential Homes	**Testing for staff and CYP** • unknown		Staff testing regime with testing available for outbreak. Updated guidance has been distributed to the team.	**April 2022 Complete**

Setting	Update	RAG	Actions	Timescales
	Surveillance Positive cases aren't flagged as linked to these settings. Once the LA is aware of cases in any address, we can search for positive cases to cross reference with information provided by the home. Staff cases used to be available via contact tracing and now can only be identified if we are given patient identifiable information.		Michelle Baldwin identified as the SPOC. SPOC to continue to be a member of the newly developed CSOG group, to continue strong working relationships and to update on guidance. UKHSA covering educational setting from the 1st April SWSD Link into the CYP and education management teams. Continued PH support for general public health matters	**April 2022 Complete** **April 2022 Complete**
	Outbreak management / Report outbreaks – will this be DCC or UKHSA, What will DCC role be? CRM? - Report to OM inbox, managed via Protecting Health or SWSD school lead (SWSD inbox to remain?) - RA and advice		UKHSA covering educational setting from the 1st April with Protecting Health team providing advice and support from where appropriate Share our practice (self-supporting risk assessed approach for low-risk scenarios and support for high-risk) with UKHSA to inform future working arrangements. Rationalise inbox and SPOCs, communication and facilitate safe and smooth transition	**April 2022 Complete**

Setting	Update	RAG	Actions	Timescales
	Other considerations • Could self-management be promoted? – using a check list – may not work well children's homes remain quite dependant on PH advice. • Actions and current state reviewed by a small team? • If needed a single OCT meeting if needed or review mechanism above only. • Identification of CHs with high-risk individuals – and response to these.			
University	**Testing** • ATS operating until last day of term 18 March. Looking at home testing and a mobile testing solution. Continuation of students and 2xweekly – test to participate. • (TTP stopped for outdoor sport and will stop for indoor activity end of Feb). • Continuation of encouraging staff to test 2xweekly.		Operationalise home testing kit distribution sites Terminate test to participate as per government guidance Protecting Health team providing advice and support from where appropriate	**Feb 2022 Complete** **Feb 2022 Complete**

Setting	Update	RAG	Actions	Timescales
	Surveillance • Uni will continue with incident Control Centre, plan to move to 9-5 office hours and moving to more support, outreach of positive cases and triage of investigation. DCC OCT Team will continue to flag any concerns. Uni Covid planning Group will continue to meet. No plans to step down but will possibly reduce the frequency of meetings. The LA Cases BI dashboard contains a section which cross references cases with Durham Uni college postcodes. This will continue Mon-Fri. We continue to be able to monitor known cases in the three Durham central MSOA cases in 19-24 year olds. Contact tracing was a valuable source of info to identify students who didn't engage with the DU ICC and venues/events where transmission may have occurred; this is no longer available.		Maintain DU ICC provide resilience to respond to surges in cases, VOCs, (including contact tracing capabilities) and other emergency response e.g. Ukrainian crisis etc... PHI to continue to review MSOA case rates to identify spikes in infection rates. DU to continue to escalate increased case rates via the OM inbox	**Ongoing** **Ongoing** **Ongoing**

Setting	Update	RAG	Actions	Timescales
	Controls and Risks Face covering – will be moving to a more recommending and consideration approach. Covid marshals not in operation after the 18th March – last day of term. (Exceptions for large events where marshalling arrangements will be planned in). Ventilation – has medium and long-term plans. All spaces evaluated with a plan to upgrade and use more of the Uni venues and sites. Testing as above. WFH – all staff back by 25 April – new term). Enhanced cleaning regime will continue for now. Teaching time will increase and the time to cleaning between classes go back to original plans. Perplex screens will be staying for now. CEV – risk assessments before coming on site (Staff and students) to continue. Vaccination –planning a fresh campaign / use of Vax bus from Newcastle / looking at bespoke clinics for oversees students.		DU to review outbreak Response Plan including the contingency arrangements – testing, voluntary reporting arrangements and surge arrangements and share with Protecting Health Team DU to complete vaccination survey with students to inform future on site vaccination clinics	**March 2022** **April 2022**
	Outbreak management Uni really value and want to maintain the strong DCC relationship		Invite DU (SPOC) to be a member of the revised CSOG group, to continue strong working relationships and to update on guidance, and access to wider health protection information and guidance.	**March 2022**

Setting	Update	RAG	Actions	Timescales
Workplaces	Worth noting that lots of decision for small to medium size businesses will be based on Statutory Sick Pay and other financial concerns both for the employer and employee. **Testing** If there is a cost to testing, then doubt most businesses will undertake any testing. Only large companies may retain as part of business continuity.		Updated guidance has been distributed. No testing requirement.	**April 2022 Complete**
	Surveillance 'Employer' has always been a poorly populated field in the LA's cases line list. Contact tracing was a valuable source of information as workplace name and postcode was better completed and it was used to produce the common exposure and postcode coincidence reports for workplaces. These and Venue Alerts are no longer produced.		SPOC to be EHCP@durham.gov.uk FAO John Benson / Ian Bousfield. Galvanise and maximised the strengthened relationship between PH and EHCP network Identify if their health champions in work places, new workplaces for BHAWA etc	**March 2022 Complete**

Setting	Update	RAG	Actions	Timescales
	Controls and Risks EHCP will continue to check RA as part of regular inspections. **Reporting outbreaks** Suggest workplaces can request Public Health advice via CRM no requirement to report cases though to DCC. Protecting Health will pick up cases via UKHPA / common exposures. **Outbreak management** Suggested workplace reports that come down from UKHSA to be triage / investigated by Protecting Health Team. EHCP step back to substantive role and are a point of contact for Protecting Health Team.		Hand back to Protecting Health is now complete as demand is low. Can implement now, low demand and resources implications. To communicate with businesses through EHCP networks and Business Durham once the Working Safely Guidance is published. We have stood down the Workplace oversight group as of now. With the caveat that we can meet should a case require some oversight	**March 2022 Complete**
Workplaces (Internal-DCC)	**Testing** Removal of community testing off from 31 March 2022. H&S and PH will continue to offer advice to settings they support.		Updated guidance has been distributed. Testing for front line services.	**April 2022 Complete**
	Surveillance CRM / OCT for positive cases. H&S and PH will continue to offer advice to settings they support.		SPOC to be Kevin Lough and HSTeam@durham.gov.uk Continue to be a member of the newly developed CSOG group, to continue strong working relationships and to update on guidance.	**March 2022 Complete**

Setting	Update	RAG	Actions	Timescales
	Controls and Risks covid considerate behaviour. H&S and PH will continue to offer advice to settings they support. **Reporting outbreaks** Reporting through CRM / OCT Official duty to report workplace transmission through RIDDOR. H&S and PH will continue to offer advice to settings they support. **Outbreak management** Internal OCTs called if required. H&S and PH will continue to offer advice to settings they support. DDC Protecting Health investigate any DCC covid positives and escalate as appropriate. H&S team support local risk based assessments for services and departments etc. H&S retails all administration of HSE/RIDDOR reporting. Proposed post 01 April managers still report cases through to CRM/OCT. Propose Public Health consideration are part of the risk assessments for all facilities teams. Propose Public Health consideration are part of service business continuity plans.		Proposed managers still report cases through to CRM/OCT. Propose Public Health consideration are part of the risk assessments for all facilities teams. Propose Public Health consideration are part of service business continuity plans.	**05 April 2022** **Complete**
Health and Social Care Settings	**Care Homes** **Testing** Expected changes to, but a continued care homes testing regime		Updated guidance has been published. Care Home comms has been circulated.	**13 April 2022** **Complete**

Setting	Update	RAG	Actions	Timescales
	Surveillance Continued local surveillance by PH intelligence team and UKHSA. The LA cases line list contains 'linked to care home', 'care home role' and 'care home name' fields. The LA cases BI dashboard contains a care home section which continues to be updated Mon-Fri. Used to inform oversight group. UKHSA and IPC nurses provide valuable epi data e.g. staff who are not CD residents, LFD positives which haven't been reported to gov.uk and hospitalisations.		Galvanise and maximise the strengthened relationship between PH and IPCT. Incorporated in the governance review including regional IPC review	**April/May 2022 Complete**
	Controls and Risks Further detailed Covid guidance expected **Reporting outbreaks** Transition from MS as SPOC to JE/SB/SR as SPOC and at the present moment the continuation of ○ Care Home Oversight Group (weekly) ○ JR Care Home Group (fortnightly) ○ AH North East Care Home group (fortnightly) ○ Regional Care Home Meeting (fortnightly) ○ Testing oversight group (fortnightly) ○ Weekly CH catch up MS – KDS (PH) CS (UKHSA) ○ Communications for Care Homes ○ Reviews and PH support **Outbreak management** • Managed by UKHSA with local support as required.		Hand back to Protecting Health is now complete as demand Meeting representation agreed and will be provided by JE and SR Awaiting government guidance to then reshape the support Care Home Oversight Group meetings to continue to ensure that care homes are supported and we are assured on the measures in place	**April 2022 Complete**

Setting	Update	RAG	Actions	Timescales
	Dom Services / Extra Care / Supported Living / Pathways Considered to be under the remit of the care homes but the reality is they sometimes receive advice support from UKHSA and sometime DCC Protecting Health		UKHSA covering from the 1st April with Protecting Health team providing advice and support from where appropriate	**April 2022 Complete**
Secure Estates	**Prisons** Current practice is for UKHSA HTP to lead on outbreaks with attendance and support provided by DCC Protecting Health Team. No formal meeting convened – current arrangements to continue. The LA cases line continues to detail the details of prison resident positives as full address is usually provided.		Protecting Health has always been the identified SPOC Awaiting government guidance and UKHSA advice to then shape the support the protecting health team provide Need to ensure all information is cascaded through the Covid inbox email address to ensure all are sighted	**April 2022 Complete**
	Aycliffe Secure Covid control measures in place and awaiting updated guidance for secure estates. Current Assisted testing site will close by the 31 March 2022. Staff will be issued an allowance of 7-pack home test kits to see them through April/May by this time we will know if a testing regime in YP secure settings are required.		Protecting Health has always been the identified SPOC Government guidance released, Aycliffe now falls under CYPS guidance. Assisted testing site close on the 31st March. Staff supplied with home test kits.	**April 2022 Complete** **April 2022 Complete** **April 2022 Complete**

Workstream 2 – Governance, oversight and policy

Governance	Update	RAG	Actions	Timescales
Heath Protection Assurance Board	03/03/22 Aim to close the Health Protection Assurance Board (HPAB) meetings and embed our Covid-19 work into the Health Protection Assurance and Development Group (HPADG) and wider Health Protection System, rather than as a separate stream of work. **Action required** • Develop transition plan • Agree target date for transition (end of April 2022) • Review TOR for HPADG and Immunisations Board – remit, frequency, format, learning, membership etc. • Close off as many transitional actions within the plan as possible under the oversight of the HPAB • Move to HPADG oversight and governance • Task and finish group to close off remain actions and workstreams of plan. • Final report into the HPADG. **Currently** • JE working with LL to review Terms of Reference and frequency of meetings as COVID governance arrangements transition from HPAB to HPADG		Propose time limited Task and Finish group to descalate the COVID governance and oversee the workstreams under the HPADG. This also provides robust arrangements for the Surge response. - Separate action plan - Fortnightly working group - Reporting to HPADG and to HWB Review Terms of Reference and frequency of meetings of COVID and wider Health Protection governance arrangements– HPAB, HPADG, Immunisation Board. To be approved at PHSMT, HPADG and Imms Board. Governance paper PHSMT May 2022. Membership, TOR, agreed. New name, Health Protection Assurance Development Partnership. June 2022	**March 2022 Completed** **May 2022 Completed**
Health and Wellbeing Board	20/02/22 • *Proposed reduction in LOMP updates to HWB to six monthly*		DP - Agreed – 6 monthly Health Protection updates included in forward plan	**March 2022 Complete**

Governance	Update	RAG	Actions	Timescales
	• LOMP updates to be stood down, COVID Transition Plan update 4 monthly and then			
Corporate alignment	Reintegrate governance to align to standard governance and oversight of Covid/Protecting Health work to corporate and partnership arrangements PHSMT/AHS SMT/CMT/Cabinet/Full Council – HWB/HP		JE/LL/DP picking up and progressing. Completed	**May 2022** **Completed**
Covid Updates	Consider removing reducing Covid updates **Currently** • CMT / Covid CMT (weekly) – shared with MAIC • Leaders update (fortnightly) • County Durham Partnership (quarterly) • Health and Wellbeing Board (quarterly) • Health and Wellbeing Board Officers Group (quarterly) • AHS Overview and Scrutiny (quarterly) • Corporate Consultation Forum (quarterly) • Resilient Communities Group (quarterly) • DPH returns (weekly)		Currently DP picks up. From 1st April COVID CMT / CMT continue Leaders update – Stopped CDP – DP revised arrangements to incorporate into the PH update HWB – see above OSC – now included in PH routine updates CCF – January 2022 was last report RCG – self serve DPH returns – continue for now	**April 2022** **Complete**
	COMF Monthly Reports Goes to CMT / Covid CMT / HPAB / PHSMT		COMF – final report to be agreed and forward plan for governance. Final report presented at PHSMT/AHSMT/CMT throughout May/June 2022	**June 2022** **Completed**
Oversight Groups	03/03/22 To align with Transition arrangements for settings above		Care Homes – continuing as regular CH outbreaks occur All others stood down.	**March 2022** **Complete**

Governance	Update	RAG	Actions	Timescales
	Currently….. Workplaces – Closed down Education – stood down last couple of meeting Childrens Res – Closed down Testing – continuing as de-commission of PCR and LFD is undertaken University –Stood down		CSOG to continue oversight arrangements with SPOCs	**Completed**
Policy Group	16/02/22 Andy Palmer - Covid policy meetings would continue as long as SRG is, which is currently until 31st March 2022. It is not expected that there will need to be any more Covid policy meetings after that date.		**Agreed actions and Timescales** Covid policy meetings due to end	**31 March 2022**

Workstream 3 – Interdependencies for service response

Interdependencies	Update	RAG	Actions	Timescales
Data and Surveillance	**Spike Detection** • Spike Detection – the Epi Group and Tuesday in CSOG we discussed pausing the spike tool and stopping both the Epi Group and the sharing of the Spike Detector Tool results with CSOG in a weekly email/and bi-weekly agenda slot. The role of the CSOG group was to mobilise enhanced responses at a community level. Currently there are little additional measures that can be		Spike – Epi group - email stood down.	**Complete**

Interdependencies	Update	RAG	Actions	Timescales
	implemented beyond what we do at a population level. • The spike tool is now automated in a Cases Power BI and refreshed daily. It will continue to be an available surveillance tool and monitored by Public Health Intelligence.			
Data and Surveillance	16/02/22 **Cases** • We have had no indication that there will be any change in positive cases flowing to us on a once daily basis in the SAE Power BI. From 21/02 the gov.uk COVID-19 dashboard has stopped being updated at weekends and that has no impact on us as we update CMT dash Mon-Thurs. • From 07/03 SAE cases updated Mon-Fri • There is some (but limited) value in us still being able to track our 7-day case rate in terms of how we compare to our neighbours and wider regions. It does feel like we're all following the same downward trajectory but we continue to have the ability to analyse the demographic characteristics of cases if we started to buck the trend, or once we've reached a steady state, for example. It's more of a measure of who testing and reporting than valid measure of incidence of the infection. • We still have access to the variant line list for sequenced PCRs but no		**Next Steps** **C-19 specific** Dashboards continue as business as usual until we receive notification from coronavirus.data.gov.uk or UKHSA data sources are changing. We will change the regularity of our surveillance when necessary Review of content in Public Dashboard completed and content appropriate. Weekly or twice weekly updates to dashboard now. Review weekly Friday 'Covid-19 data update' from Durham County Council's social media channels. Consideration has been given post have been reduced to fortnightly or 3 week cycles and focus on vaccination and hospital admissions. The wider use of durham insight is considered as part of communication group and communication plans	**Complete** **Complete – reactive as and when required** **Completed** **Complete**

Interdependencies	Update	RAG	Actions	Timescales
	contact tracing will be carried out – won't know initially where they work/which school etc • **Schools Cases Dashboard –** in Power BI and updated automatically when main cases BI is updated (looks up to the school roll Sept 2021 census) **Contact Tracing** • The key change (which was already underway) is that we can't confidently track transmission as the balance of known versus unknown cases has been shifting. At a community level, that is why we had already stopped the regular analysis of the spike tool. And from today, in relation to settings and venues the contact tracing data has gone (and was already limited as people became less willing to complete fully). • Common Exposures, postcode coincidences (including those linked to events e.g. Lumiere) gave us information on linked cases who were residents of other local authorities. This is no longer available • The analysis of the backward and forwards contact tracing info gave us some situational awareness of transmission in our population and was a safety net for SPOCs, particularly in the lower risk settings, to do some proactive investigation/offer support/identify		Continue to monitor the development of wastewater surveillance by UKHSA and the potential to use to inform response at a local level.	**Complete - Suspended in the SAE until June 2022**

Interdependencies	Update	RAG	Actions	Timescales
	enhanced action to reduce transmission • The modules which are based on CTAS data in the SAE BI remain accessible as static datasets. **Serious Illness and death** • We're in a good position with our surveillance of hospital activity and deaths and the changes won't impact on those. • Daily email to continue from CDDFT containing COVID-19 inpatients, numbers in ICU and their vaccination status • Deaths dashboard (PowerBI) data source are daily emails from Darlington and Durham registrars. Agreement to continue exists. Contain standard deaths and COVID deaths. **Vaccination** • The SAE Power BI remains our best data source for vaccinations data and hopefully it will give us the ability to track uptake of the spring additional booster. We can quickly develop a new page on our internal BI if the data is there. • Internal BI dashboard updated from the SAE 3 times a week, will continue			

Interdependencies	Update	RAG	Actions	Timescales
	LRF data cell - transition of this to the Insight and Intelligence (JSNA) group LRF Data Cell transition is ongoing (MF chair) and to be discussed with LRF chair (SN). This group to explore links with County Durham BI Strategy (for local PHM development) ICS (for regional PHM development).		• MF's JSNA paper has been to PHSMT • Terms of reference are updated • Data Cell future state to be discussed with LRF chair	**Complete**
Vaccinations	**Leaving no-one behind** • The leaving no-one behind work will continue as part of the Protecting Health Team role. • The work is currently reported through to the Vaccine Inequalities group and from there to the County Durham Immunisation Board • The targeting and planning element of the work will not be effected by any transition but the engagement work is currently undertaken by the Covid Awareness Team (and Compliance Team as their work has declined) and their contracts are due to end March 2022		**Leaving no-one behind** • Current practice to continue • Mass vacc team to be utilised for 7 day rolling programme	**April 2022 Complete**
Vaccinations	**12-15 Programme** • Driven by the national vaccination programme and mirrors the targeting and planning elements of 'leaving no-		**12-15 Programme** • School vaccination programme will end on the 31st March. Evergreen offer in the community	**March 2022 Complete**

Interdependencies	Update	RAG	Actions	Timescales
	one behind' to maximise uptake the cohort and reduce vaccination inequality. • Led by SWSD and supported by Protecting Health			
	5-11 Programme • Announced Feb 2022 as a nonurgent low dose offer. • Plans to be developed and progressed by SWSD/Protecting Health through the County Durham Immunisation Board		**5-11 Programme** • Offer launched on the 04 April, GP focus, support by our coms	**April 2022 Complete**
	General Covid Vaccination Programme Medium to long term vaccination plan – NHS letter received 'Next steps for the NHS COVID-19 Vaccination Programme planning and delivery' (in file) covering • Planning for 2022/23 • Continued access to COVID-19 vaccination • Delivery of an autumn COVID-19 vaccination campaign if advised by JCVI • Contingency plans to rapidly increase capacity The next steps outlined in the letter are as follows *Over the next few weeks, systems will need to confirm their detailed operational plan for the delivery of uninterrupted COVID-19 vaccinations for the period to September*		**General Covid Vaccination Programme** Spring booster programme for over 75 year olds Planning Continues **Next steps** Agree activity and action overseen by the Immunisation Board.	**April 2022 Complete** **April 2022 Complete**

Interdependencies	Update	RAG	Actions	Timescales
	2022 and share the outline of the delivery plan for the remainder of the financial year.			

Communications	17/02/22
	• Currently there is a dedicated resource of 1x marketing and communications officer and 1x press officer until 13 July 2022.
	• Work will be subsumed into PH comms support with Covid becoming just another element of coms support for PH
	• Work to update / amend or reduce content for
	  ○ Covid communication campaigns focus on Vaccination and Staying Safe
	  ○ Covid Website content
	  ○ Covid Social media content
	  ○ Extending marketing and communications officer remit to cover other Protecting Health work in the short term.
	• Gaps to consider longer term (we have support until 13 July 2022)
	  ○ Attendance at HPAB/oversight/OCT/IMT meetings
	  ○ Press Statements and briefings etc.
	  ○ Plans for surge testing / surge vaccination communications
	  ○ LA7 Communications
			Agreed actions and Timescales
			• Current practice to continue
			
			Next Steps
			Full review of Covid Webpages and to reduce and realign content by the PH coms group.
			Communication Plan revise and ongoing delivery
				April 2022 Complete

Interdependencies	Update	RAG	Actions	Timescales
	○ Wider Protecting Health communications work			
PCR and LFD Testing programmes	23/02/22 • The government confirmed that asymptomatic and symptomatic testing will stop for the general public from 1 April 2022. • High risk settings and other targeted settings and vulnerable groups will still have access to testing however we are waiting for further government guidance. • Testing in most education settings came to an end on 21 February 2022.Special schools and other high risk education settings are still advised to continue with asymptomatic testing. • Surge testing plans led by the Local Resilience Forum (LRF) and approved by CMT, the LRF and HPAB remain in place. • At the present time there has been no requirement for large scale surge testing within County Durham.		**Agreed actions and Timescales** De-commissioning pack received. Work to be completed. **Next Steps** LFD Operational steps undertaken to de-commission LFD Sties. Residual stock transferred to DCC PPE Cell Testing Oversight Group stood down PCR decommissioning to be completed by contractors over the next 9 months currently overseen by Testing oversight group.	**31 March 2022 Complete**
PPE Cell	PPE arrangements from 1st April 2022 – end of March 2023 From 1st April free (government provided) PPE will only be available to the following services and departments from 1st April through to 31/03/2023:-		**Agreed actions and Timescales** Andrew Megginson and Paul Laurence leading. **Next Steps** AM providing briefing for Covid CMT	**15 March 2022**

Interdependencies	Update	RAG	Actions	Timescales
	• Personal Assistants (and/or Personal Assistant employers) • Extra Resident Unpaid Carers • Adult Social Care Services (extra care, day services, supported living, care homes, domiciliary care providers etc.) • Local authority adult and child social work services. • Adult and child social workers. • Rough Sleeping Services • Domestic Violence Refuges • NHS & Private Health care Providers **Considerations to work through;** • Providing resilience for the handover period as PPE clients are onboarded to the Portal • Covering costs of the PPE Cell from end of March with no more government funding to cover our costs • What our PPE operation looks like for other customers not covered by free PPE e.g. Leisure centres, Customer access points, non-health related DCC services		**Recommendations** • AM/PL - Work with Adult Care colleagues to get clients on to the Portal • AM/PL - Continue the current PPE Cell arrangement for the next 6 months to provide contingency to the bedding in of the new Government Portal CMT approval 15 March	**Complete** **Complete**
Community Engagement	Community Champions		**Agreed actions and Timescales** • Agree continuation of Community Champions Coordinator post (Agreed Yr1) Finalise finance for year 2 and recruit • Recruitment process now in progress	**Complete**

Interdependencies	Update	RAG	Actions	Timescales
	Covid Awareness Team		Liaise with Andrea Petty re the termination of the COVID Awareness Team – learning captured / CSOG workshop	**Complete**
	Behavioural Insights work		Bluegrass commissioned to deliver BI in 5 localities within County Durham. Qualitative and Quantitative finding and report to inform Vaccine Inequalities group actions and link with wider Public Health BI and social marketing work	**June 2022** **Complete**
Vulnerable and Underserved Communities	• Homeless, GRT, DARS, DV, Pregnancy, leaving no one behind • Include in the revised Terms of Reference for HPAB, HPADG and Immunisation Board.		**Agreed actions and Timescales** • Include in the revised Terms of Reference for HPADG and Immunisation Board.	**Complete** **To include in Terms of reference action**
Mailbox's	Aim to close down all mailboxes associated with Covid and redirect all mail to healthprotection@durham.gov.uk Mailboxes to review Covid Management Outbreak Covid Inform Covid Planning SWSD COVID Compliance Might want to flag with Kevin Sample about MP Covid Inquires but that's a corporate inbox		**Agreed actions and Timescales** • Review inbox use and facilitate transition (OOO response) • LL Business Manager / DP Business Support to review • All inboxes closed by end of April and the Covid inbox close end of May	**Completed July 2022**

Interdependencies	Update	RAG	Actions	Timescales
Covid Teams Channels	Over 48 covid teams channels that need reviewing and closing down / archived / adapting for Protecting Health		**Agreed actions and Timescales** LL Business Manager / DP Business Support to review Dormant channels closed end of April Active channels close end of May	**Completed** **Dormant channels closed end of May** **Active channels close end of July**
Events	23/02/22 Events Licensing Group still meeting but very little to input on. PH also sit on SAG and the thought is the Events Licensing Group will be subsumed back into SAG.		**Agreed actions and Timescales** • Current practice to continue **Next Steps** Agreement required as to which part of DCC PH is a member of the Events Licensing Group and / or SAG Glen Wilson to represent PH at SAG	**April 2022** **Complete**

Workstream 4 – Funding

Funding	Update	RAG	Actions	Timescales
COMF (Test & Trace pooled LA7)	17/02/2022 • Summary of spend to date current spend 11.4m • Summary of bid status (RAG rated) by Service 76 bids in total, 20 red 2 amber 33 light green 21 completed. • Trends, tracked progress and actions to date • Programme of work -project updates		**Agreed actions and Timescales** • Current process to continue **Next steps** Final report presented at PHSMT/AHSMT/CMT May/June 2022	**June 2022** **Complete**

Funding	Update	RAG	Actions	Timescales
	• Underspend/overspend (potential extension of funding) forecast on bid underspend 3.3m grant underspend 3.8m			

Workstream 5 – Escalation and surge response

Escalation	Update	RAG	Actions	Timescales
Out of Hours Response	16/02/22 • OOH duty rota planned until the end of March 2022. Discussions on going as to the role or requirement of OOH after this date.		**Agreed actions and Timescales** Review 1st and 2nd on call arrangements OOH duty rota stood down from 01 April 2022	**March 2022** **Complete**
Testing	16/02/22 • Awaiting Spring Living with Covid Plan on the 21 February 2022 to inform next steps for both LFD and PCR • PCR is going through a right-sizing process to de-commission identified sites, however the regional call was cancelled at the last minute and we think this is because more sites than the initial scoping exercise identified will be de-commissioned. • LFDs – demand has evened out after the huge demand over Christmas. We are currently only receiving 50% of the ordered stock. 24/02/22		**Agreed actions and Timescales** **LFDs** All Targeted Community Testing sites closed 31 March 2022. We have set aside a DPH allocation that can be use at the discretion of the DPH following a call with DHSC. **PCR** All County Durham PCR sites will close on the 30/31 March 2022 but will not be dismantled until 8/9 May 2022. In the meantime the site will still continue to have security.	**31 March 2022** **Complete**

Escalation	Update	RAG	Actions	Timescales
	• Decommissioning process received 24/02/22, one last delivery of LFDs planned. Withdrawal of SOP with DHSC from 31 March 2022.		Decommissioning team are due to meet with the regional group Friday 25 March 2022. **Action: Agreed to develop a Surge / Escalation Options Appraisal for CMT**	
LTP / Contact Tracing	16/02/22 • The Hub will cease to operate beyond 31st March 2022. This will leave a gap in quality local tracing should contact tracing and/or self-isolation support feature as an element of the Spring Plan and living with COVID going forward. • Any plans for surge or response in high-risk settings will need to be made using existing resource. Lessons learnt from Omicron has shown that when Hub staffing have returned to their substantive posts it is not possible to retrieve them from their substantive jobs.		**Agreed actions and Timescales** The Hub will cease to operate **Next Steps** • CMT Briefing (completed) • Further paper will come to covid CMT or CMT to detail the legacy and learning that could be transferred to partners and DCC. **Action: Agreed to develop a Surge / Escalation Options Appraisal for CMT**	**31 March 2022**. **Complete**
Local Resilience Forum (LRF)			**Action – Agreed to develop a Surge / Escalation Options Appraisal for CMT that will incorporate LRF considerations**	

Learning and Opportunities

Workstream 1: Settings

LEARNING	OPPORTUNITIES
Mutual benefits of increased collaboration across all settings	Galvanise and maximise the strengthened relationship between PH and schools (HT and Ed colleagues), care homes (commissioning, providers, CQC), university, EHCP networks?
	Identify ways in which we can further develop PH outcomes across these LOMP settings e.g. Healthy Settings Framework, recruitment to BHAW, health champions work
Strengthened response through collaborative system approach, CCG, PH, UKHSA, Foundation Trust, DCC – data, testing, IPC, vaccinations, communications etc…	Healthcare – increased collaboration, shared priorities, shared actions to address incidents. Reviewed governance arrangements to facilitate increased system working. Investment explored at regional and local level e.g. care homes to ensure current capacity is maintained/increased. Collaborative work to develop anti-viral pathways
Strengthened relationships have enabled PH to facilitate settings to self-support via a risk assessed approach with support where required (stratifying risk – low and high-risk settings e.g. SEND, Ch Res Homes, vulnerability)	Share good practice with UKHSA to inform future joint management/working arrangements between UKHSA, LA and settings.
Importance of (and recognised limited investment in Infection, Prevention and Control resource)	Implement the recommendations of the Infection, Prevention and Control Report ensuring this includes care homes and children's residential settings
Covid-19 control measures have improved personal and organisational IPC and reduced the number of other infectious diseases in circulation	Capture and share this learning with settings. Embed (or establish) health protection best practice within wider programmes of work to continually embed this improved practice. Consider mechanisms for enhanced support for other communicable disease. Embed health protection and IPC considerations in workplace risk assessments (internal and external) Propose Public Health consideration are part of service business continuity plans.

Beneficial to invest in health protection capabilities and capacity within the LA Increased resilience for DPH on wider health protection issues.	Established Protecting Health Team to further develop this work internally and with partners

Workstream 2 – Governance, oversight and policy

LEARNING	OPPORTUNITIES
One system response to the pandemic - Case, cluster and outbreak management - Testing - Vaccination - Surge	Capture and embed the key elements of the one system response to Covid-19 into future governance arrangements and interdependencies. The ability to be flexible and agile Review Terms of Reference and frequency of meetings as COVID governance arrangements transition – HPAB, HPADG, Immunisation Board.
	Take hold of the opportunities transition presents at LRF, corporate and organisational levels to capture the risks, learning and opportunities for all system partners
	Transition planning provides opportunity to review the frequency of reporting via governing boards and refocusing PH governance to broader agenda e.g. HWB, OSC, LADB, etc…
Collaboration to achieve improved public health outcomes at an operational level	COVID CMT lessons learnt session, Community and Settings Oversight Group workshop – ensure outcomes inform future iterations of the Transition Plan and subsequent action plan.

Workstream 3 – Interdependencies for service response

LEARNING	OPPORTUNITIES
Weekly sharing of dashboard in Durham Insight with the public via social media channels, Friday afternoon slot	To keep the Friday afternoon PH data social media post and expand to other topic areas
Small area geography data on vaccinations can be well-utilised by public health teams to identify and reduce inequalities in our population	Re-focus the Public C-19 dashboard for the current phase of the pandemic. Provide greater focus on vaccinations and less on cases to communicate key messages to public

Engaging SPOCs on the topic of community transmission of an infectious disease (combining surveillance (spike) data and local/soft intel). The use of a menu of public health measures to respond and then review.	Develop a Health Protection public dashboard to sit on Durham Insight
Skills developed in Microsoft Power BI to increase automation in the production of dashboards	Clarify the LA surveillance and response role for other infectious disease (including all NOIDs) and the wider vaccination schedule. Particularly data availability to understand inequalities (e.g. HEAs).
Processing skills and appropriate onward cascading of information on people with vulnerabilities (CSV/MSV). A collaborative approach with partners was taken to target pro-active outreach work; also involved commissioning partners to respond. Insight into our MSV/CSV informed demand management for the Hub	Establishment of an Insight and Intelligence/JSNA Group with representation across the local system. The group to be given strategic direction via the JSNA board (including on the topic of PHM?).
Comprehensive approach to all aspects of the programme to address inequality and inequity: - Testing - Vaccination (all ages) - High-risk settings - Community engagement and resilience	Capture learning from bespoke aspects of C-19 work e.g. Leaving no-one behind, targeted community testing, community engagement to inform wider planning and service delivery. Identify recommendations for ongoing work - Services for most vulnerable - Hyper-local data and localised outreach - Community champions, Covid Awareness Officers
	Strengthen links between intelligence to identify those most at risk (what is the role of PHM) and system response
There has been significant innovation – some pandemic specific which we have a record of in the Transition Plan document (that could be re-stood up) and other that is now BAU.	

Workstream 4 – Funding

LEARNING	**OPPORTUNITIES**
Robust monitoring system with oversight of spend and determining any underspend for reallocation to ensure all funding is spent in line with COMF criteria. Process manages risk and mitigates and escalates the impact of	Bid owners have been requested to have exit strategies in place, including contingency arrangements to obtain funding from elsewhere to allow projects to continue, where appropriate.

underspend and overspend of successful bids. Monthly expenditure monitoring forms submitted.	Explore potential to maximise liaison with these initially COMF funded posts to further develop the wider public health agenda.
Bi-monthly project update reports submitted by bid owners to identify any barriers/risks and proposed resolutions	Utilise the programme of work developed and shared with CMT, HPAB and PHSMT to inform the continuation of and legacy from this funding
Stock take in September 21 and January 22 to provide a position statement on spend and progress of projects. Revised RAG ratings to capture risks associated with bids where spend in Q3 and Q4.	Employ the governance processes and procedures - the Outbreak Funding Budget Group, RAG rating, regular dialogue with bid owners, and surgery sessions for future funding allocations
Outbreak Funding Budget Group identified areas of potential slippage and options for limited ongoing investment into 22/23. COMF reporting processes to be drawn to a close at 31 March 2022. Public Health considered COMF investments deemed beneficial for investment to continue into 22/23	Review completed and reported to CMT agreed the recommendation investments to continue into 22/23 through AHS Cash Limit, PH Reserves and Recovery Support Reserve for programmes delayed by Covid and which will continue to support outbreak control work going forward. A final summary report will be submitted at the end of the COMF process to CMT and HPAB providing a position statement on the final spend to March 2022 with detail of outputs and outcomes of bids against the original agreement.
A reserve will be retained for 2022/23 to provide a contingency budget for any costs that the council may be required to meet linked to further outbreaks.	Contingency budget Financial planning in place to meet potential costs linked to future outbreaks.

Workstream 5 – Escalation and surge response

LEARNING	**OPPORTUNITIES**
Practice has informed review of SOPs, CCU arrangements, resilience	Review SPOC, inbox management, duty and OOH rotas, interdependencies and UKHSA arrangements to ensure resilience and ability to be flexible and agile to future situations, emergencies, etc…
Proactive approach to identify, reach out to and support all residents, via Population Health Management (PHM), esp. CEV, MSV Holistic MECC approach adopted for all outbound and inbound calls. Facilitating self-service, self-supporting, linking to communities rather than dependency on LA and partners	Legacy document to capture learning and inform future surge, response, corporate approach National interview as high performing LA – opportunity to inform national planning

Evidence base confirms – local contract tracing most effective approach	

Risks and Mitigation

Workstream 1: Settings

RISKS	MITIGATION	CONCLUSION
Return to BAU, silo working, loose beneficial interdependencies	Review undertaken with all partners and agreed continuation of the Community Settings and Oversight Group with reviewed terms of references to embed strengthened relationships	The current controls are considered adequate.
Organisational settings deprioritising IPC and removal of investment	Agreed continued and enhanced investment in the IPC team System and regional work to ensure IPC remains prioritised	The current controls are considered adequate however we need to monitor the outcomes of the regional work.
Loss of 'in setting' health protection skills and experience	SPOC at CSOG and Protecting Health team provide Health Protection training to SPOCs	The current controls are considered adequate.

Workstream 2 – Governance, oversight and policy

RISKS	MITIGATION	CONCLUSION
Return to BAU induces loss of key partners, interdependencies and collaboration	Use the strengthen relationship in the HPAB to embed strategic interdependencies into the HPADG	The current controls are considered adequate.
Profile of public health and health protection wanes as other priorities arise	DPH delivering a series of session with CMT/EMT etc – need to think of wider partners Engaging and feed into the post pandemic review by UKHSA – lessons learnt.	The current controls are considered adequate however we need to monitor the outcomes of the UKHSA review.

Workstream 3 – Interdependencies for service response

RISKS	MITIGATION	CONCLUSION
National data sources which we depend on for C-19 cases (testing, vaccination (NB booster recording), wastewater) surveillance could reduce/stop.	Tolerate…… National policy to focus on high-risk – proportionate at this stage of the pandemic	The current controls are considered adequate.
Unknown/uncertainty around the burden of Long Covid in the population and developing evidence base. This may make it difficult to ensure adequate support is provided to our residents and employees	Recommend - Long COVID initial piece of analysis - mini Health Needs Assessment / Rapid Review.	Continue to treat to confirm the analysis / assessment / review has been undertaken.
Covid-19 has amplified existing structural inequalities in income and poverty, socioeconomic inequalities in education and skills, and intergenerational inequalities – with particular effects on children (including vulnerable children), families with children and young people.	Review and update COVID Health Impact Assessment	Continue to treat to confirm the review has been updated.

Workstream 4 – Funding

RISKS	MITIGATION	CONCLUSION
COMF funding ceased. Outbreak management incorporated into the PH Grant allocation.	We have identified a contingency allocation to be access by CMT	The current controls are considered adequate.

Workstream 5 – Escalation and surge response

RISKS	MITIGATION	CONCLUSION
BAU and staff capacity and wellbeing,	Continued oversight at HPADG, support as required and escalate through regional and national system.	The current controls are considered adequate.
LTP operations ceased, no corporate commitment re surge staffing arrangements	A Surge / Escalation Options Appraisal paper to CMT	The current controls are considered adequate and monitor the outcomes of the CMT report.
LRF / surge testing / testing stock and contingency need to be considered.	A Surge / Escalation Options Appraisal paper to CMT	The current controls are considered adequate and monitor the outcomes of the CMT report.

Recommendations

Recommendations

Recommendations	Who	When
Oversight and Governance		
Health Protection Governance review to increase system working and strategic and operational assurance.	SM Protecting Health / Programme Manager	May 2022
Revise HPADG governance arrangements to: • align Covid (HPAB) to HPADG • enhanced support for other communicable diseases.	SM Protecting Health / Programme Manager	May 2022
Scope development of specific Covid strategies such as Sustained Covid Exit and Strategy for CEV.	HPADG	September 2022
Regular review and alignment of local plans with regional (LA7, ICS, UKHSA, NHS) programme of Covid-19 work.	HPADG	March 2023
Strengthened system collaboration and partnership working		

Continuation of the Community Settings and Oversight Group with reviewed terms of references to embed Covid-19 learning and Wider Health Protection work into: • Better Health At Work Award • Healthy Settings Frameworks • Wellbeing Principals etc	Strategic Manager, Protecting Health / chair of CSOG	May 2022
Strengthen enhanced networks and relationships with a Public Health presence in service networks and meetings across LOMP settings. *(inc Early Years, Education, Care Homes, Extra Care, Children's Residential, Secure settings, Infection Prevention Control, Community Protection, Partnerships).*	DCC Public Health SMT	May 2022
Share our local learning and good practice with UKHSA and regional reviews to inform future joint management/working arrangements / strategies.	HPAB/HPADG	Aug 2022
Tackling Increased inequalities and disproportionate impacts		
Consider reviewing and updating COVID Health Impact Assessment or contribute if appropriate to other pieces of Public Health work.	PHSMT	June/July 2022
Develop a Long COVID initial piece of analysis - mini Health Needs Assessment / Rapid Review. Or contribute if appropriate to other pieces of Public Health work.	Research & Public Health Intelligence Manager / CCG/ NHS	June/July 2022
Provide a COMF evaluation report to define outcomes / achievements (including budget prioritisation process and monitoring arrangements) / recommendations.	Programme Manager	June 2022
Develop a sustainable 'leaving no one behind' strand to current vaccination programmes.	Immunisation Board	March 2023
Better information (data, dashboards, evidence base, training/education) A more informed population (Professionals, and Public)		
Develop public facing information on wider health protection themes to sit on Durham Insight and inform communication campaigns.	PHI / All partners Comms Teams	June 2022

Explore surveillance data with a focus on the level of data we have had access to for Covid-19 and whether this can be replicated to other Infectious diseases and vaccinations to inform targeted work.	Research & Public Health Intelligence Manager (Joint Strategic Needs Assessment Board)	Aug 2022
Invest in and develop health protection training programme to upskill identified workforces.	DCC Protecting Health	Aug 2022 and ongoing
Retain and continue to update the communications teams health protection skills to support strategic and operational development, activity and system support.	All partner Communication Teams	March 2023
Using data and intelligence to inform and drive service response and communications across the wider public health communications calendar.	PHI, PH and all partner Comms Teams	establish by end of May 2022
Empowering communities		
County Durham Together (workforce workstream) to be informed by lessons learnt and Hub / Local Tracing Partnership legacy report.	County Durham Together Partnership	July 2022
Continued investment in the Champions programme and broaden work programme to support wider PH/CCG/NHS community engagement and community resilience.	County Durham Together Partnership	Ongoing
Embed Making Every Contact Count (MECC) approach across vaccination programmes and develop vaccination champions.	Immunisation Board	Aug 2022
Emergency Response		
Provide a Surge / Escalation Options Appraisal paper.	CDT Strategic Manager / SM Executive Support / PH Advanced Practitioner	September 2022
Propose a Public Health Section as part of organisational business continuity.	HPADG organisations	March 2023
Maintain and review a local surge plan for Covid-19.	Local Resilience Forum (LRF)	March 2023

Appendices

Appendix 1 – Transition Plan Governance

Health Protection Assurance Board
Chair: Jane Robinson

Key

---------- Progress reporting relationship

_____Working relationship

Workstream 1

Themes and Settings
Lead:
SR/SB

Workstream 2

Governance, oversight, and Policy
Lead: JE

Workstream 3

Interdependencies for service response
Lead: KDS/JE

Workstream 4

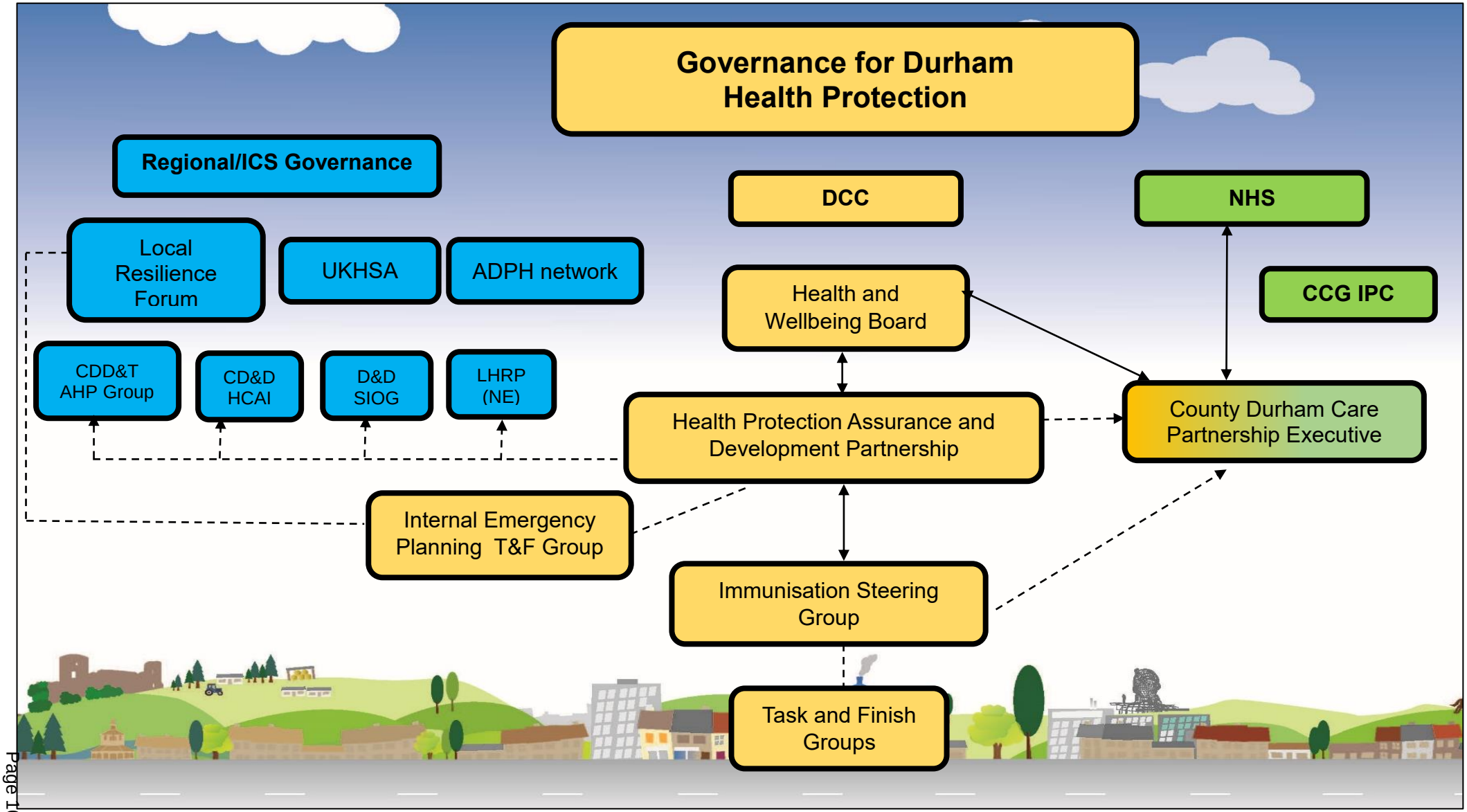
Funding
Lead:
DP and COMF Budget Management Group

Workstream 5

Escalation and surge response
Lead: SB/KMc

Appendix 2 – Health Protection Assurance Governance

Please note Terms of Reference are being revised and the frequency of meetings as we transition to Covid being a part of the wider Health Protection Assurance and Development Group (HPADG) agenda.



This page is intentionally left blank

Adults, Wellbeing and Health Overview and Scrutiny Committee

3 October 2022

Quarter One, 2022/23 Performance Management Report

Ordinary Decision

Report of Paul Darby, Corporate Director of Resources

Electoral division(s) affected:

Countywide.

Purpose of the Report

1 To present an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlight key messages to inform strategic priorities and work programmes.

2 The report covers performance in and to the end of quarter one 2022/23, April to June 2022.

Executive Summary

3 A new Council Plan for 2022-2026 was approved by Council on 22 June. This sets out a new performance framework for the Council. Corporate Management Team has agreed to the development of a new quarterly performance report format which provides greater focus on these issues. This is the first report for the new reporting period to follow this format.

4 The performance report is structured around the two main components.

(a) State of the County indicators to highlight areas of strategic importance and reflected in both the County Durham Vision 2035 and the Council Plan.

(b) Performance of council services and progress against major initiatives as set out in the Council Plan.

5 Performance is reported against the five thematic areas within the Council Plan 2022-2026: our economy, our environment, our people, our communities, and our council.

6 Performance is reported on an exception basis with key messages under each thematic Council Plan areas being broken down into national, regional

and local picture, things that are going well, areas which require attention and other areas to note.

7 We are now transitioning into a post-pandemic world, but the impacts of COVID-19 can still be seen in our performance reporting. The last two financial years are not representative for many areas of performance and will be an unfair comparison due to pandemic impacts.

8 We have therefore, wherever possible, tried to make the comparison of current performance against pre-pandemic data. Whilst COVID-19 continues to impact on certain performance metrics, there is evidence of some areas returning to pre-pandemic levels.

9 However, the largest challenge for our residents, local businesses and the council is the current cost of living crisis. Inflation is currently running at 10.1%[1] with the Bank of England forecasting it to peak at 13.3% at the end of March 2023. Ofgem are expected to increase the energy cap again in October and further again in January 2023. The inflationary increase is largely driven by the rise in the cost of fuel and energy bills, which is being impacted significantly by the war in Ukraine.

10 The cost of living crisis has a triple impact on the council.

(a) It impacts on our residents. High inflation is outstripping wage and benefit increases resulting in a fall in income in real terms. This has been further exacerbated by the tax increases implemented in April. This will result in increased demand for services to help support people facing financial hardship or who are in crisis.

(b) Increased costs for the council. Our premises and transport costs have increased because of the rise in energy costs and fuel prices, and, also the cost of other supplies and services where prices have increased as suppliers face similar issues themselves. It is also anticipated that employee costs will increase by more than in previous years when the settlement is negotiated to accommodate inflation.

(c) Reduced income for the council. Users of council services may seek to save money resulting in a fall in income from discretionary services such as leisure centres and theatres.

Recommendation

11 That Adults, Wellbeing and Health Overview and Scrutiny Committee notes the overall position and direction of travel in relation to quarter one performance, the continuing impact of COVID-19 and the increased cost of living on the council's performance, and the actions being taken to address areas of underperformance including the significant economic and well-being challenges because of the pandemic.

[1] UK Consumer Price Index for 12 months to July 2022

Analysis of the Performance Report

Going well

Our people

12 Just over 30% of women are breastfeeding 6-8 weeks after birth, an increase compared to just under 28% for the same period last year.

13 89% of people discharged from hospital into reablement or rehabilitation services remained at home 91 days later, the highest figure for four years.

14 The average age of people entering permanent care has shown little change over the last ten years (varying between 83 and 85 years). Over the same period, the number of people entering permanent care has also remained stable, except for the last two years.

15 Gym and swim memberships are 16% higher than last year and above budgeted income profiles. However, cancellations remain a concern. We have reinstated exit surveys to enhance our understanding and the impact of the cost of living pressures.

Areas which require attention

Our people

16 Admissions under the Mental Health Act are 19% higher (+37 admissions) than at the start of the pandemic, and 3% higher than last year (+6 admissions).

17 Just under 41% of carers (adult social care) are satisfied with the support and services they receive. Whilst this is the lowest result since the survey started 9 years ago (there have been four previous biennial surveys), it is still in line with national trends.

18 Despite encouraging performance in terms of the impacts of reablement, the percentage of people receiving reablement following discharge from hospital has decreased from 3.8% to 2.7% and is below both the regional (2.9%) and national (3.1%) rates.

Other areas of note

Our people

19 Tobacco treatment is now a routine part of maternity care, and whilst a greater percentage of women are smoking at time of delivery, there is a narrowing gap with the North East and a longer-term trend of fewer pregnant women smoking.

Performance Indicators – Summary

20 We are now transitioning into a post-pandemic world, but the impacts of COVID-19 can still be seen in our performance reporting. The last two financial years are not representative for many areas of performance and will be an unfair comparison due to pandemic impacts.

21 We have therefore, wherever possible, tried to make the comparison of current performance against pre-pandemic data.

Risk Management

22 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects. The latest report can be found here.

Background papers

- County Durham Vision (County Council, 23 October 2019) https://democracy.durham.gov.uk/documents/s115064/Draft%20Durham%20Vision%20v10.0.pdf

Other useful documents

- Council Plan 2022 to 2026 (current plan) https://democracy.durham.gov.uk/mgAi.aspx?ID=56529
- Quarter Four, 2021/22 Performance Management Report https://democracy.durham.gov.uk/documents/s157533/Year%20End%20performance%20report%202021-22.pdf
- Quarter Three, 2021/22 Performance Management Report https://democracy.durham.gov.uk/documents/s152742/Performance%20Report%202021-22%20003.pdf
- Quarter Two, 2021/22 Performance Management Report https://democracy.durham.gov.uk/documents/s149087/Q2%20Performance%20Report%202021-22%20-%20Cabinet.pdf
- Quarter One, 2021/22 Performance Management Report https://democracy.durham.gov.uk/documents/s144872/Q1%20Performance%20Report%202021-22.pdf

Author

Andy Palmer Tel: 03000 268551

Appendix 1: Implications

Legal Implications

Not applicable.

Finance

Latest performance information is being used to inform corporate, service and financial planning.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Equality measures are monitored as part of the performance monitoring process.

Climate Change

We have declared a climate change emergency and consider the implications of climate change in our reports and decision-making.

Human Rights

Not applicable.

Crime and Disorder

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Staffing

Performance against a number of relevant corporate health indicators has been included to monitor staffing issues.

Accommodation

Not applicable.

Risk

Reporting of significant risks and their interaction with performance is integrated into the quarterly performance management report.

Procurement

Not applicable.

Durham County Council Performance Management Report

Quarter One, 2022/23

1.0 Our Economy

1.1 Council Activity: Going Well

Better Health At Work Award

1 The council continues to encourage organisations to work towards the Better Health at Work Award to improve the health and wellbeing of employees. At the end of 2021/22, 87 organisations were involved in the BHAWA, the highest number to date, 41 of which had attained the higher levels of the Award.

2.0 Our People: National, Regional & Local Picture

Improving Healthy Life Expectancy

2 Healthy life expectancy at birth has shown no significant change and remains statistically significantly lower than England.

3 Female healthy life expectancy at 65 shows significant improvement and has halved the long-term gap with England. However, the figures relate to 2018-20 so do not include excess deaths due to COVID-19.

Breastfeeding

4 Historically, the UK has one of the lowest breastfeeding rates in the world with County Durham being in the worst quartile of performance compared to UK rates.

2.1 Council Activity: Going Well

Smoking

5 Tobacco treatment is now part of routine maternity care. This gives at least 12 weeks' support and includes the provision of nicotine replacement therapy. New ways of supporting women who have no desire to quit smoking are being developed. More focused support in the postnatal period will be available from October 2022.

Breastfeeding

6 A greater proportion of mothers are continuing to breastfeed at 6-8 weeks after birth and the gap with the national average is reducing.

7 We are revising the multi-agency communication and engagement plan with partners to share key messages, targeting services such as dentists, businesses, event organisers, mental health service providers, culture, leisure and education.

Suicide Prevention

8 The number of suicides has remained relatively consistent over the last five years. Each year, between January and June, there was an average of 32 deaths.

9 CCTV and handrail lights will be installed at Newton Cap viaduct in Bishop Auckland.

Hospital Discharges

10 The proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services continues to increase and is currently the highest four years.

Gym and Swim Memberships

11 Although gym and swim memberships continue to increase, cancellations are high. We are reinstating exit surveys, stopped during the pandemic, to help understand the reasons why.

2.2 Council Activity: Areas which require attention

Mental Health and Wellbeing

12 There has been an increasing trend in admissions under the Mental Health Act (under Sections 2 and 3) since the start of the pandemic.

13 During quarter one, funding was provided for 40 communal spaces which support older people experiencing poor mental health, or who are at risk of social isolation or suicide.

Service user satisfaction

14 Just under 41% of carers (adult social care) are satisfied with the support and services they receive. Whilst this is the lowest result since the survey started (four previous biennial surveys), it is statistically comparable to the last two surveys and the latest national result.

Leisure Centres

15 As our leisure centres continue to navigate through the COVID recovery phase, visitor numbers remain 7% lower than expected and we believe the increased cost of living is contributing to the overall decrease.

16 The swimming pool at Consett leisure centre has reopened following a lengthy closure to rectify major defects.

2.3 Council Activity: Other Areas to Note

Permanent Admission to Care

17 The average age of people entering permanent care has shown little change over the last ten years (varying between 83 and 85 years). Over the same period, the number of people entering permanent care has also remained stable, except for the last two years.

Support to the economy

18 Our Public Health Team has developed a partnership approach for anchor organisations to act as large local procurers, commissioners, and direct employers. A working group is looking to increase employment opportunities within three of the county's most deprived areas.

Heatwave Plan

19 The County Durham Heatwave Plan is now aligned to the up-to-date heatwave plan for England.

3.0 Data Tables

Key to Symbols

Performance against target		Performance against comparable groups		Direction of Travel	
★	meeting or exceeding target	★	same or better than comparable group	⬆	higher than comparable period
●	within 2% of target	●	worse than comparable group (within 2%)	➡	static against comparable period
▲	more than 2% behind target	▲	worse than comparable group (greater than 2%)	⬇	lower than comparable period

NB: oldest data in left column

Types of indicators
There are two types of performance indicators throughout the report:

1. Key target indicators – targets are set as improvements can be measured regularly and can be actively influenced by the council and its partners; and
2. Key tracker indicators – performance is tracked but no targets are set as they are long-term and / or can only be partially influenced by the council and its partners.

National Benchmarking
We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, e.g., educational attainment is compared to county and unitary councils, however waste disposal is compared to district and unitary councils.

North East Benchmarking
The North East figure is the average performance from the authorities within the North East region - County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside, Sunderland.

More detail is available from the Strategy Team at performance@durham.gov.uk

Our Economy

Description	Latest data	Period covered	Period target	12 months earlier	Performance compared to:				Direction of Travel - last four reporting periods				updated this quarter
					Pre-COVID	National	North East	Nearest neighbour					
Increase the number of organisations involved in the Better Health at Work Award (to improve health and wellbeing interventions at work)	87	2021/22	Tracker	81 ★	75 ★	-	-	-	🡻	🡹	🡹	🡹	Yes

Our Environment

Description	Latest data	Period covered	Period target	12 months earlier	Performance compared to:				Direction of Travel - last four reporting periods				updated this quarter
					Pre-COVID	National	North East	Nearest neighbour					
Raise cycling and walking levels in County Durham in line with national levels by 2035	68%	2019/20	Tracker	72.8% ▲	68% ●	69.3% ●	69.5% ●	-	n/a	🡹	🡻	🡹	No
Overall satisfaction with cycle routes and facilities (%)	54%	2021	Tracker	50% ★	-	50% ★	52% ●	-	🡹	🡻	🡻	🡹	No

Our People

Description	Latest data	Period covered	Period target	12 months earlier	Performance compared to:				Direction of Travel - last four reporting periods				updated this quarter
					Pre-COVID	National	North East	Nearest neighbour					
% of mothers smoking at time of delivery	14.8%	Jan-Mar 2022	0% ▲	15% ★	18.1% ★	9.4% ▲	12.8% ▲	12.1% ▲	🡹	🡻	🡹	🡹	Yes
% of smoking prevalence in adults (aged 18+) **	14.3%	2020	5.0% ▲	17.0% ★	17.0% ★	12.1% ▲	13.6% ▲	13.5% ▲					No
Reduce the % point gap in breastfeeding at 6-8 weeks between County Durham and the national average	17.4pp	2020/21	Tracker	20.2pp ★	20.2pp ★	-	12.2pp ▲	13.3pp ▲	🡻	🡹	🡹	🡻	Yes

Description	Latest data	Period covered	Period target	12 months earlier	Performance compared to:				Direction of Travel - last four reporting periods				updated this quarter
					Pre-COVID	National	North East	Nearest neighbour					
10,000 more adults undertake 150 minute of at least moderate intensity physical activity per week (against 2015 baseline)	260,500	Nov 20 - Nov 21	266,500 ▲	265,800 ●	261,400 ●	-	-	-	↓	↓	↑	↓	No
15,000 less adults are inactive (undertake less than 30 minutes of physical activity per week) (against 2015 baseline)	136,300	Nov 20 - Nov 21	105,800 ▲	132,100 ▲	122,100 ▲	-	-	-	↓	↑	↓	↑	No
Healthy life expectancy at birth – female	59.9 years	2018-20	Tracker	58.3 years ★	-	63.9 years ▲	59.7 years ★	60.2 years ●	↓	↓	↓	↑	No
Reduce the gap between County Durham and England for healthy life expectancy at birth – female	4.0 years	2018-20	Tracker	5.2 years ★	-	-	4.2 years ★	3.7 years ▲	↑	↑	↓	↓	Yes
Healthy life expectancy at birth – male	58.8 years	2018-20	Tracker	59.6 years ●	-	63.1 years ▲	59.1 years ●	59.9 years ●	↓	↑	↑	↓	No
Reduce the gap between County Durham and England for healthy life expectancy at birth – male	4.3 years	2018-20	Tracker	3.6 years ▲	-	-	4.0 years ▲	3.2 years ▲	↑	↓	↓	↑	Yes
Healthy life expectancy at 65 – female	10.2 years	2018-20	Tracker	9.0 years ★	-	11.3 years ▲	9.8 years ★	10.1 years ★	↓	↑	↑	↑	Yes
Reduce the gap between County Durham and England for healthy life expectancy at 65 – female	1.1 years	2018-20	Tracker	2.1 years ★	-	-	1.5 years ★	1.2 years ★	↑	↓	↓	↓	Yes
Healthy life expectancy at 65 – male	7.7 years	2018-20	Tracker	8.3 years ▲	-	10.5 years ▲	9.2 years ▲	9.3 years ▲	↓	↑	↓	↓	Yes

Description	Latest data	Period covered	Period target	12 months earlier	Performance compared to:				Direction of Travel - last four reporting periods				updated this quarter
					Pre-COVID	National	North East	Nearest neighbour					
Reduce the gap between County Durham and England for healthy life expectancy at 65 – male	2.8 years	2018-20	Tracker	2.3 years ▲	-	-	1.3 years ▲	1.2 years ▲	🡅	🡇	🡅	🡅	Yes
Increase self-reported wellbeing (by reducing the proportion of people reporting a low happiness score)	8.8%	2020/21	Tracker	10.9% ★	10.9% ★	9.2% ★	10.1% ★	10.3% ★	🡅	🡅	🡅	🡇	No
Reduce the overall suicide rate (per 100,000 population)	14.3%	2018-20	Tracker	13.4% ▲	-	10.4% ▲	12.4% ▲	12.6% ▲	🡇	🡅	🡅	🡅	No
No. of admissions under the Mental Health Act	219	Apr-Jun 2022	Tracker	213	182	-	-	-	🡅	🡇	🡇	🡅	Yes
Increase the satisfaction of people who use services with their care and support	69.6%	2019/20	Tracker	67.8% ★	n/a	64.2% ★	67.5% ★	66.2% ★	🡇	🡅	🡅	🡅	No
Increase the satisfaction of carers with the support and services they receive	40.8%	2021/22	Tracker	51.2% ▲	51.2% ▲	36.3% ★	42.0% ▲	39.1% ★	n/a	🡇	🡅	🡇	Yes
Increase % of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	89.2%	Jan-Mar 2022	Tracker	86.7% ★	87.2% ★	79.1% ★	72.1% ★	80.0% ★	🡅	🡅	🡆	🡅	Yes
Increase % of hospital discharges receiving reablement	2.7%	2020/21	Tracker	3.8% ▲	3.8% ▲	3.1% ▲	2.9% ▲	2.8% ▲	🡅	🡅	🡇	🡇	Yes
Increase the average age whereby people are able to remain living independently in their own home	84.4 years	2021/22	Tracker	83.6 years ★	84.2 years ★	-	-	-	🡇	🡅	🡇	🡅	Yes
No. of gym & swim members	19,618	June 22	19,642 ★	16,906 ★	18,013 ★	-	-	-	🡅	🡅	🡅	🡅	Yes
No. of people attending Leisure Centres	752,183	Apr-Jun 2022	911,795 ▲	364,992 ★	814,219 ▲	-	-	-	🡅	🡅	🡅	🡇	Yes

Description	Latest data	Period covered	Period target	12 months earlier	Performance compared to:				Direction of Travel - last four reporting periods				updated this quarter
					Pre-COVID	National	North East	Nearest neighbour					
No. of Care Connect customers	11,234	Apr-Jun 2022	Tracker	11,189 ★	12,015 ▲	-	-	-	⬆	⬆	⬇	⬇	Yes

**Smoking prevalence: prior to COVID-19 this was collected via face-to-face interviews. In 2020, this moved to telephone interviews. Data for 2019 and 2020 is therefore not comparable.

Other relevant indicators

Description	Latest data	Period covered	Period target	12 months earlier	Performance compared to:				Direction of Travel - last four reporting periods				updated this quarter
					Pre-COVID	National	North East	Nearest neighbour					
Increase the % of children aged 4-5 who are of a healthy weight ***	74.6%	2019/20	90% ▲	75.6% ●	-	76.1% ●	74.5% ★	74.4% ★	➡	⬇	⬆	⬇	No
Increase the % of children aged 10-11 who are of a healthy weight ***	61.5%	2019/20	79% ▲	61.1% ★	-	63.4% ▲	61.3% ★	61.3% ★	⬇	⬆	⬇	⬆	No

Adults Wellbeing and Health Overview and Scrutiny Committee

3 October 2022

Adult and Health Services - Revenue and Capital Outturn 2021/22

Report of Corporate Directors

Paul Darby, Corporate Director of Resources

Jane Robinson, Corporate Director Adult and Health Services

Electoral division(s) affected:
Countywide

Purpose of the Report

1 To provide the Committee with details of the 2021/22 revenue and capital budget outturn position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year.

Executive Summary

2 This report provides an overview of the 2021/22 revenue and capital outturn position. It provides an analysis of the budget outturn for the service areas falling under the remit of the Overview and Scrutiny Committee and complements reports considered by Cabinet on a quarterly basis.

3 The outturn shows that AHS has a cash limit underspend of £0.192 million at the at the year-end against a revised revenue budget of £126.214 million, which represents a 0.15% underspend. This compares with the previously forecast cash limit underspend, based on the position at 31 December 2021, of a £0.189 million cash limit underspend.

4 In arriving at the cash limit position, Covid-19 related expenditure of £3.147 million, offset by Covid-19 related savings of £1.335 million within AHS have been excluded. Covid-19 related costs are being treated corporately and offset by Government funding so far as is possible.

5 Based on the outturn position the Cash Limit balance for AHS as at 31 March 2022 is £6.149 million.

6 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.

7 The AHS capital budget for 2021/22 is £0.377 million, and as at 31 March 2022 there has been capital expenditure incurred of £0.375 million.

Recommendation

8 It is recommended that the Adults Wellbeing and Health Overview and Scrutiny Committee note the financial position included in this report.

Background

9 County Council approved the Revenue and Capital budgets for 2021/22 at its meeting on 24 February 2021. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £126.214 million (original £133.618 million)*
- *AHS Capital Programme – £0.377 million (original £1.210 million)*

10 The original AHS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason for Adjustment	**£'000**
Original Budget	133,618
Transfer from Contingencies – Transforming Care	371
Budget Transfer – Safeguarding Adults Board	149
Budget Transfer – Transitions	(150)
Budget Transfer – First Aid Training	(5)
Budget Transfer – CYPS	(4,500)
Budget Transfer – Partnerships to CYPS	(30)
Budget Transfer – Resources	(5)
Use of (+)/contribution to cash limit reserve (-)	(1,507)
Use of (+)/contribution to AHS reserves (-)	(1,727)
Revised Budget	**126,214**

11 The use of / (contribution) to AHS reserves consists of:

Reserve	**£'000**
Contribution to AHS - Social Care Reserve	(1,694)
Contribution to Public Health Reserve	(33)
Total	**(1,727)**

12 The summary financial statements contained in the report cover the financial year 2021/22 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the outturn;
- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from

the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

13 The AHS service has a cash limit underspend of £0.192 million against a revised budget of *£126.214 million* which represents a 0.15% underspend. This compares with the forecast cash limit underspend of £0.189 million at Quarter 3, 2021/22.

14 The tables below show the revised annual budget, actual expenditure in 2021/22 and the year end variance. The first table is analysed by Subjective Analysis (i.e. type of expense) and shows the combined position for AHS; and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Adjusted Annual Budget £000	Actual 2021/22 £000	Variance £000	Items Outside Cash Limit £000	Cont. To / (From) Reserve £000	Cash Limit Variance £000	Memo-Forecast Position at QTR3 £000
Employees	38,883	37,330	(1,553)	(372)	(25)	(1,950)	(1,848)
Premises	2,116	1,869	(247)	395	0	148	106
Transport	2,256	1,870	(386)	359	0	(27)	(270)
Supplies & Services	5,064	9,123	4,059	(746)	85	3,398	1,957
Third Party Payments	304,593	305,869	1,276	(2,469)	(13)	(1,206)	1,663
Transfer Payments	11,278	10,911	(367)	0	0	(367)	(730)
Central Support & Capital	31,660	33,732	2,072	(27)	255	2,300	1,613
Income	(269,636)	(277,627)	(7,991)	968	4,535	(2,488)	(2,680)
Total	**126,214**	**123,077**	**(3,137)**	**(1,892)**	**4,837**	**(192)**	**(189)**

Analysis by Head of Service Area

	Adjusted Annual Budget £000	Actual 2021/22 £000	Variance £000	Items Outside Cash Limit £000	Cont. To / (From) Reserve £000	Cash Limit Variance £000	Memo-Forecast Position at QTR3 £000
Central/Other	10,782	9,089	(1,693)	1,920	346	573	205
Commissioning	4,769	3,832	(937)	(13)	537	(413)	(318)
Head of Adults	109,160	112,433	3,273	(3,668)	43	(352)	(76)
Excluded Services	242	299	57	0	(57)	0	0
Public Health	1,261	(2,576)	(3,837)	(131)	3,968	0	0
Total	**126,214**	**123,077**	**(3,137)**	**(1,892)**	**4,837**	**(192)**	**(189)**

15 The table below provides a brief commentary of the outturn cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£553,000 under budget on employees due to staff turnover above budget. £142,000 over budget on transport. £131,000 over budget in respect of supplies and services and premises. £595,000 net under budget on direct care related activity.	(875)
Safeguarding Adults and Practice Development	£105,000 under budget on employees due to staff turnover above budget. £131,000 under budget on supplies and services.	(236)
Ops Manager OP/PDSI Services	£433,000 under budget on employees due to staff turnover above budget. £184,000 under budget linked to transport £226,000 under budget on supplies and services. £2.334 million net over budget on direct care-related activity, including a part year 10% increase in the domiciliary fee rate.	1,491
Ops Manager Provider Services	£286,000 net under budget on employees due to staff turnover above budget. £69,000 net over budget in respect of transport, supplies and services, and premises. £520,000 over recovery of income, including additional Government funding to support outbreak measures.	(737)
Operational Support	£12,000 under budget on employees due to staff turnover above budget. £17,000 over budget on supplies and services.	5
		(352)
Central/Other		
Central/ Other	£207,000 under budget mainly in respect of uncommitted budgets to support future operational activity. £780,000 over budget in respect of increased bad debt provision.	573
		573
Commissioning		
Commissioning	£182,000 under budget on employees due to staff turnover above budget. £231,000 under budget in respect of effective contract management.	(413)

Service Area	Description	Cash limit Variance £000
		(413)
Public Health		
General Prevention Activities	Under budget against flu vaccination budget (-£45,000).	(45)
Healthy Communities Strategy and Assurance	Under budget on employees due to vacant Mental Health at Work practitioner post (-£24,000). Net contract saving; Wellbeing for Life, Data Collection Service NHS Midland and Newcastle Council Better Health at Work (-£34,000).	(58)
Living and Ageing Well	Fresh and Balance contract CDDFT over-budget (+£26,000) Smoke free manager post corrected income from Regional LA7 (-£53,000). Overspend on Nicotine Replacement Therapy (+£57,000) Underspend on Drug and Alcohol commissioning various (-£44,000), Eden House (Temple Cross) (-£55,000) Dilapidation costs at Ridgemount House (+£4,000) Saddler House electricity costs (+£14,000) Thames House historic rates charges (+£12,000) East Durham additional capital cost (+£18,000) Whinney Hill additional repairs and cleaning costs (+£13,000) Health Checks underspend (-£23,000), FP10 Prescription costs estimate underspend (-£26,000), Supervised Consumption estimate underspend (-£53,000). Additional income from Northern Cancer Alliance (-£65,000).	(175)
Public Health Grant and Reserves	Amount to balance the cash limit variance (+£492,000) made up principally of savings from vacant posts and contracts in each service area as described.	492
Public Health Team	Under budget on staffing – vacant posts within the Public Health Team and staff travel and supplies and services.	(209)
Starting Well and Social Determinants	Net effect of various under and overspends against contracts.	(5)
		-
AHS Total		**(192)**

16 Items treated as outside of the cash limit (in £'000) are set out below:

• Contribution to Social Care Reserve	538
• Contribution to Community Discharge Reserve	392
• Contribution to Public Health Reserve	600
• Contribution to PH Regional Reserve	3,547
• Use of Adults Safeguarding Board Reserve	(57)
• Use of Corporate Reserves – COMF	(179)
• Use of Corporate Insurance Reserve	(4)
Total	**4,837**

• Outside Cash Limit (Central Support / Depreciation etc.)	457
• COVID-19 Costs and Lost Income	(3,147)
• COVID-19 Underspends	1,335
• Pay Award	(537)
Sub Total	**(1,892)**
Total	**2,945**

17 The council continued to face significant additional costs in relation to the Covid-19 outbreak and significant loss of income. All additional costs and loss of income, net of Covid-19 related underspending, are being treated corporately and is therefore excluded from the cash limit.

18 The major area of additional cost in respect of AHS is £3.147 million for the additional financial support paid to providers. This support includes a temporary 2% uplift in specified fees to 30 September 2021, and targeted support being given to residential care homes where occupancy levels dropped significantly (in excess of 10%).

19 The major areas of Covid-19 related savings in respect of AHS are as follows (£1.335 million):

(a) £0.367 million in respect of short-term spot hire of vehicles and car allowances etc;

(b) A CDCCG contribution towards additional COVID-related arrangements of £0.968 million.

20 In summary, the service has maintained spending within its cash limit. It should also be noted that the outturn position incorporates the MTFP savings built into the 2021/22 budgets, which for AHS in total amounted to £0.974 million.

21 The cash limit reserve for Adult and Health Services is £6.149 million after incorporating the 2021/22 outturn.

Capital Programme

22 The AHS capital programme comprises two schemes, the Public Health drug and alcohol recovery services premises upgrade and the upgrade of Hawthorn House respite centre in Provider Services.

23 The capital budget at 31 March 2022 is £0.377 million and summary financial performance to the end of March is shown below.

AHS	Actual Expenditure 31/03/2022 £000	Current 2021-22 Budget £000	(Under) / Over Spending £000
Provider Services – Hawthorn House	49	41	8
Public Health – Drug and Alcohol Premises Upgrade	326	336	(10)
	375	**377**	**(2)**

Background Papers

24 Cabinet Report 13 July 2022 – 2021/22 Final Outturn for the General Fund and the Collection Fund.

Contact: Andrew Gilmore – Finance Manager **Tel: 03000 263 497**

Appendix 1: Implications

Legal Implications

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the actual spend against budgets agreed by the Council in February 2021 in relation to the 2021/22 financial year.

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital outturn position alongside details of balance sheet items such as earmarked reserves held by the service grouping to support its priorities.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

The consideration of regular budgetary control reports is a key component of the Councils Corporate and Financial Governance arrangements.

Procurement

The outcome of procurement activity is factored into the financial projections included in the report.

This page is intentionally left blank

Adults Wellbeing and Health Overview and Scrutiny Committee

3 October 2022

Quarter 1: Forecast of Revenue and Capital Outturn 2022/23

Report of Corporate Directors

Paul Darby, Corporate Director of Resources

Jane Robinson, Corporate Director Adult and Health Services

Electoral division(s) affected:
Countywide

Purpose of the Report

1 To provide the Committee with details of the initial forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2022.

Executive Summary

2 This report provides an overview of the initial forecast of outturn, based on the position to 30 June 2022. It provides an analysis of the budget outturn for the services falling under the remit of the Overview and Scrutiny Committee and complements the reports considered by Cabinet on a quarterly basis.

3 The initial forecasts indicate that AHS will have a cash limit underspend of £1.063 million at the year-end against a revised revenue budget of £138.193 million, which represents a 0.77% underspend.

4 Based on the forecasts, the Cash Limit balance for AHS as at 31 March 2023 will be £5.645 million.

5 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.

6 The AHS capital budget for 2022/23 comprises a single scheme of £0.435 million. As at 30 June 2022 capital expenditure of £8,000 has been incurred.

Recommendation

7 It is recommended that the Adults Wellbeing and Health Overview and Scrutiny Committee note the financial forecasts included in this report.

Background

8 County Council approved the Revenue and Capital budgets for 2022/23 at its meeting on 23 February 2022. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £138.193 million (original £136.741 million)*
- *AHS Capital Programme – £0.435 million (original £1.170 million)*

9 The original AHS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason for Adjustment	**£'000**
Original Budget	136,741
Budget Transfer to CYPS – Transitions	(840)
Budget Transfer from Contingencies – Pay Award 2021/22	517
Use of (+)/contribution to Corporate Recovery Reserve (-)	128
Use of (+)/contribution to cash limit reserve (-)	1,399
Use of (+)/contribution to AHS reserves (-)	248
Revised Budget	**138,193**

10 The use of / (contribution) to AHS reserves consists of:

Reserve	**£'000**
Use of AHS - Social Care Reserve	148
Use of AHS – Integrated Reserve	11
Use of Public Health Reserve	89
Total	**248**

11 The summary financial statements contained in the report cover the financial year 2022/23 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;
- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

12 The updated forecasts show that the AHS service is reporting a cash limit underspend of £1.063 million against a revised budget of *£138.193 million* which represents a 0.77% underspend.

13 The tables below show the revised annual budget, actual expenditure to 30 June 2022 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Employees	38,566	8,977	38,502	(900)	(964)
Premises	1,187	403	1,294	(28)	79
Transport	2,164	273	2,273	-	109
Supplies & Services	5,185	1,479	5,571	-	386
Third Party Payments	309,993	42,776	310,279	-	286
Transfer Payments	10,956	1,565	10,245	-	(711)
Central Support & Capital	30,999	72	31,099	-	100
Income	(260,857)	(43,258)	(261,205)	-	(348)
Total	**138,193**	**12,287**	**138,058**	**(928)**	**(1,063)**

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Excluded Services	140	146	144	(4)	0
Central/Other	10,947	(16,009)	10,773	(30)	(204)
Commissioning	2,864	3,487	2,864	(47)	(47)
Head of Adults	122,292	34,012	122,327	(847)	(812)
Public Health	1,950	(9,349)	1,950	-	0
Total	**138,193**	**12,287**	**138,058**	**(928)**	**(1,063)**

14 The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£543,000 under budget on employees due to staff turnover above budget. £90,000 over budget in respect of premises and supplies & services. £312,000 over budget relating to transport. £361,000 net over budget on direct care related activity.	220
Safeguarding Adults and Practice Development	£49,000 under budget on employees due to staff turnover above budget. £52,000 over recovery of income.	(101)
Ops Manager OP/PDSI Services	£126,000 under budget on employees, premises, transport and supplies. £645,000 net under budget on direct care-related activity.	(771)
Ops Manager Provider Services	£167,000 under budget on employees due to staff turnover above budget. £35,000 net over budget in respect of premises and transport.	(132)
Operational Support	£22,000 under budget on employees due to staff turnover above budget. £6,000 under budget on supplies and services.	(28)
		(812)
Central/Other		
Central/ Other	£204,000 under budget mainly in respect of uncommitted budgets to support future operational activity.	(204)
		(204)
Commissioning		
Commissioning	£37,000 under budget on employees due to staff turnover above budget. £10,000 under budget in respect of effective contract management.	(47)
		(47)
Public Health		
General Prevention Activities	No material variances.	0

Service Area	Description	Cash limit Variance £000
Healthy Communities Strategy and Assurance	No material variances.	0
Living and Ageing Well	No material variances.	0
Public Health Grant and Reserves	Amount to balance the cash limit variance (+£297,000) made up principally of savings from vacant posts.	297
Public Health Team	Under budget on staffing – vacant posts within the Public Health Team.	(297)
Starting Well and Social Determinants	No material variances.	0
		0
AHS Total		**(1,063)**

15 The service grouping is on track to maintain spending within its cash limit. The forecast outturn position incorporates the MTFP savings built into the 2022/23 budgets, which for AHS in total amounted to £157,000.

16 The cash limit reserve for Adult and Health Services is forecast to be circa £5.645 million after incorporating the 2022/23 forecast and transfers to other earmarked reserves.

Capital Programme

17 The AHS capital programme comprises one scheme, the upgrade of Hawthorn House respite centre in Provider Services.

18 Further reports will be taken to MOWG during the year where revisions to the AHS capital programme are required. The capital budget currently totals £0.435 million.

19 Summary financial performance to 30 June 2022 is shown below.

Scheme	Actual Expenditure 30/06/2022 £000	Current 2022-23 Budget £000	(Under) / Over Spending £000
Provider Services – Hawthorn House	8	435	(427)
	8	**435**	**(427)**

20 Officers continue to carefully monitor capital expenditure on a monthly basis. There has been limited expenditure incurred to date. At year end the actual

outturn performance will be compared against the revised budgets, and service and project managers will need to account for any budget variance.

Background Papers

21 Cabinet Report 14 September 2022 Forecast Revenue and Capital Outturn 2022/23 – Period 30 June 2022.

Contact: Andrew Gilmore – Finance Manager **Tel: 03000 263 497**

Appendix 1: Implications

Legal Implications

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the forecast spend against budgets agreed by the Council in February 2022 in relation to the 2022/23 financial year.

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital outturn position alongside details of balance sheet items such as earmarked reserves held by the service grouping to support its priorities.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

The consideration of regular budgetary control reports is a key component of the Councils Corporate and Financial Governance arrangements.

Procurement

The outcome of procurement activity is factored into the financial projections included in the report.

Overview and Scrutiny Committee

Adults Wellbeing & Health- 3 October 2022

AHS Revenue and Capital – Outturn 2021/22 and Forecast 2022/23 Quarter 1

Andrew Gilmore – Finance Manager

OVERVIEW

- 2021/22 Revenue Outturn and Variance Explanations
- 2021/22 Outturn Capital Position
- 2022/23 Quarter 1 Revenue Forecast Outturn and Variance Explanations
- 2022/23 Quarter 1 Capital Position

AHS 2021/22 Outturn
By Expenditure Type

	Adjusted Annual Budget £000	Actual 2021/22 £000	Variance £000	Items Outside Cash Limit £000	Cont. To / (From) Reserve £000	Cash Limit Variance £000	Memo-Forecast Position at QTR3 £000
Employees	38,883	37,330	(1,553)	(372)	(25)	(1,950)	(1,848)
Premises	2,116	1,869	(247)	395	0	148	106
Transport	2,256	1,870	(386)	(359)	0	(27)	(270)
Supplies & Services	5,064	9,123	4,059	(746)	85	3,398	1,957
Third Party Payments	304,593	305,869	1,276	(2,469)	(13)	(1,206)	1,663
Transfer Payments	11,278	10,911	(367)	0	0	(367)	(730)
Central Support & Capital	31,660	33,732	2,072	(27)	255	2,300	1,613
Income	(269,636)	(277,627)	(7,991)	968	4535	(2,488)	(2,680)
Total	**126,214**	**123,077**	**(3,137)**	**(1,892)**	**(3,137)**	**(192)**	**(189)**

AHS 2021/22 Outturn
By Service Area

	Adjusted Annual Budget	Actual 2021/22	Variance	Items Outside Cash Limit	Cont. To / (From) Reserve	Cash Limit Variance	Memo-Forecast Position at QTR3
	£000	£000	£000	£000	£000	£000	£000
Central/Other	10,782	9,089	(1,693)	1,920	346	573	205
Commissioning	4,769	3,832	(937)	(13)	537	(413)	(318)
Head of Adults	109,160	112,433	3,273	(3,668)	43	(352)	(76)
Excluded Services	242	299	57	0	(57)	0	0
Public Health	1,261	(2,576)	(3,837)	(131)	3,968	0	0
Total	**126,214**	**123,077**	**(3,137)**	**(1,892)**	**4,837**	**(192)**	**(189)**

AHS Revenue Budget 2021/22

AHS budget position for 2021/22 is an under budget of £0.192 million, which equates to 0.15% of net budget

Key reasons for budget variances:

Adult Care (under budget of £0.352 million)

- Net under budget on employee-related costs of circa £1.389 million mainly through the level of staff turnover being above budget.
- Net under budget on supplies and services, transport, other costs and over recovery of income £0.702 million.
- Net overall over budget on care-related activity of circa £1.739 million, including as part year 10% increase in the domiciliary care rate.

AHS Revenue Budget 2021/22

Key reasons for budget variances:

Central Costs / Other (over budget £0.573 million)

- Net effect of £0.207 million under budget on uncommitted budgets to support future operational activity and £0.780 million over budget in respect of increased bad debt provision.

Commissioning (under budget £413,000)

- Under budget in respect of management of vacancies and contract management.

AHS Revenue Budget 2021/22

Public Health (on target)

- This budget is funded mainly by Public Health Grant for 2021/22, and therefore shows nil net expenditure on the report.

- However, £492,000 has been made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

AHS – 2021/22 CAPITAL

AHS	Actual Expenditure 31/03/2022 £000	Current 2021-22 Budget £000	(Under) / Over Spending £000
Provider Services – Hawthorn House	49	41	8
Public Health – Drug and Alcohol Premises Upgrade	326	336	(10)
	375	**377**	**(2)**

AHS Q1 2022/23 Forecast Outturn
By Expenditure Type

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Employees	38,566	8,977	38,502	(900)	(964)
Premises	1,187	403	1,294	(28)	79
Transport	2,164	273	2,273	0	109
Supplies & Services	5,185	1,479	5,571	0	386
Third Party Payments	309,993	42,776	310,279	0	286
Transfer Payments	10,956	1,565	10,245	0	(711)
Central Support & Capital	30,999	72	31,099	0	100
Income	(260,857)	(43,258)	(261,205)	0	(348)
Total	**138,193**	**12,287**	**138,058**	**(928)**	**(1,063)**

AHS Q1 2022/23 Forecast Outturn
By Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Excluded Services	140	146	144	(4)	0
Central/Other	10,947	(16,009)	10,773	(30)	(204)
Commissioning	2,864	3,487	2,864	(47)	(47)
Head of Adults	122,292	34,012	122,327	(847)	(812)
Public Health	1,950	(9,349)	1,950	0	0
Total	**138,193**	**12,287**	**138,058**	**(928)**	**(1,063)**

AHS Revenue Budget 2022/23

AHS budget position for 2022/23 is a projected under budget of £1.063 million, which equates to 0.77% of net budget

Key reasons for budget variances:

Adult Care (projected under budget of £0.812 million)

- Net under budget on employee related costs of circa £0.907 million mainly through the level of staff turnover being above budget.
- Net over budget on supplies and services, transport and other costs circa £379,000.
- Net overall under budget on care related activity of circa £284,000.

AHS Revenue Budget 2022/23

Key reasons for budget variances:

Central Costs / Other (projected under budget £204,000)

- Under budget to support future operational activity.

Commissioning (projected under budget £47,000)

- Under budget in respect of management of vacancies and contract management.

AHS Revenue Budget 2022/23

Public Health (projected on target)

- This budget is funded mainly by Public Health Grant for 2022/23, and therefore shows nil net expenditure on the report.

- However, £297,000 is forecast to be made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

AHS – Q1 2022/23 CAPITAL

Scheme	Actual Expenditure 30/06/2022 £000	Current 2022-23 Budget £000	(Under) / Over Spending £000
Provider Services – Hawthorn House	8	435	(427)
	8	**435**	**(427)**

ANY QUESTIONS?

This page is intentionally left blank