



## **Adults, Wellbeing and Health Overview and Scrutiny Committee**

**Date**      **Tuesday 16 July 2024**  
**Time**      **9.30 am**  
**Venue**     **Council Chamber, County Hall, Durham**

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### **Business**

#### **Part A**

**Items which are open to the Public and Press**  
**Members of the public can ask questions with the Chair's agreement,**  
**and if registered to speak.**

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 9 May 2024 (Pages 3 - 14)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. North East and North Cumbria ICB Joint Forward Plan 2023/24 to 2028/29 Update - presentation by Sarah Burns, Director of Local Delivery/Head of Integrated Commissioning (Pages 15 - 30)
7. Health Protection and Assurance Annual Report - Joint Report of the Corporate Director of Adult and Health Services and Director of Public Health, Durham County Council (Pages 31 - 98)
8. Quarter 4 2023-24 Performance Management Report - Report of John Hewitt, Chief Executive (Pages 99 - 146)
9. NHS Foundation Trust Quality Accounts 2023/24 - Report of Helen Bradley, Director of Legal and Democratic Services (Pages 147 - 158)
10. Refresh of the Adults Wellbeing and Health OSC Work Programme 2023/24 - Report of Helen Bradley, Director of Legal and Democratic Services (Pages 159 - 176)

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

**Helen Bradley**  
Director of Legal and Democratic Services

County Hall  
Durham  
8 July 2024

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

Councillor V Andrews (Chair)  
Councillor M Johnson (Vice-Chair)

Councillors J Blakey, R Crute, K Earley, D Haney, J Higgins, L A Holmes, L Howvells, J Howey, P Jopling, C Kay, C Lines, S Quinn, K Robson, A Savory, M Simmons, D Stoker and T Stubbs

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

**Co-opted Employees/Officers:** Healthwatch County Durham

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**Contact: Paula Nicholson      Tel: 03000 269710**

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## DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Thursday 9 May 2024 at 9.30 am**

### Present

**Councillor V Andrews (Chair)**

### Members of the Committee

Councillors R Crute, K Earley, D Haney, L A Holmes, L Hovvels, J Howey, C Lines, A Savory, M Simmons and T Stubbs

### Co-opted Members

Mrs R Gott and Ms A Stobbart

### Co-opted Employees/Officers

Ms G McGee, Healthwatch County Durham

### Also Present

Councillors S Deinali and A Reed

## 1 Apologies

Apologies for absence were received from Councillors J Blakey, J Higgins, M Johnson, C Kay and S Quinn.

## 2 Substitute Members

There were no substitutes.

## 3 Minutes

The minutes of the meeting held on 19 March 2024 were confirmed as a correct record and signed by the Chair.

## 4 Declarations of Interest

There were no declarations of interest.

## **5 Any Items from Co-opted Members or Interested Parties**

The Principal Overview and Scrutiny Officer advised members that notification had been received from G McGee, Healthwatch County Durham of two issues she wished to highlight and raise at the meeting today. However, he had been advised that meetings are taking place between appropriate officers and Healthwatch, so the items are deferred.

The Items were in relation to NHS Health checks and Tees Esk and Wear Valleys NHS FT service provision.

## **6 Oral Health Promotion and Community Water Fluoridation**

The Committee considered the briefing report from NHS England (North East and Yorkshire) on water fluoridation that provided the following information:

- Summary of the evidence base of the benefits of fluoridation.
- Local epidemiology data detailing the clinical impact of water fluoridation on North East communities.
- Summary of the evidence base on potential adverse health outcomes linked to fluoridation.
- Summary of the evidence base on dental side-effects e.g., fluorosis.
- Cost effectiveness evidence.
- Local support for fluoridation including quotes of support from system leaders.

A Healy, Director of Public Health was in attendance to present the report and deliver a presentation that provided information on the Department of Health and Social Care (DHSC) consultation process to expand community water fluoridation schemes across the North East of England, to update on the current position in relation to oral health, to provide advice on next steps and to seek multiple responses to the consultation (for copy of report and presentation, see file of minutes).

K Shah, Consultant in Dental Public Health North East and J Evans, Public Health Team were in attendance to answer any questions.

Councillor Reed indicated that she could see the positives of fluoridation due to tooth decay and knew a child who had 13 teeth removed in one day that was concerning. She continued that she had read that there was an impact on people's health in terms of high levels of fluoride in the system that can cause problems such as bone damage, osteoporosis and arthritis. In Europe some countries had rejected the fluoridation programme due to the health issues and asked the officer for her advice on this.

The Consultant in Dental Public Health North East responded that the concentration of fluoride levels in England was monitored by an independent mandatory monitoring report on the health effects of fluoridation that was undertaken every four years. She stated that the last report was published in 2022 that examines other health effects that could be associated with fluoridation. Consistently there was no evidence to suggest that fluoridation at the levels in England had any adverse effect on the population.

Councillor Stubbs referred to fluorosis and asked how this occurred. Was it too much fluoride in the water which would be monitored but also the fact that some people brushed their teeth with fluoride toothpaste on multiple occasions per day?.

He then referred to the Stockton on Tees programme of fluoride varnish that was paused during COVID and asked if there was a reason why Durham County Council never adopted that programme and was there any evidence that this was affective and if it was whether this approach should be considered.

The Director of Public Health responded in terms of varnishing and referred to the Oral Health Strategy and fluoride was one of the many interventions. She continued that the evidence base was clear that in terms of all the interventions putting fluoride into the water was the most protective and the most preventative way to reduce tooth decay in the population, particularly for children. She referenced the targeted toothbrushing scheme in County Durham and they were looking at other actions in the plan to see if they can potentially extend the scheme and look at other interventions including varnishing. However other schemes would come at a cost to the local authority and she stated that from a return in investment none of these are as cost effective as fluoridation. The local authority already had some equalities as some parts of the county had fluoride in the water and the consultation was around extending the scheme. The Director of Public Health indicated that she was happy to bring back updates to the committee on the strategy.

The Consultant in Dental Public Health North East indicated that fluorosis occurs due to too much fluoride at a particular point in life when teeth are developing primarily amongst young children. They monitor these every four years when they conduct 12 year old surveys, they monitor the level of fluorosis that was done through dental surveys and not the water companies in terms of fluorosis. She continued that severe fluorosis occurred where fluoridation could lead to brown staining on the teeth. Research carried out in Newcastle with children with fluorosis showed that it was not a concern to them the reason as it made their teeth look whiter. In terms of over brushing leading to fluorosis this was not the case and the way to reduce fluorosis was by the amount of toothpaste put onto the toothbrush so that children did not swallow the toothpaste. With regard to fluoride varnish, she indicated that she had set up the scheme in Stockton and Teesside and they were really important but were complimentary as no one intervention would give the reduction in tooth decay what they were looking for. She commented that varnish

was also for older people in care homes who had high levels of decay due to the inability to clean their own teeth and wanting more sweet things to eat as their taste buds changed.

Councillor Earley stated that anything that could be done to reduce tooth decay and improve oral hygiene should be supported particularly given the evidence that the Director of Public Health had presented. He remembered teeth being a class issue due to the expense of dental health care and we were now back in that situation with the health inequalities increasing through diet and insufficient public health interventions in schools. He stated the more that could be done to improve children's dental health the better as it was heartbreaking to see children having multiple teeth removed. He considered that the Committee should give 100% backing to the proposals and would recommend to everyone as he had water fluoridation in his area.

Councillor Hovvells indicated that this was about health inequalities and fluoridation was in some parts of the county and not others. If the Council is serious about giving young children the best start in life what better way to do it than supporting the proposals. She continued that fluoridation was cost effective and the outcomes would be better for young people this was about prevention, and they had to improve the health of children, and this was a measure to do this that was supported by the evidence, and she fully supported it and agreed with Councillor Earley.

Mrs Gott indicated that she was concerned at the cost of dental treatment for poorer families as no dentists were currently taking on NHS patients. She agreed with fluoridation but how did they follow it through with education for poorer children on advice of what food to give to children to save their teeth.

The Director of Public Health responded that the Oral Health Strategy identifies clear links to other strategies and as a local authority we were responsible for that oral health promotion and colleagues within the Integrated Care Board were responsible for commissioning dental services. In terms of fluoridation this would make a huge difference in terms of inequalities, particularly from the beginning of life and the benefit to the older population and was part of the overall approach.

The Consultant in Dental Public Health North East indicated that they were currently in the procurement process of obtaining new dental practices in the Durham area. She continued that dental treatment was free for children on the NHS and indicated that the benefits of fluoridation would be instead of a child requiring five fillings might only need to have one or two so the volume of treatment that was needed would be reduced over time with the fluoridation.

Councillor Howey stated that she agreed with fluoridation in water and would be good for everyone not just children. She indicated that tooth decay was not always

down to a poor diet and asked if they still attended schools to teach children about how to look after their teeth as they may help going forward.

The Consultant in Dental Public Health North East indicated that they have an NHS Oral Health Promotion Team that was jointly commissioned on behalf of the local authorities who go into schools, and they have a training model. As part of the school curriculum there was education built in and they train the teachers to give the key messages to children. They also have a supervised teeth brushing scheme so nursery, reception and year one the children brush their teeth on a daily basis and part of that there are conversations around oral health.

Councillor Howey referred to the training of teachers and indicated that it was a bigger impact if someone came into the school rather than put it onto teachers.

The Director of Public Health responded that this could be included in the action plan for the Oral Health Strategy and indicated that they also have school nurses as the oral health promotion was a small team and was targeting in the right way and needs to be part of the broader strategy so will pick this up and take it forward.

**Resolved:** (i) That the information detailed in the report and presentation be noted.

(ii) That the comments raised be formulated into a response to the Department of Health and Social Care consultation supporting the expansion of the Community Water Fluoridation scheme.

## **7 Pharmacy Services and the Pharmaceutical Needs Assessment in County Durham**

The Committee considered a report of the Director of Public Health that provided an update on pharmacy services in County Durham (for copy of report, see file of minutes).

A Healy, Director of Public Health, C Jones, Consultant in Public Health and G Morris, Community Pharmacy North East Central were in attendance to present the report.

The report described the work of the Health and Wellbeing Board where they continue to look at the availability of pharmacy services in County Durham that was done every three years as part of the pharmaceutical needs assessment process. They monitor the ongoing changes to the availability of pharmacy services for residents that was completed by a Pharmaceutical Needs Assessment steering group that was run by Public Health.

The report also provided details of a brief overview and links to the new national pharmacy service and general issues that pharmacies were facing.

Councillor Hovvels commented that pharmacies are carrying out more services such as injections. People are unable to obtain a doctor's appointment and are using the pharmacies which was putting pressure increasing demand onto pharmacies. She had seen in her own community pharmacies going into liquidation and stated that the service was valued, and they needed to be protected. They need to do something about the financial envelope not being big enough and she indicated that they had her full support in taking this message to government. She stated that the first port of call for healthcare was often the pharmacy as you waited three weeks for a doctor's appointment. She sympathised with the problems and indicated that if there was anything the committee could do to alleviate some of the pressure this should be supported as it was about providing good quality services for residents.

The Community Pharmacist thanked Councillor Hovvels for her support and recognising that they are individual businesses. He continued that one of the challenges was referrals to pharmacies and if patients were not referred from one of the agreed services funded under the pharmacy first contract they could not access the funding. It was essential that the funding of pharmacies reflected the demand and services delivered to patients.

Councillor Earley stated that pharmacies are the most under-used resource within the healthcare system. They needed to do everything they could to protect the service as pharmacies were going to have to do more and more and they needed to make pharmacy an attractive career or they were going to lose pharmacists.

The Community Pharmacist responded that in the North East they do struggle and have a workforce crisis and to encourage pharmacists to move to the North East was difficult. He stated that pharmacists come to the North East to train then head elsewhere and stated that if they do not reward them to stay, they leave. He continued that they had just negotiated a change in the pharmacy technician role who are taking on more duties to free the pharmacist up to carry out consultations, but they needed to keep those technicians and anything they could do to encourage young people to come into the world of pharmacy should be supported.

Councillor Howey stated that GP practices were taking on pharmacies and asked if this was impacting pharmacies in the community such as taking away some of the funding.

The Community Pharmacist responded that some pharmacies were working within GP practices who were doing optimisation work who could also write prescriptions, and this would be coming to pharmacies in the community. The PCN pharmacists are taking some of the prescribing work away from GPs and carrying out the optimisation work and some GP practices own and run a dispensary such as rural areas, but other practices own a community pharmacy. He commented that the market was stable in that space, the disruption was the large distant selling



pharmacies that deliver through your letter box that was taking people away from local pharmacies.

Councillor Howey asked if the committee could write a letter to the Secretary of State asking if funding for pharmacies could be looked at.

The Principal Overview and Scrutiny Officer responded that if members wished to follow up on the concerns and comments, he could formulate a letter on behalf of the committee to be sent to the Secretary of State.

Ms McGee indicated that Healthwatch County Durham were undertaking some work on pharmacies this year and were looking at the effects of pharmacy first and how that works. She felt that pharmacies were in the firing line as the accessible face of primary care. She asked if this was a problem that was worse in County Durham or if it was nationwide.

The Community Pharmacist indicated that his personal view was that the North East and Cornwall were the two most difficult areas to recruit, Cumbria was also a challenge. If he looked at where the locum resource came from it was the bigger cities.

Councillor Haney endorsed the proposal to write a letter to the Secretary of State and indicated that he was concerned about the rise in online pharmacies and she should do everything they can to support local pharmacies.

The Community Pharmacist stated that if a pharmacy closes, they move across to the closest pharmacy and the pharmacy receives no additional funding to take on extra staff to meet the new demand. He asked when commissioning local services make the burden of how commission as light as possible as sometimes, they have to attend multiple training sessions and obtain DBS checks.

The Director of Public Health asked if a copy of the letter to the Secretary of State could be copied to the Chair of the Health and Wellbeing Board as the board has responsible for looking at the pharmaceutical needs assessment. She continued that they were working closely with colleagues across the North East and North Cumbria to look at other areas.

In response to a question from the Chair, the Community Pharmacist indicated that online medications were the same standards as a local pharmacy.

Councillor Savory asked if some literature could be circulated in poster form on the value of using pharmacies and how it impacts on the funding.

The Community Pharmacist responded that he would not be surprised if members did not see some literature coming out shortly.

In response to a question from Councillor Howey if a pharmacist would receive more money if she had been referred through the 111 service rather than walk in. The Community Pharmacist responded that if it was antibiotics, she would have ticked one of the seven boxes, but if it was say something in her eye than they would not get the referral in. He indicated that pharmacies should be allowed to see so many walk-ins as they currently carry out this service for no funding.

**Resolved:** (i) That the information contained in the report be noted.

(ii) That a letter be formulated and sent to the Secretary of State expressing this Committee's concerns around the inadequacies of the existing Community Pharmacy funding arrangements.

## **8 GP Contract Changes 2024/25**

The Committee considered a briefing report from NHS North East and North Cumbria Integrated Care Board that provided details on the quality outcomes framework; Investment and Impact fund; helping practices with cash flow and increasing financial flexibilities; Improving patient experience of access (Digital Telephony); registering with a GP and Armed Forces Veterans (for copy of report, see file of minutes).

S Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB was in attendance to present the report and deliver a presentation that provided details of GP contracts 2024/25; key changes; cutting bureaucracy; cashflow and financial flexibilities; PCN staffing flexibility; support to improve outcomes; improve experience of access; Les/Liaise and how GP services are funded (for copy of presentation, see file of minutes).

Mrs Gott indicated that on the 8 February 2024 they were told that practices had to have specialist mental health practitioners and indicated that this had not been mentioned today. She had asked several professionals how this would work and if each practice would have a mental health practitioner as in her experience if they do not have this, they do not have any insight into the problems people have who have mental health issues.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB responded that they have had specialist mental health staff in practices for a number of years. She continued that through the Additional Roles Reimbursement Scheme the government brought in a mechanism for practices to be funded for mental health staff to work within practice, but County Durham had already done this. In the South of the County these had been in place for seven or eight years and this was expanded and rolled out to the North Durham. This brought mental health expertise into the practice and make services more accessible.

Mrs Gott responded that she was aware some practices did have specialist mental health practitioners but were not replaced when staff retired.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB responded that staff work on a rotation across a group of practices, but all have an aligned mental health worker.

Ms McGee asked if any of the contract changes would have any impact on social prescribing workers and if health checks would be included in the must do's.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB responded that the contract does not impact on social prescribing link workers as they have a significant number employed across all their practices which remained unaffected by the new contract. In terms of health checks this was a separate contract that was a local authority responsibility. The contact was between Durham County Council, Public Health and Primary Care who work closely together to ensure that they have good take up across the population.

Councillor Earley asked what the feedback from GPs had been to the contract changes and at what point does it come back to the local authority to look at the demands on general practice provision and what was the trigger point to expand a practice.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB indicated that she was unable to speak on behalf of Primary Care but her view was that GP practices were under significant pressure and the demands for appointments was high and they would welcome the reduction in bureaucracy and reduce reporting requirements and would welcome some of the financial flexibilities. When she spoke to GPs their concern was for patients and meeting patients demands which they cannot do that as effectively as they want to. There had been a number of policy initiatives introduced which included having some extended roles within practices, but some people would always want to see a GP. In terms of demands on GP provision there was not a threshold around a practice expansion unless they apply to have their lists closed. Where practices may wish to do this and there were limited situations where this would be agreed. Practices are required to enrol patients in their population, if there was a big housing development in an area they would look to see if they needed additional GP provision and whether S106 monies could be used to secure additional practice capacity should that be were needed and procured.

Councillor Earley indicated that each planning application would have implications for healthcare demand, but any cumulative effect of several housing development

applications must be considered by existing provision and whether this needed to be expanded.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria ICB responded that she did know if there was a formal criterion but would consult with primary care contract experts and feed this back. She advised members that they have regular dialogue with all their practices who report their pressures on a regular basis. If practices were under regular pressures, they would go out and have a conversation with the practice and work with them.

**Resolved:** That the information contained in the report and presentation be noted.

## **9 NHS Foundation Trust Quality Accounts 2023/24**

The Committee considered a report of the Corporate Director of Resources which provided members the opportunity to consider and comment on the draft 202/324 Quality Accounts for:

- County Durham and Darlington NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust

The Principal Overview and Scrutiny Officer advised that the report introduced the draft Accounts of County Durham and Darlington Foundation Trust and Tees; Esk and Wear Valley Foundation Trust and sets out the requirements placed upon the Committee in order to respond formally to the documents.

W Edge, Assistant Director of Assurance and Compliance and L Ward, Associate Director of Nursing (Patient Safety) provided a detailed presentation for County Durham and Darlington Foundation Trust (CDDFT) and highlighted the key areas of performance for 2023/24 and proposed Quality Account priorities for 2024/25 (for copy see file of minutes).

Councillor Earley referred to the MRSA death figures in hospitals and surges through hospitals and the patient journey and seven days working which he assumed was more clinical work and not just access to services. He indicated if you were operating a hospital at those capacity levels you are going to make it harder to clean wards and the chances of picking up infections would increase with the pressure on the system.

The Assistant Director of Assurance and Compliance responded that this was a fair observation and members had heard earlier in the meeting of the alternative provision that had put into the county in terms of the people not necessarily coming into hospital. Through the local Accident and Emergency Board they were lots of conversations around this and lots of auditing and continuous improvement. He continued that the demand levels remained high and was seven days a week.

They had a business case to recruit medical staff for seven day service and recruited another eight or nine doctors that were allowing them to sustain speciality rotas at weekends. They had recognised the pressure this had put on the system for infection control and had approval to expand the infection control team so were available seven days a week to support the medical and nursing staff on site.

Councillor Howey referred to the difficult parking at hospitals and commented that Darlington outpatients was not very private, and this was concerning.

The Assistant Director of Assurance and Compliance responded that car parking was a real pressure and improvements had been made. Regarding the outpatients department at Darlington the new department would be open in December this was a short-term issue, but they take privacy very seriously and would pass on these comments.

L McCrindle, Associate Director of Quality Governance, Compliance and Quality Data and C Morton, Lived Experience Care Group Director then provided a detailed presentation for Tees, Esk and Wear Valley NHS Foundation Trust (TEWV NHS FT) and highlighted the key areas of performance for 2023/24 and proposed Quality Account priorities for 2024/25 (for copy see file of minutes).

Councillor Stubbs commented that it was pleasing to see the positive changes that had been made but there were still some serious areas that required improvement.

Ms G McGee indicated that Healthwatch County Durham had received feedback from the public that they had been discussing with the Trust and had received a strategic level of commitment to hearing the feedback and looking at improvements. She continued that what they were seeing that this was not always translated down into service provision at the moment and was the areas that they were discussing. A lot of the improvement were focused on in-patient services and asked if they could tell members about the focus on community base services and if they would receive the same level resource input.

Officers responded that the priorities were about everything proactive and over the next year this would be the real focus. The Community Transformation programme was looking at working with other partner organisations including the voluntary sector and would see some of those change bedding in across the community teams going forward.

Councillor Earley referred to the PACT meetings and how they hear about the amount of time the police deal with people in mental health crisis. He asked if there were indicators on how often these referrals come through to the system and if it was as bad as he was hearing.

The Lived Experience Care Group Director responded that it was a real challenge with regard to the response to people in crisis and indicated that a lot was

happening. There was the right care right person initiative now and forces across the country were working on getting the right person to someone in crisis. There was a dedicated team working with Durham Constabulary on the initiative.

**Resolved:** That the information detailed in the reports and presentations be noted and the production of responses to the Draft Quality Accounts be delegated to the Democratic Services Manager as Statutory Scrutiny Officer be agreed.

# ICB Update

**Sarah Burns**

Director of Local Delivery/Head of Integrated Commissioning

# What's the difference between an ICS, an ICB and an ICP?

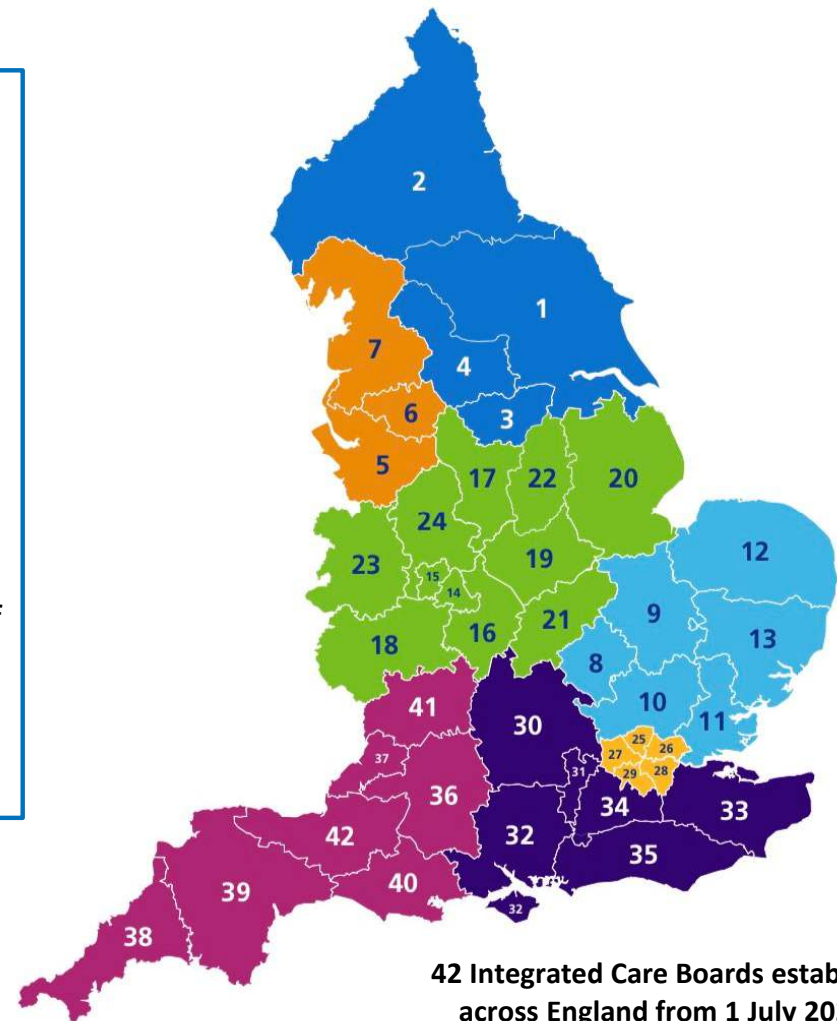


North East and North Cumbria

**Integrated Care System (ICS)** – includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities.

It is not an organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB will also work with a range of partners at 'place level' in each of the 14 local authority areas in our region.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 14 local authorities in the ICS area – plus other invited partners - responsible for developing an **integrated care strategy** for the ICS.



42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs



# Our patch: the North East and North Cumbria

## Our area

NHS North East and North Cumbria Integrated Care Board (ICB)

**NHS**  
North East and North Cumbria

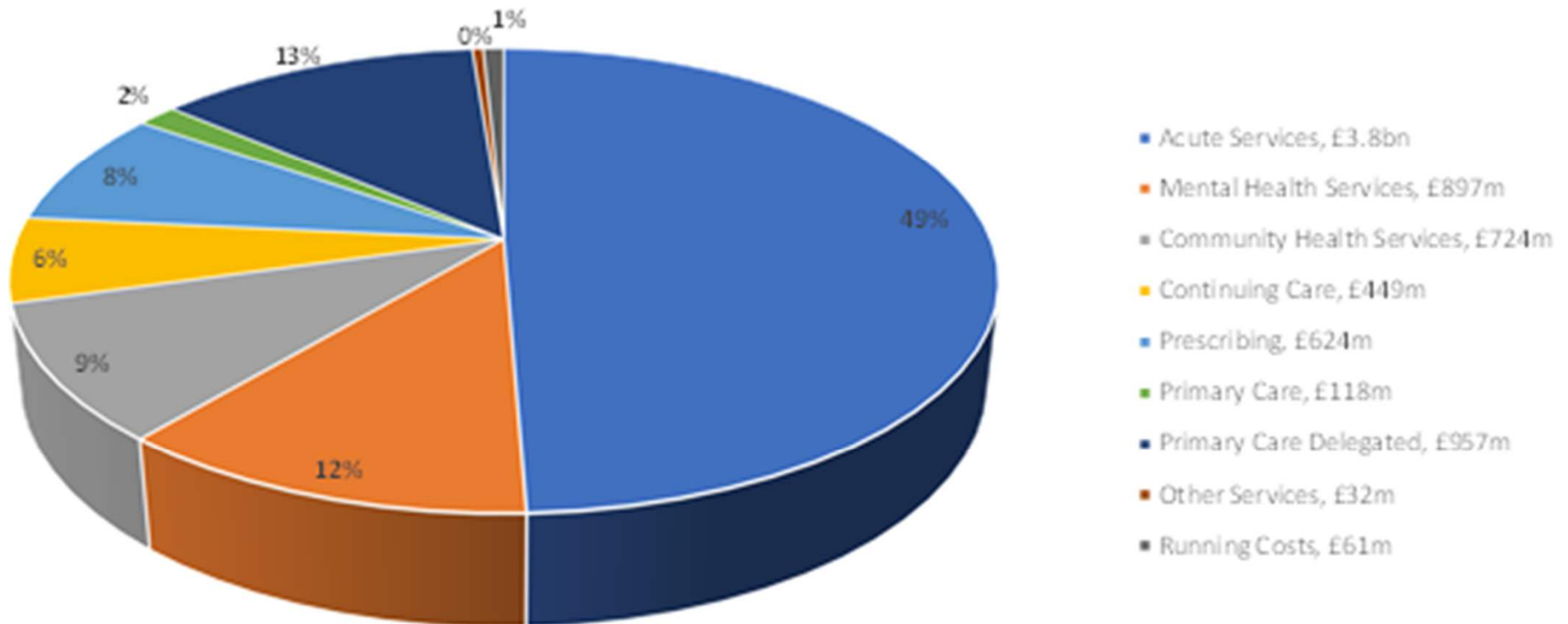


## SIZE & SCALE



# ICB Budget Overview

How the money was spend - NENC ICB year ended 31 March 2024



# Strategic aims of ICBs set by government



## 1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.



## 2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.



## 3 Enhance productivity and value for money

Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.



## 4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

# Developing our Integrated Care Strategy

North East  
North Cumbria  
Health & Care  
Partnership







## Better health & wellbeing for all



A plan to improve health and care in the North East and North Cumbria



### We want...

-  **Longer and healthier lives**  
Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England.
-  **Fairer outcomes**  
As we know not everyone has the same opportunities to be healthy because of where they live, their income, education and employment.
-  **Better health and care services**  
Not just high-quality services but the same quality no-matter where you live and who you are.
-  **Giving our children the best start in life**  
Enabling them to thrive, have great futures and improve lives for generations to come.



# And that's not all...

We will be working together to help people to stay healthy by addressing the causes of ill health and preventing diseases in the first place, and also to improve mental health and wellbeing, so that our communities live healthier and longer lives.

We have set clear goals to tackle the key causes of early death in our region - such as smoking, alcohol, obesity, heart disease, substance misuse and suicide.

## Our supporting goals by 2030 are to:

- reduce smoking from 13% of adults in 2020 to 5% or below
- reduce alcohol related admissions to hospital by 20%
- halve the difference in the suicide rate in our region compared to England
- reduce drug related deaths by at least 15% by 2030
- ensure 75% of cancers are diagnosed at an early stage so that more people who have cancer will live for at least five years after their diagnosis

## We also want to:

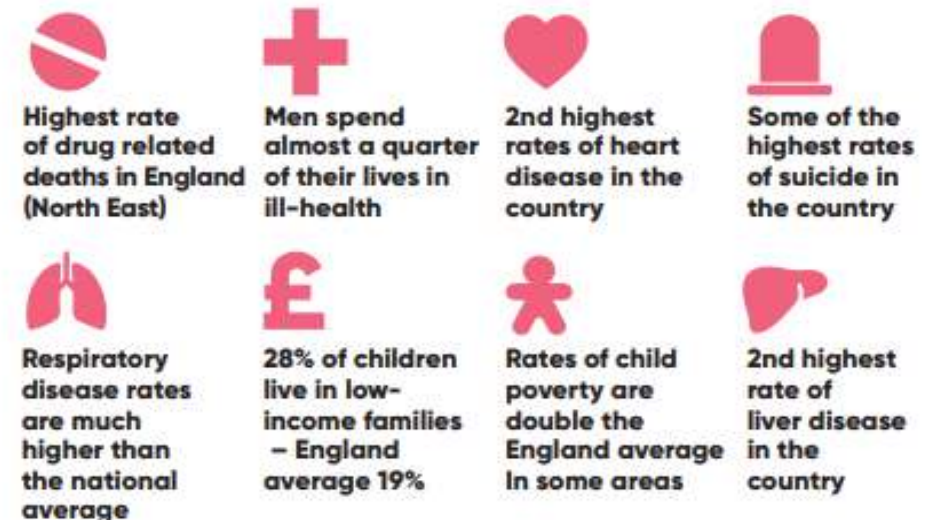
- reduce the number of children, young people and adults who are an unhealthy weight
- reduce social isolation, especially for older and vulnerable people
- reduce the gap in life expectancy for people in some of the most excluded groups within our communities, such as homeless people.



# The health of our region...

Across the North East and North Cumbria, we have made advances in health and social care. We have much to be proud of thanks to the strong partnerships and collaborative working which has been built on over many years. But despite this, we still have some of the poorest health outcomes in the country and there is more we can do to improve health and care services.

In nine of our 13 council areas, healthy life expectancy (meaning life without the burden of a chronic condition or disease), is less than 60 years. There are only four such council areas in the whole of the south of England. Other facts about the health and wellbeing of people in our region make for very uncomfortable reading:



Behind these numbers are individuals and communities. They are people who could be enjoying longer and healthier lives. They are children who could be thriving – not just surviving.

This is why we are so determined to work together across health and care to achieve better health and wellbeing for all.

# Significant change

- Merging 8 organisations into one – restructure at the time of formation
- Taking on additional responsibilities at the start (we didn't just create a large CCG)
- Further delegations – Pharmacy/Optomety and Dental – April 2023
- 30% running cost reductions
- All came within the first year....
- More delegations expected

# The NENC way



North East and  
North Cumbria

- We will be clinically led and managerially enabled
- We will operate across 8 directorates with 8 executive directors
- We will have enabling and delivery teams – focused on delivery the vision and constitutional standards
- We will have 6 delivery teams mapped to 14 LA partners
  - North Cumbria (2 LAs)
  - Northumberland and North Tyneside (2 LAs)
  - Newcastle and Gateshead (2 LAs)
  - South Tyneside and Sunderland (2 LAs)
  - Co Durham (1 LA)
  - Tees Valley (5 LAs)
- FT contracting to be handled centrally and not through the Local Delivery Teams
- Budgets for primary care and community will be devolved to local place committees

North East  
North Cumbria  
Health & Care  
Partnership  
+ + + +

NHS  
North East and  
North Cumbria







# Our first year

On 1 July 2022, we brought eight clinical commissioning groups (CCGs) together to form our new North East and North Cumbria Integrated Care Board (ICB). Take a look at what we have achieved, in partnership with others, across our region in a busy first year.

**3,200,000**  
people to care for

**BUDGET**  
**£7B**

**3 year plan**  
  
**Better health and wellbeing for all**

**North East North Cumbria Health & Care Partnership**  
Developed a new region-wide partnership

Made plans to invest **£35M** over three years, to improve the health of some of our most deprived communities across the North East and North Cumbria



Delivered our biggest flu and COVID-19 vaccination programmes with 2.3 million jabs

16,000 women treated for uncomplicated urinary tract infections in local pharmacies - resulting in improved access and **47%** reduction in antibiotic prescribing

**Worked across the region to improve the transfer of care for patients**  
£29m additional government funding to start this process of change in health and care organisations across the region

**Improved access to primary care services:**  
**1.5 million** appointments every month and an increase in the number of evening and weekend slots

**Worked collectively to tackle waiting times and recovery from the pandemic**  
**Reduced waits for hospital treatment**  
**Increased diagnostic capacity**

**New community diagnostic centres for north Cumbria, Gateshead, and Stockton-on-Tees**  
**Agreed 59min** limit on ambulance handovers which has saved lives

**New technology to improve GP telephone systems and triage**

**Continued to work with our Provider Collaborative which includes our 11 NHS foundation trusts and ambulance services**

**4 KEY GOALS**  
Longer and healthier lives for all of our communities  
Fairer outcomes for all  
Better health and care services  
Giving children and young people the best start in life

**75%** of primary care appointments were face to face against a national target of 70%

**We have continued to innovate and do things differently...**

Matched the funding of our 12 councils to support quit smoking projects and programmes

**A new health and life science pledge**  
and plan to create a 'northern diamond' of innovation and research in partnership with our Academic Health Science Network (AHSN) - more than 70 organisations have signed up to this pledge



**Launched plan to become England's greenest region by 2030**

New learning and improvement community, securing **£250,000** from The Health Foundation to be **the best at getting better**

**Playing our part to get more resources for our region, for health and care and wider economic & social development**  
Extra support for clinically and socially vulnerable people waiting for surgery, so they have the best chance of a good outcome from their treatment



## Impact in County Durham

- Improving performance
  - Time through A&E
  - Ambulance handover delays
  - Reducing waits for elective care
  - Hospital discharge delays – acute, MH/LD
- New initiatives
  - Pharmacy First implemented
  - Health squad funded via Healthier and Fairer programme

# Impact in County Durham

## Starting Well

- Perinatal MH services reviewed – range of support introduced via Family Hubs including support for Dads
- Flu vaccinations for 2-3 year olds best in NENC
- Redeveloped short breaks offer – needs led approach, eliminated waits
- Ongoing children's home development – 3 specialist homes in development
- Valuing Neurodiversity programme – initial focus on support for schools

# Impact in County Durham

## Living Well

- Continued to deliver GP services in ED at UHND
- Targeted diabetes work for people with LD/SMI
- 6 Integrated Neighbourhood Teams established
- Acute Respiratory Infections hubs provided over winter
- Improved health check performance for people with LD/SMI
- Improved carer services – targeted support for working age carers, new plan on page
- Re-design community mental health model – greater focus on community based support
- Updates autism strategy

# Impact in County Durham



North East and  
North Cumbria

## Ageing Well

- Connectivity improvements in care homes
- Delivering Enhanced Care in Care Homes
- Reviewed reablement services – strengthening preventative approach
- Lung case finding pilot

# Questions and Feedback

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## Adults Wellbeing and Health OSC

16 July 2024

### Health Protection Assurance Annual Report

#### Ordinary Decision

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

**Amanda Healy, Director of Public Health**

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

Countywide

#### **Purpose of the Report**

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

#### **Executive summary**

- 2 The Health Protection Assurance and Development Partnership (HPADP) meets bimonthly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:
  - (a) screening programmes;
  - (b) immunisation programmes;
  - (c) outbreaks and communicable diseases;
  - (d) strategic regulation interventions;
  - (e) preparedness and response to incidents and emergencies.
- 3 Key issues identified in and addressed since last year's report include:
  - (a) collaborative work with Harrogate and District Foundation Trust, NHSE and schools, including addressing issues of equity of

access resulting in improved uptake across all the school aged immunisation programmes;

- (b) successful planning and delivery of the targeted 2–3-year flu pilot programme delivering the vaccinations within the nursery to raise uptake rates. County Durham achieved the highest uptake for ages 2 and 3 years in the North East region;
- (c) work with system partners to deliver improved uptake rates for bowel and cervical cancer screening and abdominal aortic aneurysm screening and shingles and pneumococcal polysaccharide (PPV) vaccinations;
- (d) partners participated in the multi-agency delivery of several well received 'Table Top' exercises to 'operationalise' plans and protocols with partners from across the Local Resilience Forum (LRF), providing assurance of emergency preparedness during a period of significant organisational change. Further exercises are planned for the future;
- (e) the publication of the Sexual Health Strategy for County Durham and the development of the action plan to address key objectives identified in the strategy.

4 Additional achievements in the last year include:

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



- (e) implementation of Community Protection Service (CPS) Workforce Development and Staff Retention Plan 2021-2026;
  - (f) development and support for a network of 'warm spaces' across the county in winter 2022/23 and their development into 'welcome spaces' as centres providing more holistic support in winter 2024/25.
- 5 The in full list of recommendations are detailed in the Health Protection Assurance Annual Report. Particular areas for improvement and further assurance in 2024 are highlighted below and include:
- (a) work with the County Durham sexual health service to increase communication, testing, treatment and partner notifications of STIs with a particular focus on syphilis and gonorrhoea in the context of local epidemiology;
  - (b) continue ongoing system working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures;
  - (c) continuing to progress the collaborative work with IntraHealth, NHSE and schools, including addressing issues of equity of access, to maximise uptake of all school-aged vaccinations;
  - (d) maximise the uptake of MMR vaccination across County Durham to provide the best protection to residents from the national increase in measles cases;
  - (e) work collaboratively with partners to expedite improvements and amplify local communications to increase uptake rates for breast cancer screening, diabetic eye screening, chlamydia detection rates and HIV testing coverage within County Durham;
  - (f) support the development of LRF 'Table-top' exercises to 'operationalise' plans to ensure staff are knowledgeable and competent to contribute to future incidents.

### **Recommendation(s)**

6 Adults Wellbeing and Health OSC is recommended to:

- (a) note the content of the report;

- (b) note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;
- (c) note and support the areas for improvement and further assurance, particularly the school-aged immunisation service contract and sexual health contract. Both of these contracts are priority areas of work for improvement, development and assurance.

## **Background**

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

## **Main implications**

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

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

## **Conclusion**

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

**Background papers**

- Previous Health Protection Assurance Annual Reports

**Other useful documents**

- None

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**Contact:** Joy EvansTel: 07902 831608

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## **Appendix 1: Implications**

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### **Legal Implications**

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

The steps that may be taken include:

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

### **Finance**

This report has no implications for finance.

### **Consultation and Engagement**

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

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

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

### **Climate Change**

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

### **Human Rights**

This report has no implications for human rights.

### **Crime and Disorder**

This report has no implications for crime and disorder.

**Staffing**

This report has no implications for staffing.

**Accommodation**

Not applicable.

**Risk**

No risks are identified for the Council.

**Procurement**

Not applicable.

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## **Appendix 2: Health Protection Assurance Annual Report**

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Attached as separate document



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## **Appendix 3: Health Protection Scorecard**

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Attached as separate document

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# **County Durham Health Protection Assurance Annual Report 2023- 2024**

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## 1. Introduction

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.

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.

The delivery of robust health protection functions relies on effective partnership working between several local, regional, and national agencies. These include Local Authority (Public Health, Civil Contingencies Unit and Community Protection), UK Health Security Agency (UKHSA), North East and North Cumbria Integrated Care System (ICS), Integrated Care Board (ICB), NHS England (NHSE), County Durham and Darlington Foundation Trust (CDDFT), Local Resilience Forum (LRF) voluntary and community sector (VCS) organisations. This report reflects the contributions that all partner agencies make towards the health protection agenda.

This report provides a summary of the assurance functions of the County Durham Health Protection Assurance and Development Partnership (HPADP) and reviews performance for the previous year for the County Durham Health and Wellbeing Board.

Data provided within this report are collated from numerous sources. The health protection scorecard is attached at Appendix 1 and compiles the latest publicly available data. It is presented by financial year (2022/23) or calendar year (2023), depending on the reporting arrangements for each programme which is determined nationally. Where possible the most up to date and timely data is used, however, there is a known lag in data being quality assured, benchmarked and published for all local authorities. Some

data is confidential and not in the public domain and therefore not included in this report.

## **2. Executive Summary**

County Durham benefits from the strong collaborative working relationships in place with key stakeholders to ensure there are clear lines of sight, escalation and governance arrangements in place to provide continued health protection assurance which seek to reduce health inequalities and maximise opportunities for improved population health outcomes.

### **2.1 Key achievements**

There are a number of significant improvements and achievements to be highlighted in this report, these include:

- (a) Improved uptake in a number of screening programmes including bowel and abdominal aortic aneurysm (AAA) screening;
- (b) Sustained performance across all but one of the 0-5 year old childhood vaccinations (>95% coverage);
- (c) Co-ordinated approach to the oversight, management and control of outbreaks of communicable diseases including Group A Streptococcal (GAS) infections and invasive pneumococcal disease (IPD), both in vulnerable and high-risk population groups;
- (d) Significant work to progress the inclusion of health in the climate change agenda, leading to increased reference to the adaptations needed to mitigate the impact of climate change on health in the revised Climate Emergency Response Plan (CERP 3);
- (e) The inclusion of Community Resilience within this report, reflecting the developments in this area most notably the Community Champions and Welcome Spaces programmes.

### **2.2 Risks**

Whilst the health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance, this report identifies the following areas for improvement and increased assurance, these include:

- (a) HIV testing and chlamydia screening rates are both significantly worse than the England average, remedial work is needed to improve performance;
- (b) The breast screening programmes continue to be below the acceptable level of 70%. This programme was significantly affected by the pandemic and there is ongoing work across partners to address this;
- (c) The uptake of the second dose of the MMR vaccine has dipped to 94% and below the required 95% coverage for herd immunity. The report highlights ongoing work to address this especially in light of the resurgence of measles cases;
- (d) The reduction in the uptake of adolescent vaccinations is a major cause for concern and risk for the coming year. The performance of the new school aged immunisation service (SAIS) has been escalated to NHS England as commissioners of the service and public health is seeking to work closely with all parties to increase uptake;
- (e) There is ongoing work to understand and address the increased incidence of syphilis and gonorrhoea in County Durham. This remains a priority area of work in the coming year with both a strategic group convened to understand patterns of transmission of infections across the region and a local operation group established within County Durham;
- (f) The increase in healthcare associated infections (HCAI) particularly in the CDDFT hospital estate continue to be closely monitored. Recent escalation of these concerns has led to a meeting with external partners to seek support and the agreed recommendations are to be presented via the appropriate governance arrangements.

### **3. Health Protection Assurance Arrangements**

#### **3.1 Organisation roles and responsibilities**

The roles of the UKHSA, local government and the NHS in the public health system are complementary. The organisations work closely as part of a single public health system to deliver effective protection for the population from health threats.



**UKHSA's** core functions include protecting the public from infectious diseases, chemicals, radiation, and environmental hazards and supporting emergency preparedness, resilience, and response. Through its consultants in health protection the agency leads epidemiological investigations and specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional, and national expertise. UKHSA is neither a healthcare provider nor a healthcare commissioning organisation.

**NHSE** is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering Cumbria and the North East. NHSE are also responsible for the management and oversight of the NHS response to any health protection incident and ensuring that their contracted providers deliver an appropriate clinical response.

The **ICB** is responsible, through contractual arrangements with provider organisations, for ensuring that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening, immunisations, diagnostic and treatment services). ICBs are responsible for ensuring that appropriate standard operating procedures and governance arrangements are in place to enable provider organisations to respond urgently to health protection cases/incidents (both during and outside of normal working hours) and that there is adequate supply and arrangements for dispensing of any antimicrobial treatment or vaccination required.

**Local Authorities** through the Directors of Public Health or their designate have overall responsibility for the strategic oversight of an incident or outbreak which has an impact on their population's health. The DPH must be assured that the local health protection system response is robust and that risks have been identified, mitigated against, and adequately controlled.

The Civil Contingencies Act 2004 places a duty on local authorities to cooperate with other agencies including emergency and health services, to assess risk and maintain plans to prevent emergencies and reduce, control and mitigate their effects, including risks which pose a threat to human life. As a 'category 1' responder under the Act, local authorities are required to share information and co-operate with other organisations which may respond to emergencies. To facilitate this, the Act established multi-agency LRFs, co-terminus with police force areas. Durham is covered by the County Durham and Darlington LRF and the council plays a full and active part in the LRF and its various planning and working groups. Threats to

public health from disease, infection and adverse weather are considered and assessed through the LRF's Risk Assessment Standing Group and coordinated with the work of the HPADP and its Winter Pressures Planning Group.

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 LRF and have a duty officer on call at all times.

The LRF 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.

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.

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.

The **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 policies 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.

An Annual Status Report (ASR) is produced to determine whether specific areas of the county meet National Air Quality Standards for various air pollutants including nitrogen dioxide and particulates. In addition, a Local Air Quality Management Area currently exists within Durham City. Air Quality action and implementation plans are in place to reduce nitrogen dioxide emissions and improve air quality standards within that area.

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.

### **3.2 Health inequalities**

Health protection issues, such as low vaccine uptake, infectious diseases (e.g., Tuberculosis (TB) and Hepatitis C) and antimicrobial resistance (AMR), disproportionately affect those living in deprived communities and inclusion health groups (e.g. some migrant groups, people in contact with the criminal justice system, those who are homeless) or other at-risk groups who already experience health inequities (e.g. based on ethnicity or sexual orientation). In regards to health protection and environmental hazards, vulnerable populations are at greater risk, due to where they live or behavioural risk factors.

The HPADP and wider system partners recognise their fundamental role in understanding and addressing the health needs of deprived communities and inclusion health groups. Achieving health equity requires identifying and addressing inequalities and inequities, wherever they exist. It is complex process, requiring system-wide solutions and innovative thinking, examples of how this has been applied locally are included in this report.

## **4. Governance and Interdependencies**

### **4.1 Health Protection Assurance and Development Partnership (HPADP)**

The HPADP provides assurance to the County Durham Health and Wellbeing Board that adequate arrangements are in place for the prevention, surveillance, planning and response to communicable diseases, environmental hazards and emergency preparedness.

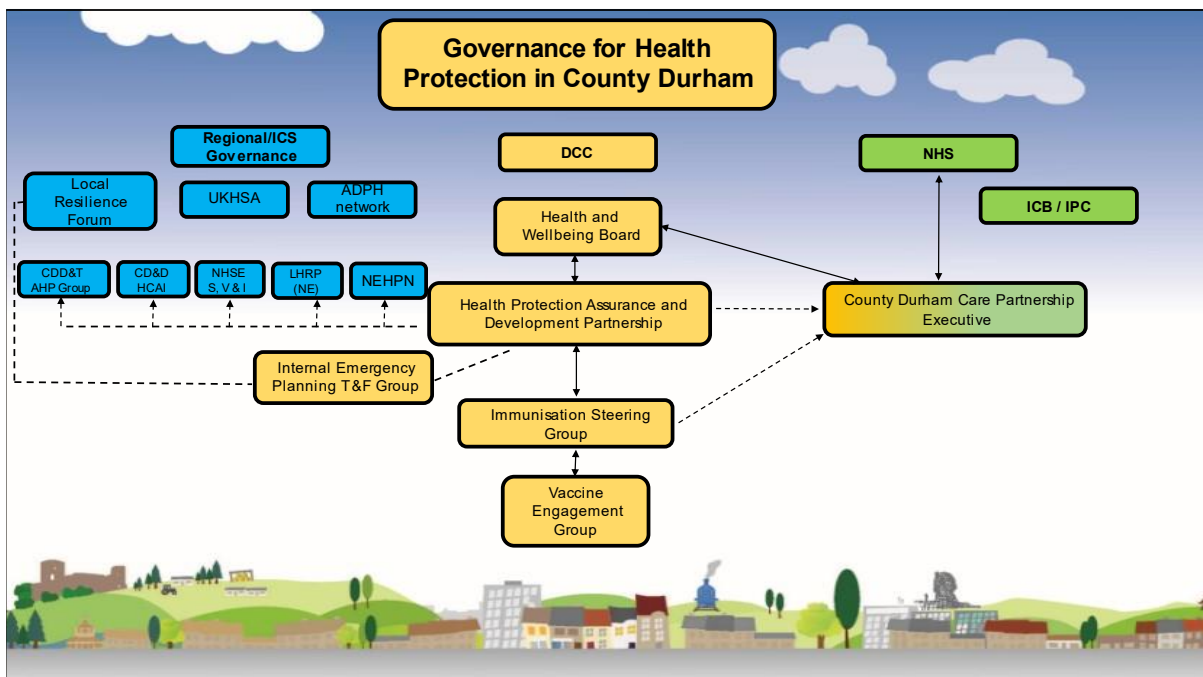
The HPADP's work is outlined in a detailed action plan built on five pillars of health protection, in addition to data and communications, which are threaded throughout:

- (f) Screening programmes;
- (g) Immunisation programmes;
- (h) Outbreaks and communicable diseases;
- (i) Strategic regulation interventions (management of environmental hazards);
- (j) Preparedness and response to incidents and emergencies.

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 1). The HDADP also receives a regular data update to monitor in-year trends and inform the action plan. These data updates can contain sensitive data and usually consist of quarterly updates to key indicators, provider Key Performance Indicators and where available, within county variation.

This report is informed by updates from the implementation of the health protection action plan, which is overseen by the HPADP.

Figure 1: Governance: Health Protection in County Durham



## 4.2 Interdependencies

The North East, including County Durham, benefits from strong, collaborative working arrangements across the health protection system. Regular liaison between Directors of Public Health (DsPH) and the North East Centre Director of UKHSA occurs via the fortnightly North East ADPH Network. There is a lead DPH for Health Protection. The NHSE Screening and Immunisation Lead (who is a Consultant in Public Health) in Cumbria and the North East also attends as required.

The roles of local authorities and UKHSA are complementary, and both are needed to ensure an effective response. In practice this means that there must be early and ongoing communication between the HPT, environmental health officers and DPH regarding emerging health

protection issues to discuss and agree the nature of response required and who does what in any individual situation.

Regular communication between the HPT and relevant LA teams is also facilitated via a range of groups (detailed in Figure 1 above) including:

- ADPH NE network – UKHSA attend to provide a regular update on any key issues. The DPH has become the Policy Advisory Group Lead for ADPH for Health Protection and took an active role in the development of the new National Vaccination Strategy updated policy position statement for ADPH and is also contributing to whole system design for health protection.
- County Durham, Darlington and Tees Area Health Protection Group (CDD&T AHP) – whose role it is to ensure that appropriate operational arrangements remain in place for outbreak response, learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed and solutions identified, and identify any joint training and development needs.
- County Durham and Darlington Health Care Associated Infections (CD&D HCAI) Group – is chaired by a DPH, enabling them to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to the ICBs at Place level where action plans are put in place to address identified issues. These are reported to the ICBs' Governing Bodies as part of the regular quality reports.
- Local Health Resilience Partnership (LHRP) - chaired by an Executive Director of the ICB and the County Durham DPH is vice-chair, the partnership provides a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level.
- North East Health Protection Network (NEHPN) - bi-monthly meetings provide regional oversight of health protection multi-agency response and consider Sector Led Improvement activities as part of its role in system-wide working to strengthen health protection.
- NHSE work and communicate with the DPH at a number of levels to enable the DPH to be assured across the wide range of screening and immunisation programmes. These include: programme-specific programme boards covering North East and North Cumbria; notification of serious incidents to the DPH; publication of NHSE

Screening Quality Assurance Reports; annual learning and sharing events for screening and immunisations; regularly sharing data on screening and immunisations; attendance at local health protection and other screening or immunisation groups; and providing assurance on specific topics as necessary.

#### **4.3 Infection Prevention and Control Team**

County Durham ICB Place has retained an in-house team of Infection Prevention and Control nurses. The Infection Prevention and Control Team (IPCT) provide a service to County Durham 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.

The IPCT works with partners to coordinate and undertake actions to achieve the NHSE gram-negative blood stream infection (GNBSI) targets for all acute trusts. Significant work is ongoing locally captured in a detailed action plan. The team are members of the Hydration Improvement Network, a key prevention activity.

The IPCT is notified of all alert organisms reported to UKHSA affecting residents in care homes and offers the appropriate advice to the staff to help manage the resident safely.

The IPCT support and work with colleagues in the local authorities' adult social care commissioning team, escalating concerns observed during visits to care homes, delivering both planned and opportunistic training to this sector.

All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Group. 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.

### **5. Increase equitable uptake of screening programmes**

Screening remains one of the most effective public health interventions for protecting individuals and the community from serious illness. Following the transition of responsibilities from Public Health England (PHE) to NHS England (NHSE) in October 2021, publication of screening data for the 11



NHS Screening Programmes is now predominantly carried out by NHS England. In addition to the routine antenatal and newborn screening programme, selective screening programmes are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors such as abdominal aortic aneurysm (AAA) and bowel, breast, cervical and diabetic eye screening.

It should be noted that access to sub-county level data is limited to GP practice variation. This does highlight that there is variation in coverage and uptake within County Durham communities. The HPADP and Cancer Locality Groups provide the opportunity to analyse and address any within County Durham variation. This issue of lack of data by patient residence has been escalated nationally to support the increased availability of this data.

### **5.1 Organisation roles and responsibilities**

NHSE is responsible for the routine commissioning of national screening programmes under the Section 7a agreement of the Health and Social Care Act 2012. They commission services provided through regional screening centres, general practice, school nurses, and maternity services to deliver the complete routine screening schedule. They are responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.

The Director of Public Health is responsible for monitoring local screening uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.

PCN and General Practice continues to play a key role in the delivery of screening programmes, including education, promotion and delivery for patients.

NECS is responsible for the Cervical Screening Administration Service and supports the National Cervical Screening Programme by providing Prior Notification Lists (PNLs) of patients eligible for screening to GP practices, sending out call and recall letters to patients eligible for cervical screening tests and notifying patients of test results once received from laboratories. Sexual Health Services also carry out cervical screening.

## 5.2 Antenatal and newborn screening programmes

Antenatal screening programmes aim to detect genetic disorders and infectious diseases (such as HIV, Hepatitis B and Syphilis) that can be passed on to the unborn baby, along with foetal anomalies. Following the birth babies are screened to assess the wellbeing (hearing, physical examination and blood spot). The aim of antenatal and newborn screening is to spot any problems early so that treatment can be started as soon as possible.

- **Newborn Hearing** shows sustained achievement above national efficiency standards with a coverage for 2022/23 of 98.2%. **Newborn and Infant Physical Examination** (within 72 hours of birth) screening coverage shows that the efficiency standard (95%) was not met for this screening at 94.6% for 2022/23 and this is statistically significantly below the England coverage of 96.2%. County Durham is one of three local authorities in the region with coverage significantly lower than the North East average of 95.8%. Key Performance Indicator reports for our local maternity provider CDDFT show that performance increased to above 95% in the second half of 22/23 and has been maintained for Q1 23/24 (96.2%).
- Screening coverage for **infectious diseases in pregnancy (hepatitis B, syphilis and HIV), sickle cell and thalassaemia and newborn blood spot** screening show sustained achievement across the North East in 2022/23. Please note as these indicators are not included in the scorecard as they are only available at regional level. Quarterly screening KPI reports are published on provider performance and as at Q4 2022/23 CDDFT and County Durham CCG met the standard for the aforementioned indicators.

## 5.3 Adult Screening Programmes

Men and women aged 60-74 years are currently invited to participate in the national **bowel screening programme** every 2 years. This is gradually being extended to include everyone aged 50 to 59 years by April 2025. In 2023, bowel screening coverage rates were statistically significantly higher compared to England 74.6% compared to a national average of 72.0% and continuing to exceed the national efficiency standard.

Women aged 50-71 are currently invited to participate in the national **breast screening programme** every 3 years. In County Durham breast screening coverage in 2023 was 69.4%. Falling below the acceptable level of 70%, and a decrease of -0.7 percentage points compared to the



previous year (70.1%). Coverage for 2023 is statistically significantly higher than the England (66.2%) and North East (67.1%) averages, County Durham had the sixth highest coverage in the North East region out of 13 local authorities. Of those 13, County Durham is one of nine where the 70% standard was not met. “Coverage” in breast screening is a combined function of improved timeliness of screening within the three yearly round length and uptake of offers.

Women aged 25-49 are currently invited to participate in the national **cervical screening** programme every 3 years. In 2023, coverage in County Durham was 74.8% compared to a national average of 65.8%. Women aged 50-64 are currently invited to participate in the national cervical screening programme every 5 years. In 2023, coverage in County Durham (50-64 years) was 76.6% compared to a national average of 74.4% (both coverage rates were statistically significantly higher compared to England and exceeded efficiency standards).

Health equity audits for both breast and cervical screening for the North-East and North Cumbria have recently been published, lead by colleagues in the Office for Health Improvement and Disparities (OHID) and NHSE respectively. These audits recommend actions at national, regional and local level actions to tackle issues that pose a challenge and will inform the HPADP action plan for the coming year.

**Abdominal Aortic Aneurysm (AAA)** screening is offered to men aged 65, the screening detects weakness in aorta (the main blood vessel that runs from the heart through your abdomen), which can then be treated to prevent the vessel bursting and causing death. Abdominal Aortic Aneurysm screening coverage has improved for the second year in a row. This signals a recovery to pre-pandemic levels and achievement above the efficiency standard of 75% and this is also the case for national and regional averages. Between 2021/22 and 2022/23 in County Durham there was an increase of over ten percentage points and 81.7% of eligible men were screened. Across the North East coverage for 2022/23 was 77.7% and for England was 78.3%.

Everyone with diabetes who is 12 years old or over is invited for **diabetic eye screening**. If diabetic retinopathy is not found at the preceding two tests, those eligible are then invited every 2 years. Those with diabetic retinopathy will be screened at more regular intervals. DES uptake has slightly increased regionally and nationally in 22/23 compared to the previous year. For the North East, coverage of 77.6% is above the efficiency standard of 75% however screening remains significantly below

the national average and below pre-pandemic levels of 81.6% or more. Please note this indicator is not included in the scorecard as it is only available at regional level. To note, the quarterly KPI provider performance reports for the County Durham and Darlington Diabetic Eye Screening Programme shows coverage at 80.4% for quarter 4 2022/23 (annual rolling figure).

## **6. Increase equitable uptake of immunisation programmes**

Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious infectious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections. In addition to the routine childhood programme, selective vaccinations are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

In February 2023, the North East and North Cumbria (NENC) ICB allocated funding for local areas to address health inequalities in vaccine uptake. Durham County Council received £55,000 which has been used to support the delivery of vaccine pop-up clinics to low uptake areas, 2–3-year nurse-led pilot clinics and pop-ups, learning disabilities insight work and vaccination engagement training for adult social care staff.

### **6.1 Organisational roles and responsibilities**

NHSE is responsible for the routine commissioning of national immunisation programmes under the Section 7a agreement of the Health and Social Care Act 2012. They commission services provided through general practice, school aged immunisation services, pharmacies and maternity services to deliver the complete routine immunisation schedule. NHSE is responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.

The Director of Public Health is responsible for monitoring local vaccine uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.

PCN and General Practice continues to play a key role in the delivery of vaccination programmes, including education, promotion and delivery for patients.

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. Regarding COVID-19 vaccinations, the majority of community pharmacies have been vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside hospitals, and GP and PCN sites.

Other key partners who contribute to the delivery of immunisations include school aged immunisation service, sexual health service and occupational health services.

## 6.2 Childhood vaccinations

Overall, the universal 0-5 years childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates above the national averages. Coverage met the performance standard (95%) for all except two doses on MMR by 5 years old for 2022/23 (see Appendix 1). This includes the following coverage:

- (a) 96.6% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year
- (b) 97.8% of the Dtap / IPV / Hib vaccine at 2 years
- (c) 96.3% of the PCV booster at 2 years
- (d) 96.3% for one dose of MMR at 2 years
- (e) 96.3% for the Hib / Men C booster at 2 years
- (f) 97.0% for one dose of MMR at 5 years
- (g) 94.0% for two doses of MMR at 5 years

In light of the predicted (and now present) measles outbreaks in England and informed by a previous study within County Durham of variation in MMR2 vaccine uptake and the publication of the [Measles: risk assessment for resurgence in the UK - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90222/Measles_risk_assessment_for_resurgence_in_the_UK.pdf), the Director of Public Health requested an MMR rapid assurance exercise be completed for County Durham. This work reviewed and shared current best practice within primary care noting the significant effort to encourage vaccine

uptake and engage those hardest to reach. It also recommended targeted work to under-vaccinated and susceptible cohorts within the population, these include the Gypsy Roma and Traveller community (GRT), asylum seekers and recent migrants, students, prison populations and maintaining high 0-5 years vaccination coverage.

In January 2024, due to rising measles case numbers in England the UKHSA declared a national incident. The above work was a timely intervention and has informed further local enhanced work. Significant work is ongoing across system partners to prevent and ensure preparedness to respond to cases. Locally, the public health team is working closely with NHSE, NHS, UKHSA, School Aged Immunisation Service (SAIS) and community partners via a coordinated communications and engagement plan to raise public awareness and maximise MMR uptake amongst residents.

### **6.3 Adolescent vaccinations**

This year NHSE completed the procurement of the SAIS contract. This resulted in a change of provider from Harrogate and District Foundation Trust (HDFT) to IntraHealth on 1st September 2023.

The school age immunisation programme delivers three routine immunisations to adolescents. The human papilloma virus (HPV) vaccine is offered in two doses in Year 8 pupils (dose 1) and Year 9 (dose 2) to protect against different types of cancers and genital warts (please note below the change to one dose). Year 9 pupils are offered the final booster for diphtheria, tetanus and polio vaccine and they are also offered the Meningitis vaccine (MenACWY) to protect against strains A, C, W, & Y of the disease.

HPV vaccination coverage for females and males has increased compared to last year for 1 dose for 12-13 year olds although remains below the optimal performance target (90%) and efficiency standard (80%) for the period 2022/23. In 2022/23 the coverage for females was:

- (a) 68.6% for one dose at 12-13 years (10.8 percentage point increase on previous year);
- (b) 43.6% for two doses at 13-14 years.

For 2022/23 the coverage for males was:

- (a) 60.4% for one dose at 12-13 years (15.1 percentage point increase on previous year);

- (b) 31.8% for two doses at 13-14 years.

Please note these figures do not appear in Appendix 1. The data had been published by UKHSA on the GOV.UK website. At the time of writing, they have not been updated on OHID's Fingertips platform which is the data source for the scorecard.

In August 2022, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that, following a detailed review, the evidence is now very strong that one dose provides similar protection to that induced by 2 doses. Therefore, from 1 September 2023, **the HPV vaccine programme** changed from a 2 dose to a one dose HPV vaccine schedule for eligible adolescents.

The latest available data for the **Meningococcal groups A, C, W and Y (MenACWY) vaccine** is for the academic year 2021/22. The coverage figure provided is for the eligible cohort who in 2021/22 were 14-15 years, this means they have been eligible for the routine and catch-up programmes. County Durham achieved coverage of 73.0%. This is the lowest coverage achieved to date for the County and is below the England average of 79.6% and the efficiency standard for the programme.

The latest data for the **tetanus, diphtheria and polio (Td/IPV) adolescent vaccine** (also known as the 3-in-1 teenage booster) is again 2021/22. The coverage figure provided is for the eligible cohort who in 2021/22 were 14-15 years, this means they have been eligible for the routine and catch-up programmes. County Durham achieved coverage of 73.0%. This is the lowest coverage achieved to date for the County and is below the England average of 79.5%. Please note these figures do not appear in Appendix 1 as the data has been published by UKHSA on the GOV.UK website rather than OHID's Fingertips platform, which is the data source for the scorecard.

The lag in the publication of more recent data for both MenACWY and Td/IPV is to be noted and within the pandemic period which had a significant impact on vaccination uptake. However, unpublished data shows that coverage for latest year for these vaccinations has increased.

Throughout 2023 public health worked closely with NHSE, the previous SAIS provider HDFT, now IntraHealth, and schools to identify and address the concerns regarding low rates of vaccine coverage in the school aged vaccination programmes. Key learning from the previous contract with HDFT included increased frequency of meetings with data collection and

analysis with commissioners and with local partners, web-based and paper-based consent processes, increasing the number of accessible, community catch-up clinics and enhanced communications with school via the Headteacher briefings were all shared with the new provider. However, during the transition period the new providers experienced some challenges including staffing and the development of new delivery models. Public health has escalated these concerns to the commissioner and remedial actions are in place to improve performance going forward.

#### 6.4 Flu vaccinations

Seasonal influenza (flu) is an unpredictable but recurring pressure that the NHS faces every winter. Vaccination offers the best protection. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. However, there is a particular risk of severe illness from catching flu for older people, the very young, pregnant women, those with underlying disease or long-term conditions and those who are immunosuppressed. It is those at-risk cohorts who are offered the free flu vaccine each year between September and February.

Provisional **flu vaccination** rates for the 2022/23 season were reported last year. The confirmed coverage figures are provided below. For adults, in County Durham coverage has continued to be favourable and achieved rates which were significantly higher than for England as follows:

- (a) Over 65s 83.6%
- (b) Under 65s in clinical risk groups 54.1%

For children and young people, 2-3 year old coverage was significantly higher than England however the proportion vaccination has fallen since the peak achieved in 2020/21. Coverage amongst primary school aged children increased in 2022 compared to 2021, is similar to England and also remains below the peak achieved in 2020.

- (g) 2-3 year-olds 49.2%
- (h) Primary school (age 4 to 11 yrs) 56.5%

The leaving no-one behind approach informed the 2–3-year flu vaccination pilots, testing a more flexible delivery model. Flu vaccination clinics were located in 15 nurseries as well as in community venues in areas of low uptake or areas of deprivation. 308 vaccinations were given at these clinics, with nurseries being the most effective model for delivering vaccinations. Uptake increased for this age group compared to the previous year, the highest performing in the region.



### **Case Study: Horden Nursery School Flu Clinic**

*In October 2023 we welcomed the opportunity to hold a 2-3 year flu clinic on site within the nursery, located in an area of consistently low flu vaccine uptake. We worked closely with the Early Years team in Durham County Council, Public Health, ICB Place and Durham Dales Health Federation to organise a vaccination clinic in our nursery. This provided us with the opportunity to talk positively to the parents and children to alleviate any concerns, talk about the benefits of the vaccine, what was going to happen, and it really put them at ease.*

*We got a great response - 38 children vaccinated. Parents fed back that having the clinic at nursery was very convenient as they had found it difficult to get appointments and didn't want to take their child out of nursery to attend. It was also a really good way to support our working parents.*

*Children who had additional needs were able to have the vaccination in an environment that they knew and felt comfortable in. This was a really positive experience, and we would welcome the opportunity to continue to hold the clinic again next year.*

The **Durham County Council staff flu vaccination** implemented a number of improvements informed by the Better Health at Work Group's review of the 2022-23 programme. This resulted in an increase in uptake in 2023/24 to 2764 (2319 onsite, 445 pharmacy site) from 2163 (1823 onsite, 340 pharmacy site) the previous year. The changes included increased efforts to improve ease of access and widespread and effective communications.

The three main elements of flu programme are; an occupational health offer to staff teams that routinely provide personal care to vulnerable clients; an NHS offer to adult social workers co-located with NHS staff; and a community pharmacy offer to staff aged 18-64 years (including to DCC-maintained schools and onsite offers at DCC buildings).

## **6.5 Older Adults Immunisations**

Coverage for the **pneumococcal polysaccharide (PPV) vaccine** for those aged 65 years and over is achieving the standards set and increasing over time. In 2022/23 the level of coverage achieved in County Durham was the highest achieved to date:

- (a) 74.6% for County Durham;
- (b) 75.1% for the North East NHS Commissioning Region;
- (c) 71.8% for England.

The routine shingles vaccination programme in 2022/23 was available to those aged 70 years, and they remain eligible until their 80<sup>th</sup> birthday (please note that the eligibility has changed in 2023 and people turning 65 will also be able to get the vaccine after their birthday from 1<sup>st</sup> September 2023). The latest data shows coverage has improved compared to the previous year and has met the efficiency standard of 50%, signalling the continued recovery of the programme, improvements include increasing capacity and successful communications at place. Coverage is measured in those aged 71 and for this cohort in 22/23 the following coverage was achieved:

- (d) 52.8% for County Durham;
- (e) 54.6% for the North East NHS Commissioning Region;
- (f) 50.8% for England.

Please note both the shingles and PPV coverage figures do not appear in Appendix 1. The figures have not yet been published by UKHSA and have been provided to Durham County Council by the national vaccination team for use in this report.

## **7. Prevention of communicable disease and outbreak management**

### **7.1 Roles and responsibilities**

UKHSA are the lead agency for communicable disease and outbreak management. UKHSA are responsible for the surveillance, including receipt and analysis of formal 'notifications of infectious diseases'. All registered medical practitioners must notify UKHSA when they suspect cases of notifiable diseases. Laboratories performing primary diagnostics must notify UKHSA when they confirm the presence of a notifiable organism. UKHSA collects these notifications and analyses them to detect anomalies which may represent an outbreak, such as more cases being reported than would be expected, or multiple cases of the same infection with exposure to the same venue.

Local authorities have a mandated function to provide, or secure the provision of, open access sexual health services in its area. This means that Durham County Council are responsible for screening and treatment for Sexually Transmitted Infections (STI's) and HIV, partner notifications, contraceptive services and some elements of Psychosexual Counselling.

Integrated Care Boards (ICB) are responsible for commissioning Termination of Pregnancy services, sterilisation and vasectomy, non-



clinical aspects of Psychosexual Counselling, maintaining the infrastructure of Primary Care and providing direct communication with GPs and Pharmacy.

Health protection system partners also provide support as detailed in section 2.1 above.

## **7.2 Surveillance arrangements and notification pathways**

UKHSA North East's bespoke surveillance system for communicable diseases produces 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.

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 flu, invasive pneumococcal disease (IPD), Group A strep, scabies, syphilis and gastrointestinal infections.

## **7.3 Group A Streptococcal (GAS) infections**

During winter 2022/23 there was a significant increase in the number of scarlet fever and **Group A Streptococcal (GAS) infections**. Although scarlet fever is usually a mild infection, the high prevalence gave rise to a greater number of severe infections, and sadly, nationally, a small number of children died. In County Durham, the learning and processes developed during the pandemic were used to share public health advice, support and control measures with parents, schools and children's services.

The Public Health Team worked closely with the UKHSA Health Protection Team (HPT), ICB Place and education colleagues to manage and control an outbreak of GAS within a group of vulnerable and high-risk children at a special educational needs school in the county.

## **7.4 Invasive pneumococcal disease (IPD)**

An outbreak of **invasive pneumococcal disease (IPD)** in a County Durham care home in January 2024 required significant support from the health protection system partners. The regional HPT led the management and response as per agreed processes. Public Health supported both the HPT, social care commissioning and the care home as appropriate. This outbreak tested the new ICB anti-viral pathway in the provision of medication for the identified cohort. Pneumococcal vaccination, required

for all those in receipt of antibiotic prophylaxis, was provided by primary care and the IPCT also provided advice.

### 7.5 Scabies

**Scabies** is not a notifiable infection, however, there have been a number of outbreaks reported in care homes in County Durham in the past year. At times, due to the numbers implicated within the care homes and a shortage of the treatment, oversight of these outbreaks has been a challenge. Strong system working arrangements and relationships helped to swiftly resolve issues and access the required treatment in a timely manner.

### 7.6 Tuberculosis

The **Tuberculosis (TB)** contact tracing service within County Durham and Darlington is experiencing increased demand due to an increased number of new entrants to the UK post pandemic, resulting from international migration including asylum seekers, refugees students and international staff recruitment exercises. The Public Health team worked collaboratively with colleagues in both UKHSA and the ICB to understand the epidemiology of TB in County Durham and the current service provision and future demand. This will be used to inform the NENC ICB wide review which is currently underway to ensure optimal levels are in place.

### 7.7 Avian influenza

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 local Avian Influenza Framework has been developed including the production of a range of communications materials to display at affected sites and locations.

### 7.8 Prisons

The presence of several **prison** establishments in Durham presents challenges in the management of infectious diseases, particularly respiratory viruses (including flu and COVID-19), blood borne viruses and tuberculosis. The Public Health team continues to work collaboratively with UKHSA and the NHSE Health and Justice team to support both proactive and responsive work in these settings.

Regular outbreak meetings have been held throughout the year which include 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.

### **7.9 Migration, asylum seekers and refugees**

Regionally, the North East Migrant Health and Well Being Group has been established, DCC Public Health are a member. The purpose of the group is to provide regional coordination and expertise on migrant health and promote an understanding of the healthcare needs and responses for asylum seekers and refugees in the North East region, and to seek to foster ways of working to secure adequate access and services for migrants, including health prevention, protection, and wider integration.

Locally, the Public Health team have worked together with partners across DCC, UKHSA and the ICB to meet the health and wellbeing needs of Ukrainian arrivals, asylum seekers and refugees, including documents supporting GP registration, pathways to vaccination and screening programmes and mental health and trauma support and services, now included in the 'arrivals pack'.

### **7.10 University**

The UKHSA HPT, DCC Public Health and Durham University continue to work collaboratively to plan, prepare and respond to any health protection related outbreaks or incidents. This year has included ongoing work to increase GP registration amongst students, awareness raising of scabies, and measles and meningitis campaigns to increase awareness of symptoms and vaccination and culminated in the successful delivery of the tabletop exercise detailed below.

### **Case Study: Durham University Meningitis Response Exercise**

*Durham University worked alongside Public Health and UKHSA to produce and implement a response process for managing cases of invasive meningococcal disease. In December 2023, an outbreak incident response tabletop exercise was held to embed and validate these plans.*

*An exercise planning group, involving representatives from Durham University, Public Health, UKHSA, DCC communications, and the Claypath and University Medical Group was established to produce and facilitate the half-day exercise. The exercise was attended by over 50 DU colleagues and provided an opportunity to establish better understanding of the meningitis response process across the University, including those in operational, wellbeing, senior and executive roles. The importance of cross-partnership response was noted and reinforced and feedback following the exercise noted how the expertise and engagement between local agencies and key partners was invaluable.*

### **7.11 County Durham and Darlington Foundation Trust**

Throughout 2023, CDDFT have experienced challenges with higher than target case numbers and rates of healthcare associated infections including CPE, MRSA bacteraemia and Clostridium difficile. Regular outbreak meetings have been held which include CDDFT, UKHSA, IPC and Public Health to support and strengthen the delivery of the IPC action plan over the last 12 months.

A further meeting was held in early 2024 with the above key stakeholders and including ICB colleagues to examine the concerns, identified issues and actions in place to address these challenges. A joint report is to be written following this, highlighting positive developments to date and areas for further improvement.

### **7.12 Sexual Health**

As **sexually transmitted infections (STIs)** are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention

that can be used to control genital warts, hepatitis A and hepatitis B. However, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

High levels of **gonorrhoea and syphilis** infections are considered a marker of risky sexual behaviour and a cause for concern. In County Durham, diagnosis rates of these infections in 2022 have risen to their highest ever recorded but remain significantly lower than England and the North East:

- (a) Gonorrhoea diagnostic rate of 103 per 100,000 in County Durham compared to 146 per 100,000 across England as a whole;
- (b) Syphilis diagnostic rate of 11.1 per 100,000 in County Durham compared to 15.4 per 100,000 across England as a whole.

**Chlamydia** is the most commonly diagnosed bacterial STI in England and the rates are substantially highest amongst young adults. As part of the National Chlamydia Screening Programme (NCSP) Local Authorities are monitored on their chlamydia detection rate for young people aged 15-24 years. A benchmarking goal for females was set in June 2021 as it was announced that the focus of the NCSP was changing to reducing reproductive harm of untreated infection in young women. Many local authorities in the North East and wider, including County Durham need to work to increase the detection rate of chlamydia amongst young women to a new benchmark of 3,250 per 100,000 for 2022 onwards. In 2022 the County Durham detection rates were:

- (a) For females aged 15-24 years, 1,953 per 100,000, significantly worse than the England average of 2,110 per 100,000;
- (b) For all aged 15-24 years, 1,182 per 100,000, significantly worse than the England average of 1,334 per 100,000;

A Chlamydia Care Pathway workshop, which includes a data audit, is being facilitated by UKHSA and attended by the public health team and the CDDFT sexual health service. This will support local action planning around the optimisation of population chlamydia care and local service improvement. The workshop is scheduled for April 2024.

In County Durham both the prevalence rate of people diagnosed with **HIV** and the rate of new HIV diagnoses each year is low compared to England and has seen no significant change over time.

Reducing late diagnosis is key to improving the morbidity and mortality of those with HIV infection and can indicate that HIV testing access needs to be improved. The rate of late diagnoses for the time period 2020-2022 in County Durham was 27.8% which is statistically similar to that across the North East (42.1%) and England (43.3%) as a whole. There is a national ambition to reduce this to a benchmark of less than 25% however only 11 out of 152 upper tier local authorities met this ambition in the latest time period.

The number of new diagnoses is related to testing rates. The testing of those accessing specialist sexual health service (SHSs) and therefore increased knowledge of HIV status is vital to improve survival rates and reduce the risk of onward transmission. This in an area that requires improvement in County Durham. HIV testing coverage across England, including the North East was impacted by the reconfiguration of sexual health services during the COVID-19 pandemic and has not recovered to date. Between 2021 and 2022 coverage increased by 4.8% locally to 35.6%. This remains significantly lower than the North East (55.5%) and England (48.2%) averages and the pre-pandemic local level of 67.1% in 2019. County Durham is the only local authority in the North East with testing coverage for all persons and women significantly below the England average.

CDDFT have investigated the low HIV testing uptake and coverage in their clinics. They have identified a coding issue in relation to defining patients where a HIV test offer is appropriate or not. Training has been delivered to staff in one area and this will be rolled out to all other areas in 2024. Monthly audits have shown improvements in the data.

The County Durham Sexual Health Strategy was approved by the Health and Wellbeing Board and recognised as a best practice exemplar strategy, noting the high-quality literature review and the consultation with the public, key stakeholders and experts which informed the strategy. The resulting action plans to implement the identified objectives of the strategy are being developed with multi-agency partners.



### **Case Study: County Durham Sexual Health Strategy**

*Public Health co-ordinated a multi-agency group of key stakeholders to develop the County Durham Sexual Health Strategy. The group included representatives from across the sexual health system including CDDFT, NENCICB, UKSA and the Voluntary and Community Sector (VCS).*

*The group worked closely with DCC's Consultation Officers Group (COG), utilising County Durham's Approach to Wellbeing Principles, to develop and implement a comprehensive 6-week public consultation that had a focus on ensuring the lived experiences of vulnerable and/or underrepresented groups were captured and used to inform strategy priorities for example focus groups were held with Age UK, local LGBTQ+ Health and Wellbeing Service and a number of youth projects across the County. The process was widely regarded as an example of good practice and received positive feedback from a number of community groups for its inclusive approach.*

### **7.13 Antimicrobial resistance (AMR)**

Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham Sub-ICB location is one of the highest prescribing area in the country for antibiotics, although levels have decreased compared to last year, and inappropriate use of antibiotics is known to be a risk factor for AMR development.

It is recognised that many factors may impact on antibiotic prescribing levels, including factors that require a systemic response, including smoking levels, long term conditions and temperature, and as such the region may not meet national targets. However ongoing reductions are being seen in County Durham in-line with national trends.

AMR is included on the risk register for the ICB, and as such local implementation of regional workstreams has continued to support appropriate use of antibiotics in County Durham, in both primary and secondary care. System-wide working at a local level in County Durham has also continued, and a 'Plan on a Page' has also been developed with the local authority public health team and CDDFT to support systemwide AMS.

National priorities have been implemented in both primary and secondary care, including work encouraging appropriate course lengths in primary

care with a move to encourage 5 rather 7-day courses in many indications as per national guidance. This work will be continued in 2024-25 with the setting of regional ambitions. In secondary care work has been ongoing to reduce volumes of certain antibiotics to reserve them for urgent need, and to switch patients from intravenous to oral treatment where possible.

Ongoing work has taken place during World Antimicrobial Resistance Awareness Week in November 23 to raise awareness of the risk of AMR and the importance of appropriate prescribing across all stakeholders of the ICB. These messages were shared within County Durham by the Trust, primary care organisations and the local authority to ensure a consistent message, and with patients with a regional comms campaign "Seriously Resistant" during World Antibiotic Resistance Awareness week.

As the majority of prescribing takes place in primary care nationally (72%) the ICB medicines optimisation (MO) team have submitted additional bids to the ICB for funding to further support appropriate use of antibiotics in primary care in the NENC ICB, including the wider rollout of CRP machines and to consider the availability of additional point of care testing to support clinical consultations for infections and the roll-out regionally of the Decreasing Antibiotic Prescribing (DAP) reports that have previously been utilised in County Durham.

## **8 Protection from Environmental Hazards**

The focus of previous annual reports on strategic regulation intervention has been expanded to encompass wider mitigation and adaptation work in protecting health from environmental hazards. This includes the work of the Community Protection Service, climate change, air quality, housing standards, contaminated land, control of environment, food safety and food borne infections and the Safety Advisory Group.

### **8.1 Roles and Responsibilities**

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 Local Multi Agency Problem Solving Groups (LMAPS).



CPS services deliver a variety of statutory functions including food safety and wellbeing, occupational safety and health, pollution prevention and control, private sector housing standards and other health protection interventions.

In relation to service priorities, as well as maintaining the Council's statutory functions around food safety and wellbeing, occupational safety and health, pollution prevention and control, private sector housing standards and other health protection interventions, the CPS has been an integral part of the Council's outbreak management and emergency response.

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 civil sanctions 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;
- Initiation of formal criminal proceedings leading to formal caution, fine and/or imprisonment.

## **8.2 CPS Workforce Development**

The CPS team has had long term capacity issues which has been further compounded over recent years by the COVID-19 response and increasing demands for service. 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.

A Workforce Development and Staff Retention Plan 2021-2026 has been developed and was implemented as from May 2023. In addressing the growing skills and expertise gap 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 has supported workforce development through upskilling existing staff

as well as recruit new trainees and graduates into difficult to fill posts within the service.

The CPS continues to provide advice and guidance to businesses to promote better compliance with current legislation. The Better Business For All team provides enhanced business advice services to support start-ups and diversification as well as premises audits and training. The team works closely with public health practitioners in the design and delivery of targeted campaigns including Allergens and the Healthy Options Takeaway.

### **8.3 Climate change and health**

Climate change is an environmental and population health threat operating on a global scale, with international, national and local implications.

The negative impact of human activity on the environment is recognised worldwide. The United Nations (UN) state that ‘Human-induced climate change is the largest, most pervasive threat to the natural environment and societies the world has ever experienced.’

To tackle the local impact of human activity on the environment the County Durham Environment & Climate Change Partnership (ECCP), part of the County Durham Partnership, working strategically with other organisations and partners declared a climate emergency in 2019. This resulted in a Durham County Council (DCC) Climate Emergency Response Plan (CERP); the development of the ECCP vision and objectives; and the County Durham Climate Agreement.

Collaborative working has been strengthened in 2023 with colleagues in the Neighbourhoods and Climate Change directorate, advocating the co-benefits to climate and health. The work undertaken this year has driven strategic and operational public health actions in the CERP; the ECCP vision and objectives; and the County Durham Climate Agreement.

The negative environmental impacts on human health are also recognised worldwide. The World Health Organisation (WHO) reports that ‘Climate change is the single biggest health threat facing humanity, and health professionals worldwide are already responding to the health harms caused by this unfolding crisis.’

Nationally, a new Centre for Climate and Health Security was launched within UKHSA, in October 2022, to lead efforts to protect health in the context of a changing climate and provide a focus for partnerships and collaborations with academia, local authorities and other public sector organisations. The [Climate change: health effects in the UK - GOV.UK](#)

[www.gov.uk](http://www.gov.uk) report provides information, evidence, analysis and recommendations based on climate change projections for the UK.

There is an indisputable evidence base documenting the threats posed by climate change, these are inextricably linked to human health and wellbeing and climate change is happening more quickly than previously feared. Environmental impacts on health have been recognised as contributing to the burden of disease and the quality of the health of the population.

Since the refresh of the Public Health Strategic Plan in 2022 the Protecting Health Team have taken on this strategic responsibility. The team have taken forward the development and delivery of actions to:

- Support the local climate change emergency plan/response with actions that contribute to carbon reduction plans across the whole system and reduce the impact of human activity on the environment.
- Introduce mitigation and adaptations actions to protect local population health from the effects of climate change, in a way that addresses public health challenges and improves local population health.
- Pro-actively influence and contribute to national strategies for climate change and health.

To support and be assured of climate change and health work the Health Protection Assurance Delivery Partnership is recommended to add this key area as a standing agenda item.

#### **8.4 Air quality**

The outdoor air we breathe contains harmful air pollutants, chemicals and particulate matter (PM10 and PM2.5), with the potential of severely damaging health if left untreated. Outdoor air quality in County Durham is good with the exception of a main throughfare through Durham from Neville's Cross junction through the city centre to Gillesgate, as a result of traffic congestion. This area of work is managed by the Corporate Air Quality Steering Group under an Air Quality Action Plan (AQAP). In October 2022 public health became a member of the group, contributing public health advice and expertise.

The Chief Medical Officer's (CMO) annual report 2022: Air Pollution highlights the positive improvements in outdoor air quality due to robust national actions. Conversely this then places a greater emphasis on indoor

air pollution as it becomes an increasing proportion of the air pollution problem, over 80% of a typical adult day is spent indoors.

Reducing emissions and concentrations of known pollutants and identifying other chemical indoor pollutants with significant health harms is an important public health intervention. Given the county's cultural and rural environment and areas of social deprivation, reducing indoor air pollutants from domestic heating, including burning of solid fuels, cooking, damp, mould, and poor ventilation could have a significant impact on health.

Public health will work with a range of DCC services to develop actions to raise awareness and reduce indoor air pollutants this will include a social marketing campaign to raise awareness of air quality and the impact on health.

### **8.5 Safety Advisory Group (SAG)**

SAGs provide a forum for advising on public safety at organised events. The aim is to help organisers with the planning, and management of an event and to encourage cooperation and coordination between all relevant agencies. The SAG is made up of members from Durham County Council, the police, fire and rescue service and the ambulance service along with any other appropriate agency relating to the event being discussed.

Public health advice and support is routinely provided to event organisers through SAG meetings via a list of advice via email, that event organisers should consider as part of their preparations to protect the health of both staff running the event and of those attending. The Public Health team continue to monitor planning for the event and will work with organisers as appropriate.

### **8.6 Horden Together**

The CPS leads the Horden Together Partnership which provides locality based services in the village of Horden on the East Coast of County Durham which is ranked in the top 2% of the most deprived areas in England and Wales and classified as a 'Left Behind Neighbourhood'.

The work of the Horden Together Partnership focusses on addressing the needs of individuals and the community as a whole. Taking a problem solving approach in addressing wider determinants of health and working collaboratively with others the focus is on prevention of crime and disorder and the promotion of better health and wellbeing.

Over 60 services / organisations are involved including local councils, the Voluntary and Community Sector, Central Government departments,

Policing and Criminal Justice, Primary and Secondary Health providers amongst many others. An added dimension of this approach is our focus on wider community engagement and restoration of cultural and social norms, promotion of inclusivity and building a sense of belonging.

This work is centred around the Making Every Adult Matter (MEAM) framework 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.

Community Navigators within Horden Together have developed pathways which enable clients to access voluntary and community sector and public sector services; aiming to connect people to the right help at the right time, they support and handhold clients to stabilise behaviours and emotions and break the cycle of crisis intervention.

Horden is just one of a number of villages which are seen as left behind and its issues are replicated to a greater or lesser extent in many other local communities within County Durham. Following an interim review of the project, it has been agreed to extend the scheme until 2027 and roll out the approach over the next 3 years into neighbouring villages.

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

Partner organisations involved in public health have continued to play a major role in preparing for and responding to public health incidents and the public health aspects of emergencies this year.

Outbreak management and business continuity plans were reviewed as part of the council's COVID-19 transition plan which sets out how we will maintain key aspects of local outbreak management and control as 'business as usual' activities within the context of the winding down of national emergency response and controls in relation to COVID-19.

De-commissioning of UKHSA COVID-19 testing sites has been completed and a legacy store of PPE for use by the LRF has been established.

### **9.1 Adverse Weather Protecting Health Plan**

Partners have also been involved in responding to other major incidents which have impacted on public health. Following the winter storms which affected the county during winter 2021/22 and the heatwave excessive temperatures experienced in summer 2022, partners contributed to the review of the county's response and the development of corporate and

multi-agency improvement plans to improve preparedness and response to these types of incidents. This included a review of the LRF's multi agency incident procedures and severe weather protocol and the development by the council of a new Adverse Weather Protecting Health Plan helping to reduce the demand on health care services and to improve service and community resilience to adverse weather events.

Partners have also come together again as a Winter Planning Group. This multi-agency task and finish group has been convened over the last two winter seasons to oversee system preparedness for winter, reduce the impact of cold related ill-health on vulnerable individuals and identified groups, protect against surges in winter illnesses; prevent severe illness and hospitalisation and reduce the demand on healthcare and social care services.

Partners use a MECC approach and have developed and utilise a range of communication materials to prompt winter wellness discussions as part of their day-to-day interactions with vulnerable people to support them through the winter period.

#### **Case Study: Winter wellness webinar**

*In addition to the winter wellness webpage, animation and communication materials, this year saw the delivery of a local winter wellness webinar attended by over 60 frontline staff and volunteers covering:*

- *Forecasts and projections for the season ahead;*
- *Information on how cold weather affects health;*
- *Identification of priority locations and areas of highest need*
- *Available welfare and financial support*
- *A call to action and how frontline workers can help*
- *A refresh of the winter wellness and warm, well and well hydrated assets and materials*

*We received some great feedback from frontline staff .....*

*'Really interesting and some useful information that we can share with our communities. Thank you.'*

*'Excellent session and to be able to know the priority locations to target work in the east is so useful.'*

*'Really informative people friendly media campaigns, video, postcard and webpages. The welcome spaces, the help for homes, this all holds interest and can be easily shared and people can relate to it.'*



A 'lessons learned' meeting is part of the planned process to inform future delivery and ensure learning opportunities and sharing of best and/or good practice are developed into actions for the following winter season.

## **9.2 Plans and Exercises**

Following lessons learnt from the COVID-19 pandemic, a revised excess deaths framework has been developed for the county and greater regional collaboration and coordination is being achieved through a North East regional excess deaths group.

In March 2023, the council and other multi-agency partners took part in a UKHSA exercise on widescale water contamination in the region (Exercise Lynx) and also a tier 1 national emergency planning exercise on national power outage (Exercise Mighty Oak).

A key role for the council, alongside other category 1 and category 2 responders, is supporting vulnerable people in incidents, many of whom are vulnerable due to existing health-related conditions. The council have developed the multiple social vulnerabilities (MSV) dataset, which is a collection of data and indicators that can be used to inform the local authority and partners in preparation for planning and response such as natural disasters, epidemics, major industrial accidents and business interruptions and will support the prioritisation of support to our most vulnerable populations.

The council and CDDLRF are participating in a regional project (VIPER) supported by the Local Digital Fund to join-up and improve real-time access to different lists/registers of vulnerable people held by different organisations. Scoping work was undertaken in 2023 and this year the project is now moving towards the development of a prototype system, capable of wider roll-out, nationally.

The Directors of Public Health across the North East are trained and competent to operate at Strategic Command Group (SCG) level and understand the working arrangements of Scientific and Technical Advice Cell (STAC) and the SCG. The DsPH provide expert support to the STAC when responding to a major incident as required.

## **10 Community Resilience**

The CCU works with local communities and town and parish councils to develop local community resilience and emergency plans. During 2023/24, the unit has engaged with over 40 communities and groups. Initial meetings

have been held with 25 groups; 16 groups are being supported to develop community-led emergency plans; and a further nine groups have completed their plans and are at different stages of training and exercising.

The unit has also engaged with 32 town and parish councils and the County Durham Association of Local Councils on community-level emergency planning.

In addition, the unit has worked with Durham Community Action to advise the owners/managers of community venues on how they could use their buildings as local welfare and coordination hubs in the event of an emergency. This has included providing community venues with emergency support packs and equipment to support local community-led response.

This year, the council has also introduced a community resilience small grants scheme to help local community groups and organisations implement community resilience plans and has made three grant awards so far.

### **10.1 County Durham Together Partnership**

County Durham Together is about working with communities, especially those most in need, making sure they are at the heart of decision making, building on their existing skills, knowledge, experience and resources to support everyone to thrive and to live happy, healthy and connected lives.

The partnership is built around the County Durham Approach to Wellbeing. Two key aspects of this work that support the health protection agenda are outlined below (9.2 and 9.3).

### **10.2 Making Every Contact Count (MECC)**

Making Every Contact Count (MECC) is an evidence-based approach to behaviour change that utilises the everyday interactions that organisations and individuals have with residents to help support them to make positive changes to their health and wellbeing. There is a focus on addressing lifestyle behaviours (e.g. smoking, physical inactivity) as well as wider social determinants of health (finance, housing etc).

Together with partners, Durham County Council has developed a number of training modules to provide people with the tools and confidence to begin those conversations, these include health protection topics including flu, COVID-19 vaccination and cancer awareness enabling the opportunistic delivery of consistent and concise healthy lifestyle information.



### 10.3 Community Champions

The Community Champions programme (originally the Covid Champions) has been refreshed and relaunched during this year. Health protection guidance, information, and promotional messages continue to be provided to Community Champions, through monthly meetings, for dissemination across their communities or organisations.

This volunteering programme provides Community Champions with access to MECC training programmes to develop public health skills, including training in mental health, financial management, dealing with cancer, and the importance of vaccination and other subjects, making sure the Community Champions have the appropriate skills and knowledge for the role.

Community Champions played an invaluable part in the COVID-19 response and this continues, the Community Champions are currently key assets in the measles communication plan.

## 11. Communications

In addition to the work detailed in this report, marketing and communications play a key role in the planning and delivery of health campaigns. Joint communications are established across regional and localised partners to enhance the health protection programme's proactive and reactive response.

An annual campaign planner is used to plan proactive campaigns that support the five key areas of; public health protection, healthy start, living and ageing well, healthy settings and County Durham Together. A coordinated and consistent approach to communications allows planned UKHSA/NHS campaigns, such as warm and well, flu, COVID-19, and reactive information to the public including MMR, HIV, and meningitis to be distributed more widely, reach a greater audience and influence behaviours.

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.

### Communication Examples

- National UKHSA and NHS campaign materials were used widely across County Durham this year in the response to measles.
- Collaborative regional work across vaccine and immunisation networks produced a highly successful 'Be Wise. Immunise' campaign.
- Local work to support the Winter Wellness campaign produced 'Warm, Well and Well Hydrated' postcards that are used as conversation starters and a MECC resource for frontline staff.



## 12. Recommendations for health protection in County Durham

The Health Protection Assurance Annual Report sets out the current situation with regards to communicable diseases, immunisations and screening programmes, environmental issues and community resilience, the following are recommendations for work to be commenced across the local system during 2024.

### Prevention of communicable diseases and outbreaks

- a) Work with the County Durham sexual health service to increase communication, testing, treatment and partner notifications of STIs, with a particular focus on syphilis and gonorrhoea in the context of local epidemiology.

- b) Support the implementation of the County Durham Sexual Health Strategy and action plan.
- c) Continue ongoing system working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures.
- d) Provide support to system partners to meet the newly set national ambitions to reduce prescribing levels and increase anti-microbial resistance awareness.

### **Increase equitable uptake of immunisations**

- a) Complete the behavioural insights pilot work into adolescent immunisations with Belmont Academy and implement the findings of this work to maximise access to and uptake of school aged immunisations.
- b) Continue to progress the collaborative work with IntraHealth, NHSE and schools, including addressing issues of equity of access, to ensure that at least the efficiency standard (80% coverage) required to control disease and ensure patient safety is achieved across all programmes, and ambition to achieve the optimal performance standard (90% coverage).
- c) Collaborate with Maternity Services at County Durham and Darlington Foundation Trust Hospitals and the other NHS Foundation Trusts providing maternity services to County Durham to implement the new NENC maternity vaccination pathway to increase uptake of pertussis and flu vaccinations in pregnant women.
- d) Maximise the uptake of MMR vaccination across County Durham to provide the best protection to residents from the national increase in measles cases.

### **Increase equitable uptake of screening programmes**

- a) Work collaboratively with partners to implement the local actions identified in the (regional) Health Equity Audits on nationally led screening programmes to ensure health inequalities are being addressed through behavioural insights informed interventions.
- b) Work collaboratively with NHSE as commissioners, providers and community partners to expedite improvements and amplify local communications to increase uptake rates for breast cancer screening, diabetic eye screening, chlamydia detection rates and HIV testing coverage within County Durham.

### **Protection from environmental hazards**

- a) To support and be assured of climate change and health work, Climate Change and Health to be included as a key element of the HPADP standing agenda.
- b) Following approval by Cabinet, implement the actions in the Climate Emergency Response Plan 3 (CERP 3).
- c) Review and update the Adverse Weather and Protecting Health Plan with all key stakeholders and partners.

### **Community resilience**

- a) Review, update and offer immunisation and screening training to MECC champions.
- b) Continue to provide Community Champions with resources proving advice, education and training to maximise opportunities to share health protection information across all County Durham communities and particularly targeted work to the most vulnerable communities and cohorts.
- c) Support the development of LRF 'Table-top' exercises to 'operationalise' plans to ensure staff are knowledgeable and competent to contribute to future incidents.

### 13. Glossary

AAA	Abdominal Aortic Aneurysm
ADPH	Association of Directors of Public Health
ADPH NE	Association of Directors of Public Health North East
AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
AQAP	Air Quality Action Plan
ASR	Annual Status Report
CCU	Civil Contingencies Unit
CDDFT	County Durham and Darlington Foundation Trust
CDDHCAI	County Durham and Darlington Health Care Associated Infections Group
CDDTAHP	County Durham, Darlington and Tees Area Health Protection Group
CDHWB	County Durham Health and Wellbeing Board
CERP	Climate Emergency Response Plan
CMO	Chief Medical Officer
CP	Community Protection
CPS	Community Protection Service
CRP	C-Reactive Protein
DAP	Decreasing Antibiotic Prescribing
DCC	Durham County Council

DEFRA	Department for Environment, Food and Rural Affairs
DES	Diabetic Eye Screening
DPH	Director of Public Health
DsPH	Directors of Public Health
ECCP	Environment & Climate Change Partnership
FSA	Food Standards Agency
GNBSI	Gram-Negative Blood Stream Infection
GP	General Practice
GRT	Gypsy Roma Traveller
GAS	Group A Streptococcal
HCAI	Health Care Associated Infections
HDFT	Harrogate and District Foundation Trust
HIV	Human Immunodeficiency Virus
HPADP	Health Protection Assurance and Development Partnership
HPT	Health Protection Team
HPV	Human Papilloma Virus
HSE	Health and Safety Executive
HSWSG	Health, Safety and Wellbeing Safety Strategic Group
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
IPCT	Infection Prevention and Control Team

IPD	Invasive Pneumococcal Disease
JCVI	Joint Committee on Vaccination and Immunisation
KPI	Key Performance Indicator
LA	Local Authorities
LHRP	Local Health Resilience Partnership
LMAPS	Local Multi Agency Problem Solving Groups
LRF	Local Resilience Forum
MEAM	Making Every Adult Matter
MECC	Making Every Contact Count
MMR	Measles, Mumps and Rubella
MO	Medicines Optimisation
MSV	Multiple Social Vulnerabilities
NCSP	National Chlamydia Screening Programme
NECS	North of England Commissioning Support Unit
NEHPN	North East Health Protection Network
NENC	North East and North Cumbria
NHS	National Health Service
NHSE	NHS England
OHID	Office for Health Improvement and Disparities
PCN	Primary Care Network
PCV	Pneumococcal Conjugate Vaccine

PHE	Public Health England
PM	Particulate Matter
PNL	Prior Notification Lists
PPE	Person Protective Equipment
PPV	Pneumococcal Polysaccharide Vaccination
SAG	Safety Advisory Group
SAIS	School Aged Immunisation Service
SCG	Strategic Command Group
SHS	Sexual Health Service
STAC	Scientific and Technical Advice Cell
STI	Sexually Transmitted Infection
TB	Tuberculosis
UKHSA	UK Health Security Agency
UN	United Nations
VCS	Voluntary and Community Sector
WHO	World Health Organisation



## Health Protection Assurance & Development Partnership Scorecard

The scorecard provides the partnership and the Health and Wellbeing Board with an overview of the key indicators relevant to health protection and specifically the domains of:

- screening;
- vaccination and immunisation;
- sexual health;
- infectious disease; and
- health care associated infection.

For each domain, the latest data is available on Fingertips\* is shown. The County Durham values are benchmarked against targets where appropriate or in terms of a comparison to England and the North East. The England and North East region figures are provided for context. A trend over time, based on the most recent five time points, is also displayed.

All data is publicly available and can be shared.

\*Fingertips is a large public health data collection developed by the Office for Health Improvement & Disparities.

'Office for Health Improvement & Disparities. Public Health Profiles. [20/02/2024]

<https://fingertips.phe.org.uk> © Crown copyright [2024]'



**To view this scorecard in a browser please visit:**  
**[Health Protection Assurance and Development Partnership Scorecard](#)**



### Antenatal and newborn screening

Indicator Name	Time period	County Durham	North East region	England
C24n - Newborn and Infant Physical Examination Screening Coverage	2022/23	94.6	95.8	96.2
C24m - Newborn Hearing Screening: Coverage	2022/23	98.2	99.0	98.5

### Adult screening

Indicator Name	Time period	County Durham	North East region	England
C23 - Percentage of cancers diagnosed at stages 1 and 2	2021	53.5	51.4	54.4
C24a - Cancer screening coverage: breast cancer	2023	69.4	67.1	66.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	2023	74.8	70.8	65.8
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	2023	76.6	75.6	74.4
C24d - Cancer screening coverage: bowel cancer	2023	74.6	74.0	72.0
C24e - Abdominal Aortic Aneurysm Screening Coverage	2022/23	81.7	77.7	78.3

#### Key - significance

Compared to England

Worse

Similar

Better

Not compared

#### Key - trend over time

Recent Trend

Cannot be calculated

Decreasing and getting worse

Increasing and getting better

No significant change



## Babies and children aged 0-5 years

Indicator Name	Time period	Sex	County Durham	North East region	England
D03b - Population vaccination coverage: Hepatitis B (1 year old)	2022/23	Persons	100.0 ○		
D03c - Population vaccination coverage: Dtap IPV Hib (1 year old)	2022/23	Persons	96.6 →	95.1	91.8
D03d - Population vaccination coverage: MenB (1 year)	2022/23	Persons	96.2 →	94.4	91.0
D03e - Population vaccination coverage: Rotavirus (Rota) (1 year)	2022/23	Persons	94.8 →	92.9	88.7
D03h - Population vaccination coverage: Dtap IPV Hib (2 years old)	2022/23	Persons	97.8 ↓	96.1	92.6
D03i - Population vaccination coverage: MenB booster (2 years)	2022/23	Persons	96.1 →	93.4	87.6
D03j - Population vaccination coverage: MMR for one dose (2 years old)	2022/23	Persons	96.3 →	94.6	89.3
D03k - Population vaccination coverage: PCV booster	2022/23	Persons	96.3 ↓	94.0	88.5
D03m - Population vaccination coverage: Hib and MenC booster (2 years old)	2022/23	Persons	96.3 ↓	94.0	88.7
D04a - Population vaccination coverage: DTaP and IPV booster (5 years)	2022/23	Persons	93.7 ↓	89.4	83.3
D04b - Population vaccination coverage: MMR for one dose (5 years old)	2022/23	Persons	97.0 ↓	95.5	92.5
D04c - Population vaccination coverage: MMR for two doses (5 years old)	2022/23	Persons	94.0 ↓	90.4	84.5

## Teenage children

Indicator Name	Time period	Sex	County Durham	North East region	England
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2021/22	Female	57.8 ↓	64.3	69.6
		Male	45.3 ○	56.6	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old)	2021/22	Female	44.7 ↓	60.5	67.3
		Male	38.1 ○	55.1	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	2021/22	Persons	73.0 →	78.5	79.6

### Target information:

The coverage target for routine childhood vaccinations up to 5 years old is **90%** (efficiency standard) and **95%** (optimal standard).

The coverage target for HPV vaccination coverage is **80%** (efficiency standard) and **90%** (optimal standard).

### Key - benchmark against target

Compared to goal

Not compared

Green

Amber

Red

### Key - trend over time

Recent Trend

Cannot be calculated ○

Decreasing and getting worse ↓

Increasing and getting better ↑

No significant change →





## Adults

Indicator Name	Time period	County Durham	North East region	England
D06b - Population vaccination coverage: PPV	2020/21	72.8	73.7	70.6
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)	2021/22	48.9	49.9	44.0

### Target information:

The coverage target for PPV is **75%**.

The coverage target for Shingles is **60%**

## Flu

Indicator Name	Time period	County Durham	North East region	England
D03I - Population vaccination coverage: Flu (2 to 3 years old)	2022/23	49.2	45.0	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)	2022	56.5	58.2	56.3
D05 - Population vaccination coverage: Flu (at risk individuals)	2022/23	54.1	51.6	49.1
D06a - Population vaccination coverage: Flu (aged 65 and over)	2022/23	83.6	82.5	79.9

### Target information:

The Flu coverage targets for particular risk groups are:

- **65%** for 2 to 3 years olds and primary school aged children
- **55%** for at risk individuals
- **75%** for those aged 65 and over

### Key - trend over time

Recent Trend

Cannot be calculated

Decreasing and getting worse

Increasing and getting better

No significant change

### Key - benchmark against goal

Compared to goal

Not compared

Green

Amber

Red



### Key - significance

Compared to England

Not compared

Better

Similar

Worse

### Target information:

The target for the proportion of people with a late HIV diagnosis is less than **25%**.

The target for the female Chlamydia detection rate is at least **3,250 per 100,000**.

### Key - trend over time

Recent Trend

Cannot be calculated

Decreasing and getting better

Decreasing and getting worse

Increasing and getting better

No significant change

### Key - benchmark against goal

Compared to goal



Amber

Green

Not compared

Red

Indicator Name ▲	Time period	County Durham	North East region	England
Chlamydia detection rate per 100,000 aged 15 to 24	2022	1604.3 →	1896.9	1680.1
Gonorrhoea diagnostic rate per 100,000	2022	103.0 →	117.5	146.1
HIV testing coverage, total	2022	36.4 ↓	55.5	48.2
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	321.7 ↓	368.2	495.8
Syphilis diagnostic rate per 100,000	2022	11.1 →	14.8	15.4

### Indicators with a target

Indicator Name ▼	Time period	Sex	County Durham	North East region	England
HIV late diagnosis in people first diagnosed with HIV in the UK	2020 - 22	Persons	27.8	42.1	43.3
Chlamydia detection rate per 100,000 aged 15 to 24	2022	Female	1953.0	2375.4	2110.0



## Vaccine preventable diseases

Indicator Name	Time period	County Durham	North East region	England
Pertussis incidence rate/100,000	2021	0.0 ↓	0.1	0.1
Mumps incidence rate/100,000	2018	1.3 →	1.6	1.9
Measles incidence rate/100,000	2021	0.0 →	0.0	0.0
Invasive Meningococcal Disease (IMD) confirmed cases rate/100,000	Jul 2020 - Jun 2021	0.0 →	0.1	0.1

## Respiratory infection

Indicator Name	Time period	County Durham	North East region	England
Legionnaires' disease confirmed incidence rate/100,000	2020	0.4 →	0.4	0.6
Proportion of drug sensitive TB notifications who had completed a full course of treatment by 12 months	2020	57.1 →	68.1	84.2
Proportion of pulmonary TB notifications starting treatment within four months of symptom onset	2020		76.5	67.9
Proportion of TB notifications offered an HIV test	2020	85.7 ○	90.9	97.8

Indicator Name	Time period	County Durham	North East region	England
D08b - TB incidence (three year average)	2020 - 22	1.5	3.0	7.6

## Gastrointestinal infection

Indicator Name	Time period	County Durham	North East region	England
Typhoid & paratyphoid incidence rate/100,000	2021	0.0 →	0.0	0.3

### Key - significance

Compared to England

Not compared

Better

Similar

Worse

### Key - trend over time

Recent Trend

Cannot be calculated ○

Decreasing and getting better ↓

No significant change →



## Hepatitis

Indicator Name	Time period	County Durham	North East region	England
Acute hepatitis B incidence rate/100,000	2021	0.0 →	0.2	0.3

## Other

Indicator Name	Time period	County Durham	North East region	England
Acute Lyme disease laboratory confirmed incidence rate/100,000	2022	0.6 →	0.9	1.5
Scarlet fever notification rate/100,000 aged 0-9 yrs	2021	77.7 ↓	54.0	32.4

### Key - significance

Compared to England

Not compared

Better

Similar

Worse

### Key - trend over time

Recent Trend

Cannot be calculated

Decreasing and getting better ↓

No significant change →



Indicator Name	Year	Month	Area Name		England
			NHS County Durham CCG	Cumbria and North East	
C. difficile infection counts and 12-month rolling rates all cases, by CCG and month	2023	November	154	28.9 →	33.6
E. coli bacteraemia counts and 12-month rolling rates, by CCG and month	2023	November	389	73.0 →	89.8
Klebsiella spp. bacteraemia counts and 12-month rolling rates, by CCG and month	2023	November	121	22.7 →	28.4
MRSA bacteraemia cases all counts and 12-month rolling rates, by CCG and month	2023	November	9	1.7 →	1.5
MSSA bacteraemia cases counts and 12-month rolling rates, by CCG and month	2023	November	143	26.8 →	31.8
P. aeruginosa bacteraemia counts and 12-month rolling rates, by CCG and month	2023	November	39	7.3 →	8.5

**Key - trend over time**

Recent Trend

---

Cannot be calculated ○

No significant change →



- 1) [Fingertips](#) home page
- 2) [Public Health Outcomes Framework profile](#)
- 3) [Health Protection profile](#)
- 4) [Sexual and Reproductive Health profile](#)
- 5) [AMR local indicators profile](#)

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## Adults, Wellbeing and Health Overview and Scrutiny Committee

16 July 2024

### Quarter Four, 2023/24 Performance Management Report



## Report of John Hewitt, Chief Executive

### Electoral division(s) affected:

Countywide.

### Purpose of the Report

- 1 To share information about our performance with members, senior managers, employees and the public.
- 2 The report tracks our progress towards achieving the strategic ambitions and objectives set out in our 2023-27 council plan. It contains the most recent performance data available on 31 March. Contextual information relates to activity and events taking place in the fourth quarter of the 2023/24 financial year (January to March). It provides insights into what is going well and the issues we are addressing.

### Executive Summary

- 3 We are a key player within the County Durham Together Partnership and are working with our partners to deliver the [County Durham Vision 2035](#). This vision sets out what we want the county to look like over the next decade and beyond. The overall vision is for:
 

**a place where there are more and better jobs, people live long, and independent lives and our communities are well connected and supportive.**
- 4 Our [Council Plan](#) sets out how we will contribute to achieving this vision, while continuing to effectively deliver our day-to-day services.
- 5 We refresh our Council Plan every year. Council has now approved the plan for the forthcoming four years ([Council Plan 2024-28](#)). We will commence reporting performance against our ambitions, objectives and priorities for this plan from 1 April.
- 6 We continue to be a 'well-functioning council' in relation to performance. We operate to the characteristics set out in guidance from the Department for Levelling Up, Housing and Communities (DLUHC)<sup>1</sup>. And we are continuing to

<sup>1</sup> [Best Value standards and intervention](#)

develop the following through our performance management processes and the wider Corporate Business Intelligence Review:

- (a) A council-wide approach to continuous improvement, with frequent monitoring, performance reporting and updating of the corporate and improvement plans;
- (b) A Council Plan that is evidence based, current, realistic and enables the whole organisation's performance to be measured and held to account;
- (c) Clear and effective mechanisms for scrutinising performance across all service areas. We regularly report our performance to the public to ensure citizens are aware of the quality of services being delivered.

7 The government has established an Office for Local Government (Oflog). Oflog aims to increase understanding about the performance of local authorities, warn when authorities are at risk of serious failure, and support local government to improve itself.

8 Oflog is bringing together existing data in an informative way through the [Local Authority Data Explorer](#). Their suite of metrics is being continually expanded and will eventually cover all local government responsibilities. The next tranche of data will be added later in the year. We will also add the new metrics to our performance framework and include in our reporting process.

## **Context**

9 We are a large organisation providing a broad range of services. Our operating environment can at times be challenging, influenced by various interconnected factors including inflationary and demand pressures, demographic shifts and the changing needs of our residents, economic uncertainties, and the ongoing impacts of global events.

10 From an adult social care perspective, Care Act assessment timeliness for adult social care clients is improving and remains an area of strong focus for us.

## **Recommendation**

11 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:

- (a) note the overall position and direction of travel in relation to quarter four performance (January to March), and the actions being taken to address areas of challenge.

## 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 2023 to 2027 (current plan)  
<https://www.durham.gov.uk/media/34954/Durham-County-Council-Plan-2023-2027/pdf/CouncilPlan2023-2027.pdf?m=638221688616370000>
- Quarter Two, 2023/24 Performance Management Report  
<https://democracy.durham.gov.uk/documents/s183015/Q2%202023-24%20Corporate%20Performance%20Report.pdf>
- Quarter One, 2023/24 Performance Management Report  
<https://democracy.durham.gov.uk/documents/s178933/Q1%202023-24%20Corporate%20Performance%20Report%20-%20Cabinet%2013.09.23.pdf>
- Quarter Four, 2022/23 Performance Management Report  
<https://democracy.durham.gov.uk/documents/s174900/Item%204%20Q4%202022-23%202%201.pdf>
- Quarter Three, 2022/23 Performance Management Report  
<https://democracy.durham.gov.uk/documents/s166398/Corporate%20Performance%20Report%20Q2%202022-23%20v2.1.pdf>

## Author

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## **Appendix 1: Implications**

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### **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 the Safe Durham Partnership and its sub-groups.

### **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.



# Corporate Performance Report

## Quarter Four, 2023/24



## Contents (blue text links to sections of the report)

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	➤ <a href="#">Executive Summary</a>
Our People	➤ <a href="#">Our People Performance Report</a>
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	➤ <a href="#">Adult social care: reablement and rehabilitation services</a>
	➤ <a href="#">Adult social care: admissions to permanent care</a>
	➤ <a href="#">Adult social care: services received and outcomes</a>
	➤ <a href="#">Adult social care: Oflog measures</a>
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	➤ <a href="#">Public health focus: smoking prevalence in adults</a>
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	➤ <a href="#">Physical activity</a>
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## Executive Summary

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- 1 This report shows how we are performing against the priorities set out in our Council Plan 2023-27.
- 2 We are reporting performance on an exception basis with key messages structured around the five thematic areas of, our economy, our environment, our people, our communities, and our council.
- 3 We are reporting the most recent performance available as at 31 March. Contextual information relates to activity and events taking place in the fourth quarter of the 2023/24 financial year (January to March).

### Our people

- 4 This priority aims to help our residents live long and independent lives and remain in good health for as long as possible. We will protect and improve health by tackling the leading causes of illness and early death, inequalities and the challenges around mental health. We will ensure a sustainable high-quality care market and invest in a multi-million pound programme to transform our leisure centre venues.

### Going Well

- 5 In Adult Social Care annual review performance is improving. Quarter four shows 69.5% of service users had received an assessment or review in the last 12 months, the highest recorded performance for more than two years, demonstrating the impact of the new review teams established in early 2023. Performance remains lower than three years ago; however, recent initiatives are closing the performance gap.
- 6 The home care market has remained stable over the last 15 months with approximately 3,300 people using home care at any given point during this period. Access to home care services is excellent as waiting times for home care packages have been eliminated. Currently, there is no waiting list for home care services, which has been the case for the vast majority of the last 12 months, but local capacity remains a priority and is well managed. High Care Quality Commission (CQC) ratings for community-based care demonstrate high quality services provided for residents across the county.
- 7 The percentage of individuals achieving their desired outcomes during the safeguarding process has also improved and is the highest for over two years. We are now in line with performance in the North East and working towards the England result.

### Issues we are addressing

- 8 The adult social care service continues to focus on improving the timeliness of Care Act assessment completions. A new set of indicators have been developed to measure the timeliness of all assessments undertaken across adult care, rather than just Care Act assessments. The service will closely manage the performance of the new indicators.
- 9 In adult social care, the number of people discharged from hospital into reablement and rehabilitation services is lower than we have historically achieved. A review of reablement services has been undertaken to understand changing demand to the service as well as staff turnover and service capacity. Outcomes for those who do

undertake reablement and rehabilitation services continue to be good and outperform targets.

- 10 Permanent admissions to residential and nursing care have been increasing over the last year, and we have exceeded our Better Care Fund (BCF) target for the full year. Whilst admissions are higher than during the pandemic, we continue to reduce admissions in line with the longer term trend identified in the years prior to the pandemic.
- 11 Smoking is the single largest cause of preventable deaths, and one of the largest causes of health inequalities in England. Despite reductions in prevalence, too many people smoke in County Durham both in the general population and through pregnancy to the time of delivery. Over the longer term, these trends contribute to smoking mortality rates being higher than the England average. The Joint Local Health and Wellbeing Strategy 2023-28 prioritises supporting 'making smoking history' and reduce smoking to less than 5% of the population by 2030. To achieve this ambition, the Tobacco Control Alliance has maintained its seven-point action plan which is monitored on a quarterly basis and refreshed annually.

## **Risk Management**

- 12 The government's statutory guidance for best value authorities sets out the characteristics of a well-functioning authority. This details the arrangements that councils should have in place for robust governance and scrutiny including how risk awareness and management should inform decision making. The latest [Strategic Risk Management Progress Report](#) provides an insight into the work carried out by the Corporate Risk Management Group between October and December 2023.

# Our People

## Priority Aims:

County Durham is a place where people will enjoy fulfilling, long and independent lives. We aim to,

- ensure children and young people will enjoy the best start in life, good health and emotional wellbeing
- ensure children and young people with special educational needs and disabilities will achieve the best possible outcomes
- ensure all children and young people will have a safe childhood
- promote positive behaviours
- better integrate health and social care services
- tackle the stigma and discrimination of poor mental health and build resilient communities
- people will be supported to live independently for as long as possible by delivering more home to meet the needs of older and disabled people
- support people whose circumstances make them vulnerable and protect adults with care and support needs from harm
- protect and improve the health of the local population, tackling leading causes of illness and death

## National, Regional and Local Picture

### Adult Social Care

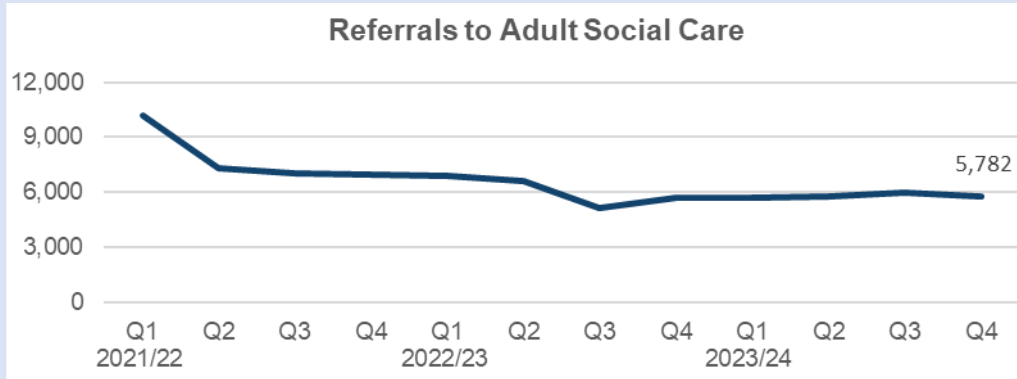
- 13 We have been selected as one of the first local authorities to be assessed under the new Care Quality Commission (CQC) led local authority assessment framework. As part of the assessment process, the Local Authority Information Return (LAIR) was submitted to the CQC in February 2024. The return makes available to the CQC key documents, information and data prior to the onsite visit. CQC Assessors attended for an onsite visit between 21-23 May 2024.
- 14 Following the onsite visit, the CQC will draft a report containing scores for each of the framework's quality statements, and an overall rating. As the CQC is undertaking an internal benchmarking exercise, to review and calibrate the scores and ratings for those local authorities assessed in the early round of the full formal assessments, it is likely that there will be a short delay before we receive the final report.
- 15 On 7 March 2024, the Department of Health and Social Care (DHSC) published the first data sourced from the new Client Level Dataset (CLD). Published as 'official statistics in development,' DHSC released the number of people receiving local authority commissioned long-term support at national, regional and local authority level as at the end of each month from April to December 2023.
- 16 The publication allowed us to compare some of the figures from our CLD submission with other local authorities for the first time. Over the nine month period published, Our rate per 100,000 population of long-term service users (1,638, December 2023) was slightly above the statistical nearest neighbours (1,597) and national result (1,433), but below the North East (1,830). Our result was also similar to the 2022/23 Short and Long Term Services (SALT) comparison (1,584), which the CLD is replacing.

- 17 This first look at CLD national data provided us with assurance that the way we are compiling the data return, and the level of long-term care we provide, is in line with other local authorities. It is expected that data releases sourced from the CLD will increase through 2024/25 as the DHSC completes its own assurance work on the submitted data. As part of the Market Sustainability and Improvement Fund, DHSC confirmed they have plans to publish average times between request and assessment and request and service, though no date for publication has yet been announced. All indicators will be included in this report when they are made available.
- 18 The government has announced that new funding, the Accelerating Reform Fund (ARF), will enable the expansion of community-based care models such as Shared Lives and online support services such as Mobilise. The funding is provided by the DHSC and allocated to local authorities within the same Integrated Care System (ICS) footprint. As hosts to North East Association of Directors of Adult Social Services (NE ADASS), who are overseeing the ARF projects, Durham is the lead authority for this grant for the North East and North Cumbria, which will receive a total of £2.23m for the two year programme.
- 19 The grant will be used to expand the Shared Lives scheme in the region, with a focus on autism and transitions. Shared Lives can be either short-term or long-term care, offering choice and autonomy to people with needs for care and support and enabling people to live in the community, as well as providing unpaid carers with more flexibility and breaks. Mobilise provide online support for unpaid carers, via information, advice, and peer networks. As a 24/7 service it can act as an alternative to, or complement, existing carer support services in the region. It will also have a key aim to identify 'hidden carers' who do not currently have access to support around their caring role. Any ARF grant monies not spent on the regional Shared Lives and Mobilise projects will be used to support smaller innovative projects at a local and sub-regional level.

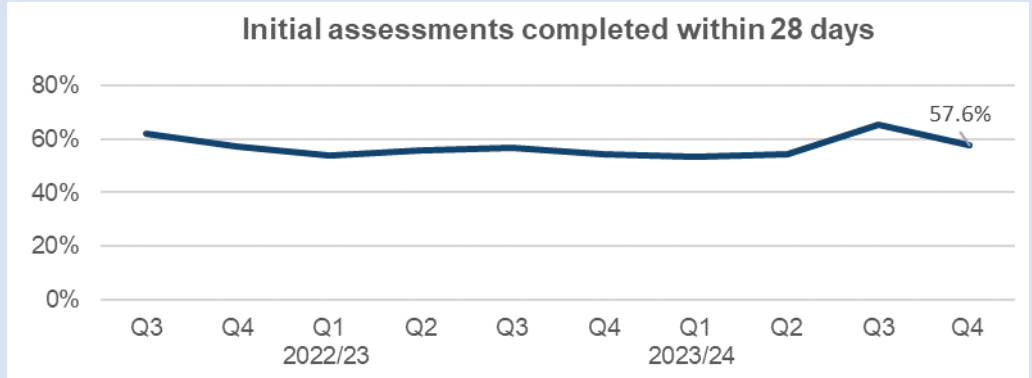
# Adult Social Care Dashboard – Referrals and Assessments

(discrete quarterly data)

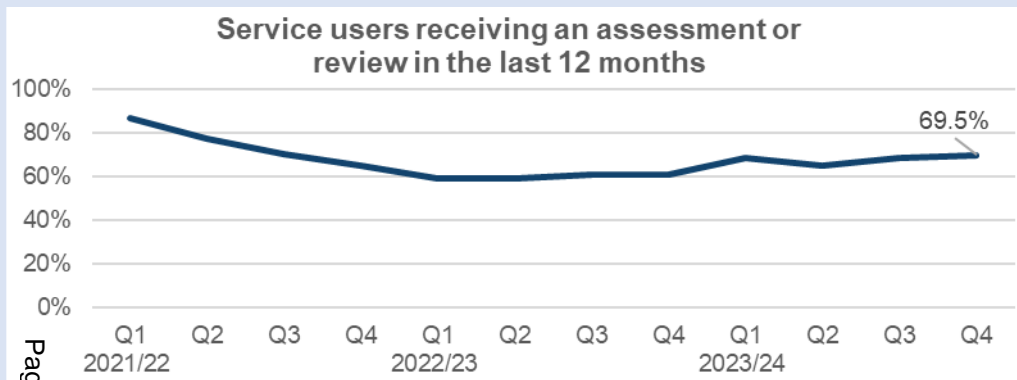
## Referrals



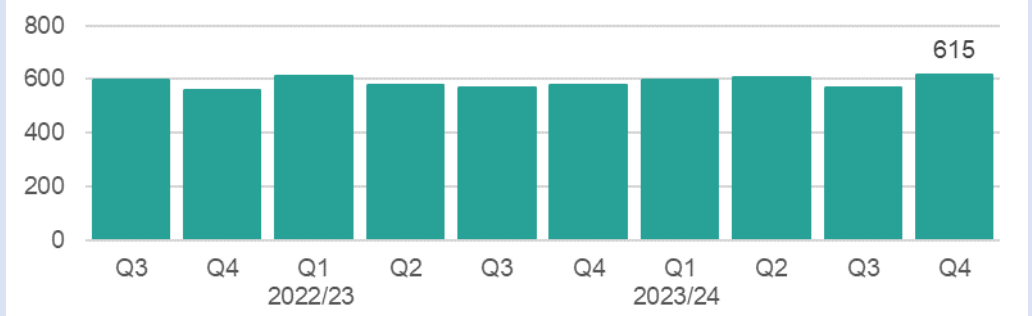
## Care Act assessments completed and timeliness



## Annual Reviews



## Care Act assessments completed each quarter



Benchmarking data for these indicators is not available as this is local data that is not reported nationally. The implementation of the national Client Level Data set has the potential for benchmarking to be produced by DHSC. If this happens, it will likely be in the next 12-18 months.

## **Referrals to Adult Social Care**

- 20 The number of referrals into adult social care have been stable for over a year. We received an average of 5,829 referrals per quarter through 2023/24.
- 21 We are examining internal and external contacts and referrals into Adult Social Care. We aim to understand the longer-term reduction in referrals over the last two to three years. This work will increase our understanding of the changing demand for adult social care.
- 22 As referral data are not published nationally, benchmarking for this indicator is unavailable. The new statutory Client Level Dataset (CLD) started recording referrals (known in CLD as requests) for services from April 2024. The implementation of the CLD has the potential for benchmarking to be produced by DHSC. If this happens, it will likely be in the next 12-18 months.

## **Care Act assessment timeliness**

- 23 Care Act assessments for adult social care are expected to be completed within 28 days from the date of first contact. The percentage of assessments completed within this timeframe stands at 57.6% in the latest quarter (January – March 2024). This is worse than the previous quarter (65.2% for October – December 2023), but better than the near two-year period prior (January 2022 – September 2023).
- 24 The service continues to focus on improving timeliness. An ongoing impact statement is reviewing potential options to support the prompt completion of these assessments. A waiting lists and backlogs task and finish group was established this quarter to consider ways to improve the timely completion of assessments.
- 25 The number of Care Act assessments completed each quarter continues to be stable. An average of 598 assessments were completed per quarter through 2023/24.
- 26 A new set of indicators has been developed to measure the timeliness of all assessments and reviews undertaken across Adult Care, rather than just Care Act assessments. The indicators now include additional short-term (hospital service assessment plans) and long-term (occupational therapy assessments, sight and hearing loss assessments and emergency duty plan assessments). The service area will closely manage performance for the new indicator set.
- 27 Currently, both the number of and timeliness of Care Act assessments are not reported nationally. Both may soon be available from the CLD, depending on national developments.

## **Annual Reviews of Service**

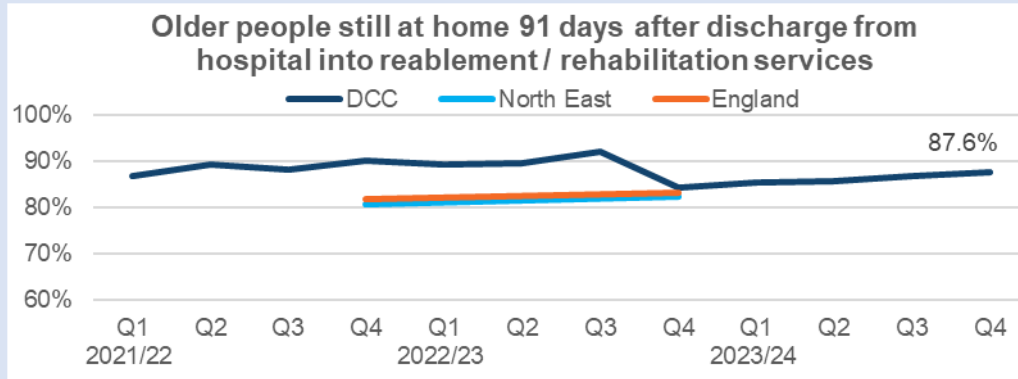
- 28 Service users are expected to have their care plan reviewed every 12 months to ensure that their care remains appropriate to their needs. The data for quarter four shows 69.5% of service users had received an assessment or review in the last 12 months. This is the highest recorded performance for more than two years, demonstrating the impact of the new review teams which were established early in 2023. Performance remains lower than three years ago; however, recent initiatives are closing the performance gap.
- 29 Operation of the new teams is overseen by the council. Performance is reported monthly to the council. An end of year report is to be provided to the council outlining progress made.

- 30 Nationally available data provided through the SALT return provides the position for reviews of long-term care packages, however, production of this data return is not in line with our locally reported measure. Benchmarking is, therefore, not available.

# Adult Social Care Dashboard – Reablement and rehabilitation services

(91 days cumulative / number of discharges discrete quarterly data)

## Discharges into reablement / rehabilitation services





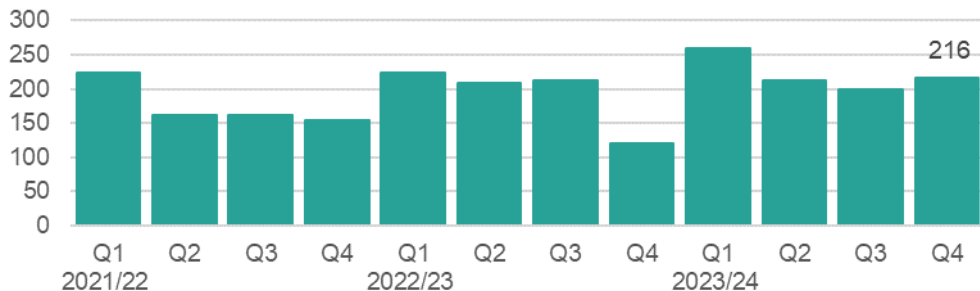
## **Discharge into Reablement and Rehabilitation Services**

- 31 The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services (87.6%) is the highest since quarter three 2022/23 (91.9%). It is also close to the three-year average (87.9%). Latest performance is better than our Better Care Fund target of 84%, and the latest regional and national benchmarking.
- 32 The number of people discharged into reablement and rehabilitation services demonstrates little change over the last three years. When compared to older data, a reduction is clear. In the latest three-year period, an average of 383 people were discharged each quarter. This is much lower than the three-year period covering 2017/18 to 2019/20, when an average of 590 people were discharged into reablement and rehabilitation services each quarter.
- 33 A review of reablement services has been undertaken to understand changing demand to the service as well as staff turnover and capacity of the service. The final report has been considered by the council. Following this, work has been undertaken to identify zones to pilot a new way of reablement working, modelling has been done on a possible 'pay by episode' approach and Technology Enabled Care options identified for lifestyle monitoring during the reablement period.

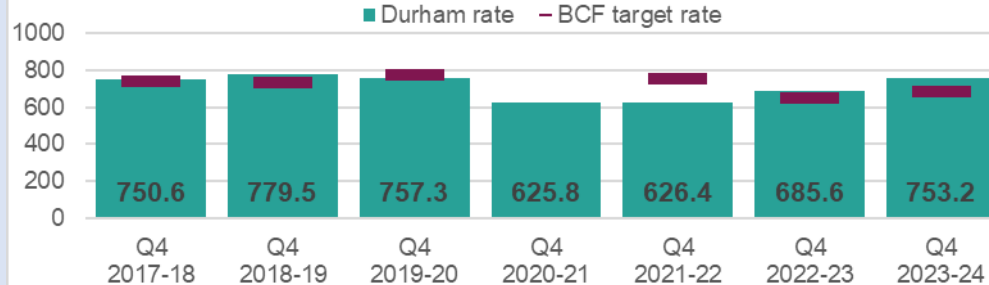
# Adult Social Care Dashboard – Admissions to permanent care

(quarterly / annual)

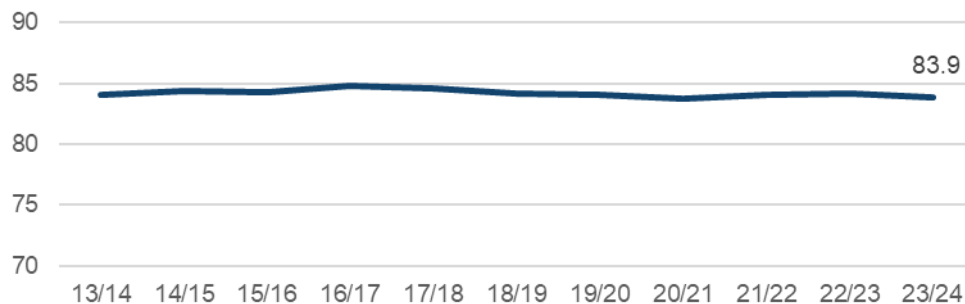
### Adults aged 65+ admitted permanently to residential or nursing care



### Rate of admission of adults aged 65+ to permanent residential or nursing care



### Average age of admission to permanent care

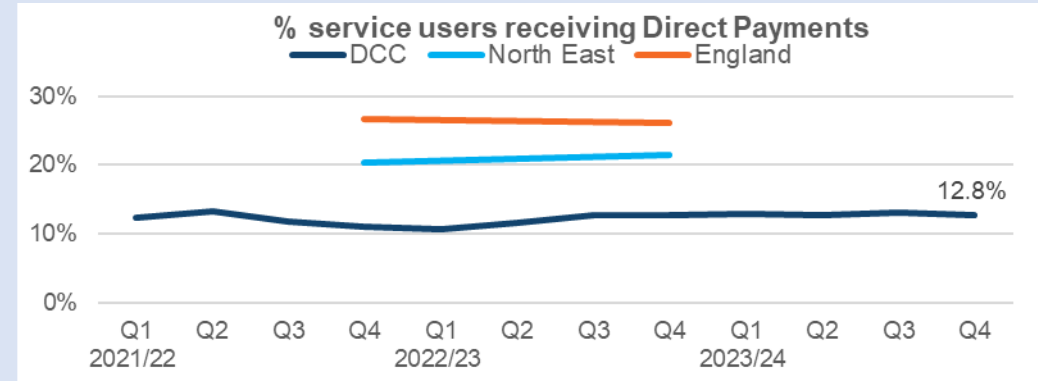
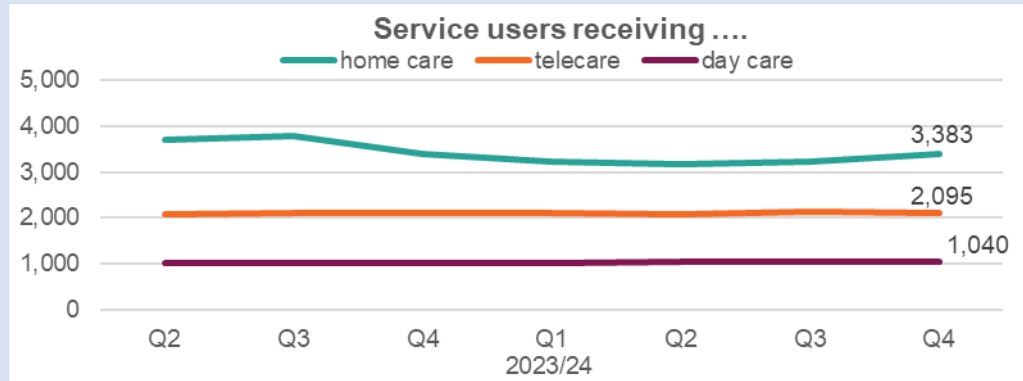


## Admissions to Care

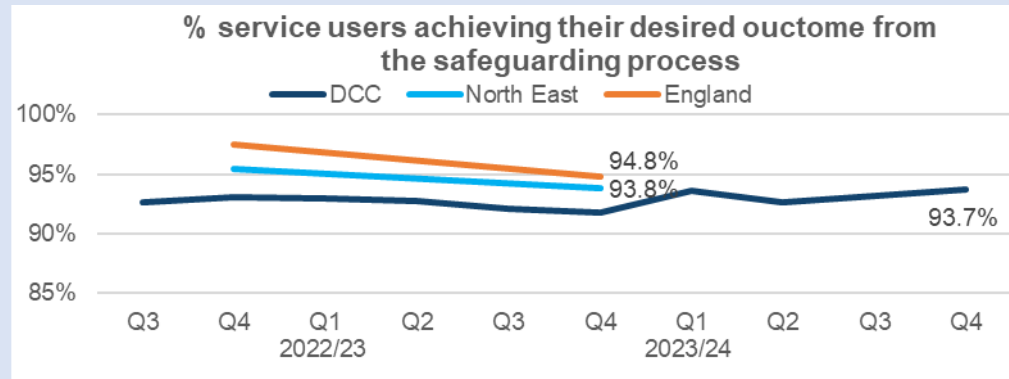
- 34 The number of people aged 65+ admitted to permanent residential or nursing care is closely monitored to understand changing demand. To allow comparisons with other geographies, performance is reported as a rate per 100,000 population.
- 35 The rate in County Durham has been returning to expected levels over the last four years. In our latest end of year outturn, admissions have increased slightly higher than the level expected. Our final rate of admissions of 753.2 is worse than the ambitious Better Care Fund (BCF) target of 677.6. Despite missing target, this is still better than the two years prior to the disruption caused to admissions by the pandemic.
- 36 In the five-year period leading up to the pandemic we had a declining trend in permanent admissions. Care homes were greatly affected by the pandemic, with many being closed to admissions for many months. This led to low numbers of admissions for 2020/21 and 2021/22. In 2022/23, the number of admissions had almost recovered to pre-pandemic levels.
- 37 The 2023/24 BCF target was set at an ambitious level. The decision was taken to make the BCF target number of admissions for 2023/24 a continuation of the declining trend seen before the pandemic. The three years affected by the pandemic (2020/21 to 2022/23) were set aside. A linear forecast was created based on the five years prior to the pandemic and projected forward to the end of 2023/24. This gave us a projected level of admissions which we may have seen in that year, had the previous declining trend continued unaffected by the pandemic years. This gave us a target of 798 admissions, which converted to the BCF target rate per 100,000 population of 677.6.
- 38 It is disappointing that we have not met our BCF target rate. However, it is positive that we are continuing to reduce admissions in line with the longer term-trend identified in the years prior to the pandemic, albeit at a slower rate than predicted. Capacity in care homes also continues to be well managed enabling admissions as required. High CQC ratings for care homes demonstrate quality of service provided across the market.
- 39 The average age of those entering permanent care (83.9 years) has remained static over the last ten years.

# Adult Social Care Dashboard – services received and outcomes (quarterly)

## Services received by service users



## Achieving desired outcomes from the safeguarding process



## **Services Received**

- 40 The home care market has remained stable over the last 15 months (January 2023- March 2024) with approximately 3,300 service users receiving home care at any given point during this period. Numbers waiting for home care packages are very low and are closely monitored on a weekly basis. High CQC ratings for community-based care locations demonstrate quality of service provided across the market (76.6% of community care providers in County Durham are rated good or outstanding compared with 59.1% nationally).
- 41 The number of service users receiving telecare continues to be stable with approximately 2,000 people using the service throughout the last two years. The council has developed a plan to increase the use of technology to support service users which could result in an increase in the number of people receiving telecare.
- 42 The number of people receiving day care service has remained static over the last 12 months (approximately 1,000 people at any point between April 2023 - March 2024).
- 43 Over the last 18 months (October 2022 - March 2024) the number of people using Direct Payments to pay for at least part of their care has remained stable. Latest data show 677 people used a Direct Payment in quarter four (January - March 2024). This is a slight reduction on the previous quarter (October - December 2023: 684 people). Whilst take-up remains lower than both regional and national averages, an impact statement found no difference between our direct payment policy and that of other councils. The council continues to explore opportunities to develop take-up in the county.

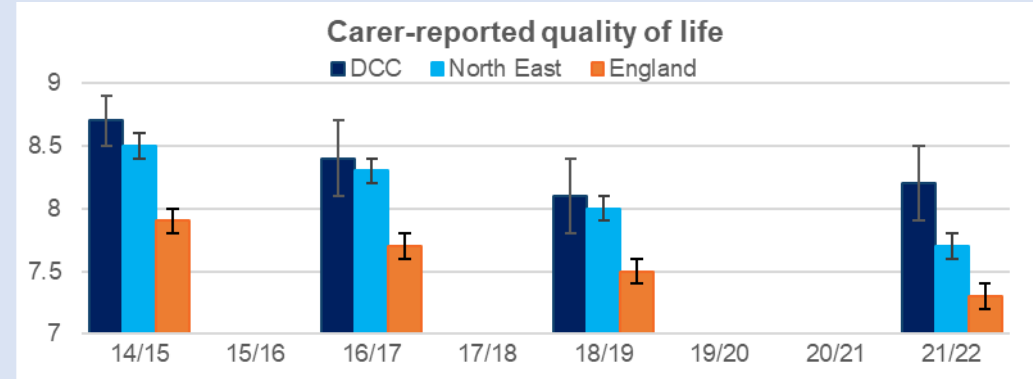
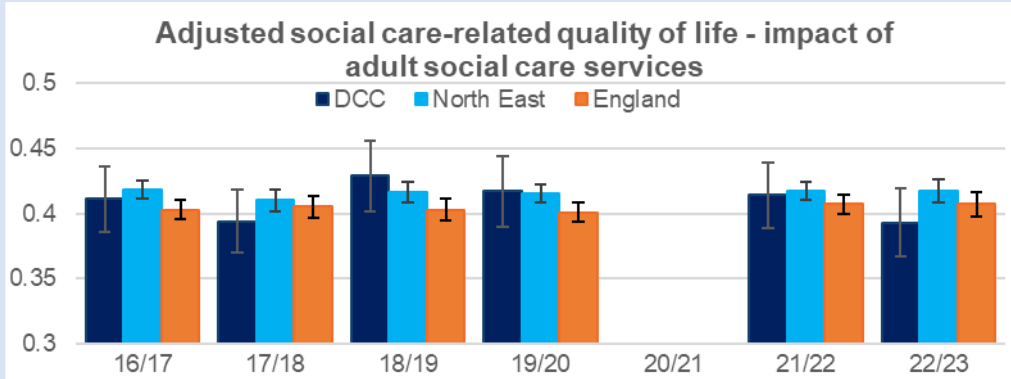
## **Safeguarding – desired outcomes**

- 44 The percentage of individuals achieving their desired outcomes during the safeguarding process has increased to 93.7% during quarter four (January - March 2024) and we are now comparable to performance in the North East (93.8%). We continue to close the gap on the England result (94.8%). There are circumstances where desired outcomes are unable to be met, therefore, it is unlikely that this indicator will ever achieve 100%.

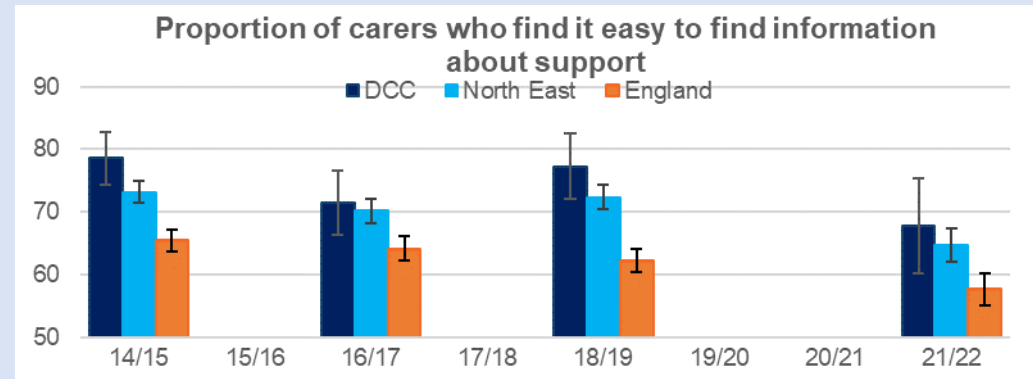
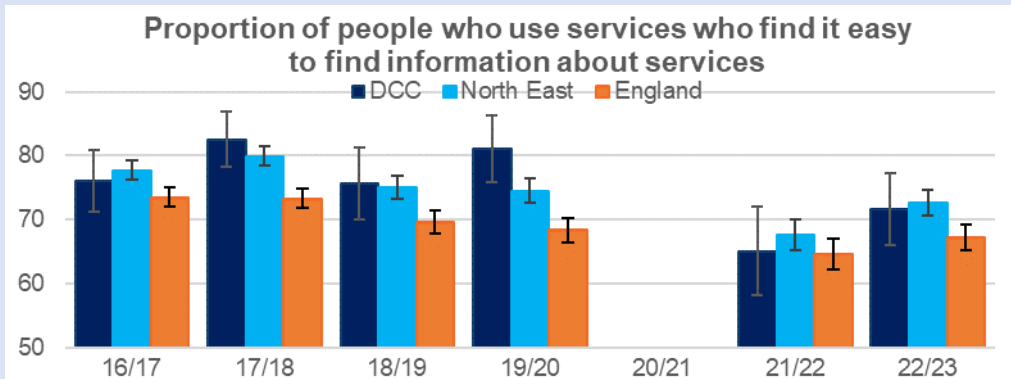
# Adult Social Care Dashboard – Oflog Measures

(annual)

## Reported quality of life



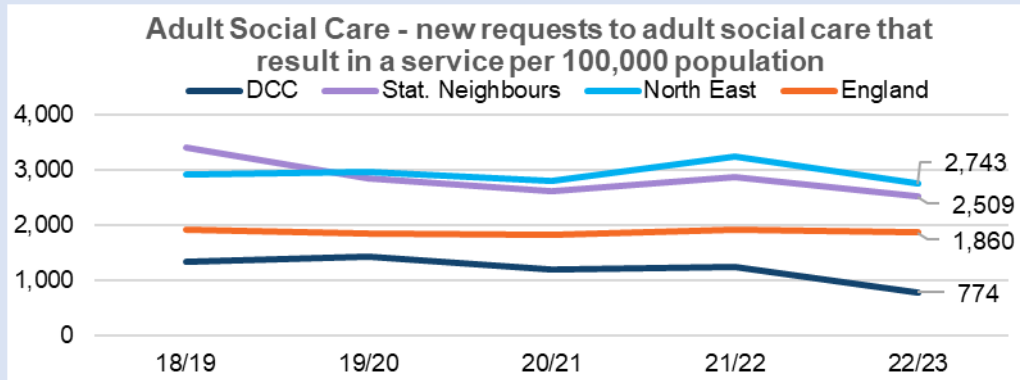
## Ease of finding information about services



# Adult Social Care Dashboard – Oflog Measures

(annual data covering 2022/23)

## New requests to adult social care that result in a service



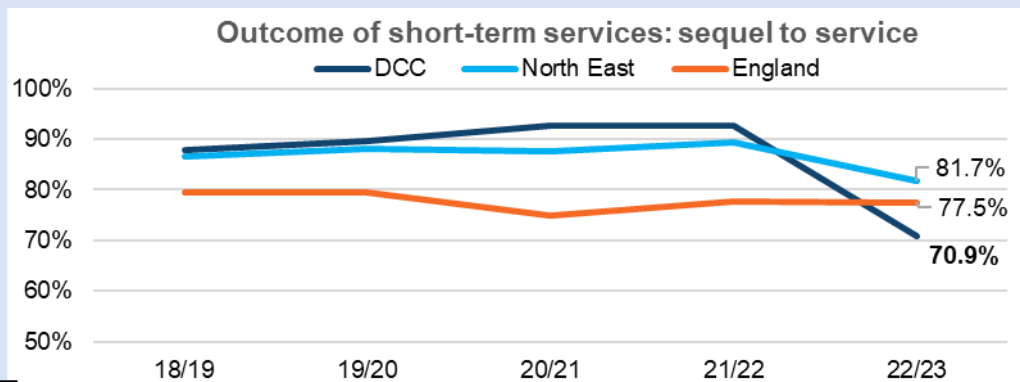
The Oflog measures for adult social care were previously reported in the quarter two Corporate Performance Report, with further benchmarking data added in quarter three. No new data has been provided in this report.

Following the publication of the Survey of Adult Carers in England (SACE) in June 2024, the next quarterly report will include an update on:

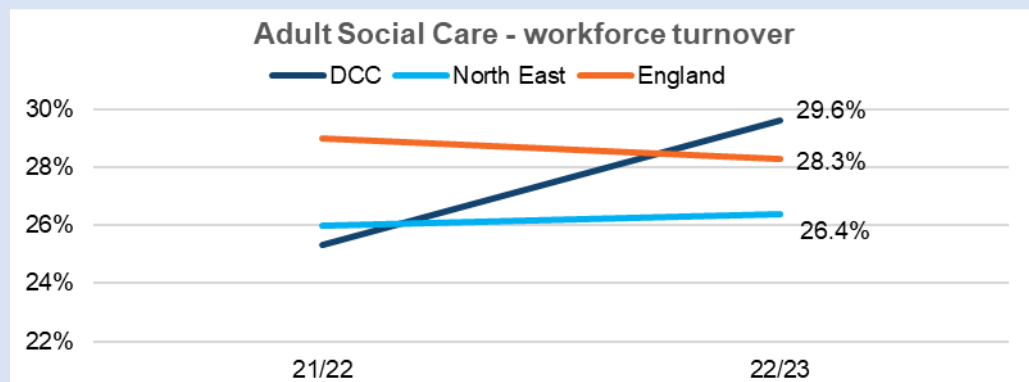
- Carer-reported quality of life
- Proportion of carers who find it easy to find information about support

Further data will be available in October 2024 with the release of the Adult Social Care Survey (ASCS), the Short and Long Term Support (SALT) return and the Adult Social Care Workforce Data Set. Indicators will be updated in the quarter three report.

## Outcome of short-term services



## Workforce turnover



# Public Health Focus – Smoking Dashboard

- Smoking is the single largest cause of preventable deaths and one of the largest causes of health inequalities in England.
- There are approximately 7.3 million adult smokers and more than 200 people a day die from smoking-related illness.
- The Joint Local Health and Wellbeing Strategy 2023-28 prioritises supporting ‘making smoking history’.

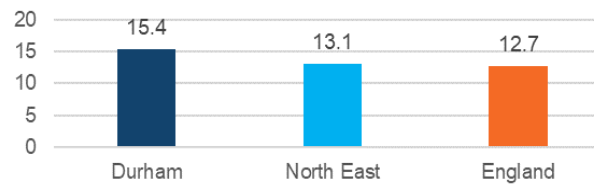
## The Joint Local Health and Wellbeing Strategy focuses on reducing:

- the number of people smoking to 5% by 2030
- the proportion of mothers smoking at time of delivery
- the number of hospital admission episodes related to smoking
- smoking related deaths

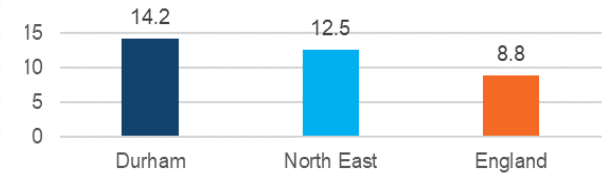
It also aims to move towards fairer access to stop smoking services to help those who need it, a better understanding of youth vaping trends and a smoke-free society.

## Prevalence in Durham

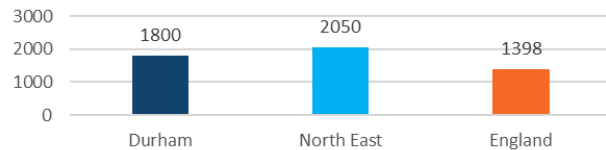
Approximately 15.4% of adults smoke in Durham (2022) - 65,000 people



14.2% of mothers smoke at time of delivering their baby - thats around 617 mums



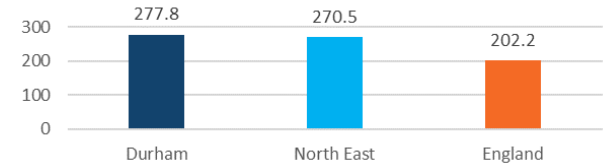
Smoking related hospital admission rates are significantly higher than England but lower than the north east



## Smoking related hospital admissions and deaths in Durham

- Approximately 6,000 hospital admissions were attributed to smoking in 2019/20
- Almost 900 people die each year from illnesses linked to smoking (2017-19)

Smoking related mortality rates are significantly higher than England but similar to the north east



## New Dashboard

A new [smoking dashboard](#) has been developed on Durham Insight. This provides a range of other indicators that enable greater insight into smoking in Durham. This includes gender analysis, wider benchmarking and factors affecting smoking in an individual.



## Public Health – Smoking

- 45 Smoking is the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Despite reductions in prevalence, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking-related illness, which could have been prevented.
- 46 As well as dying prematurely, smokers also suffer from poor quality of life. Many of the conditions caused by smoking are chronic illnesses such as heart disease, stroke, lung cancer and respiratory disease. Smokers proportionately are less likely to be in work. Breathing in second-hand smoke also has detrimental impacts on babies, children, and other family members.
- 47 Information from the Action for Smoking and Health (ASH) Ready Reckoner suggests that costs associated with smoking in County Durham equate to £188.9 million annually:
- £150.4 million are associated with lack of productivity from people unable to work due to ill health whether this is temporarily sickness, unemployment or early death;
  - £22.2 million on healthcare costs associated with smoking. This includes costs for those accessing support in primary care or within hospitals;
  - £14.0 million on social care, which includes costs of both residential and domiciliary care;
  - £2.2 million on smoking related fire call outs.
- 48 The County Durham [Joint Local Health and Wellbeing Strategy 2023-28](#) prioritises supporting 'making smoking history'. It outlines:
- nationally, approximately 64,000 people die from smoking each year;
  - in County Durham, around 900 people die every year from smoking related illnesses.
- 49 The latest data from the 2022 Local Tobacco Control Profiles outlines that smoking prevalence in County Durham is estimated to be 15.4% in 2022. This means that around 1 in 6 people in County Durham are current smokers. This is now comparable with the North East and England averages.
- 50 Partners engaged in the County Durham Tobacco Control Alliance have an ambition to reduce smoking prevalence in the county to 5% or less by 2030, whilst maintaining a focus on key priority groups including pregnant smokers, routine and manual workers and people with serious mental health conditions. This ambition is driven by a vision to achieve a tobacco-free generation.
- 51 To achieve this ambition, the Tobacco Control Alliance has maintained its seven-point action plan which is monitored on a quarterly basis and refreshed annually:
- use of an integrated evidence-based strategic approach to reducing smoking prevalence in County Durham;
  - reducing exposure to second-hand smoke;
  - motivating and supporting smokers to stop and stay stopped;
  - media, communications and engagement;

- reducing the demand and supply of illegal tobacco products, increasing price and addressing the supply of tobacco to children;
- tobacco regulation and reducing tobacco promotion;
- research monitoring and evaluation.

52 A recent [report to the Health and Wellbeing Board](#) (March 2024) provided an update on progress against the Tobacco Control Alliance action plan. This included:

- The development of a [smoking dashboard](#) for County Durham and ongoing use to data to provide an evidence-based approach to tackling smoking
- Our Stop Smoking Service (SSS) working closely with the Housing Poverty Forum and the Housing Solutions service to promote the offer of the SSS and to increase the number of people trained in Making Every Contact Count (MECC). This aims to support a reduction in exposure to second-hand smoke in households.
- Our SSS has operated face-to-face for the first full year since the pandemic. A restructure of the service has also been undertaken and aims to increase quit rates in Durham. The new structure will also ensure more links to new and emerging areas of work such as people with severe mental health and social housing.
- A Swap to Stop pilot commenced that provided vapes to people wishing to make a quit attempt. This work, funded by the Department for Health and Social Care, is targeted at specific groups where prevalence is higher: those in a routine and manual occupation, people living in the most disadvantaged areas in County Durham and those living in social housing.
- The SSS has worked in partnership with Business Durham to provide support sessions to businesses employing routine and manual workers.
- A new specialist Midwifery Matron for Health Inequalities has been appointed by County Durham and Darlington NHS Foundation Trust (CDDFT). This newly created post will join the County Durham Tobacco Dependency in Pregnancy and the Postnatal Period (TDIPP) steering group alongside Public Health to provide clinical midwifery experience and to strengthen the strategic leadership of the group.
- The North East and Cumbria Integrated Care System have introduced a financial incentive scheme to support pregnant mothers to stop smoking. This involves the provision of shopping vouchers to encourage ongoing engagement with quit support programmes throughout their pregnancy and beyond.

## Supporting Government Policy Development

53 In October 2023, the government published '[Stopping the start: our new plan to create a smokefree generation](#)', which outlined proposals for a smokefree generation, tackling youth vaping and how these would be enforced. A national consultation followed, with the council submitting a response in favour of the proposals.

54 The [outcome of the consultation](#) was published in February 2024 and outlined plans to implement the recommendations of the consultation. It has been confirmed that to create the first smokefree generation, the government will legislate to:

- make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products;

- prohibit proxy sales in line with the change in age of sale legislation;
- include all tobacco products, herbal smoking products and cigarette papers, in scope;
- require warning notices in retail premises to read “it is illegal to sell tobacco products to anyone born on or after 1 January 2009” when the smokefree legislation comes into effect.

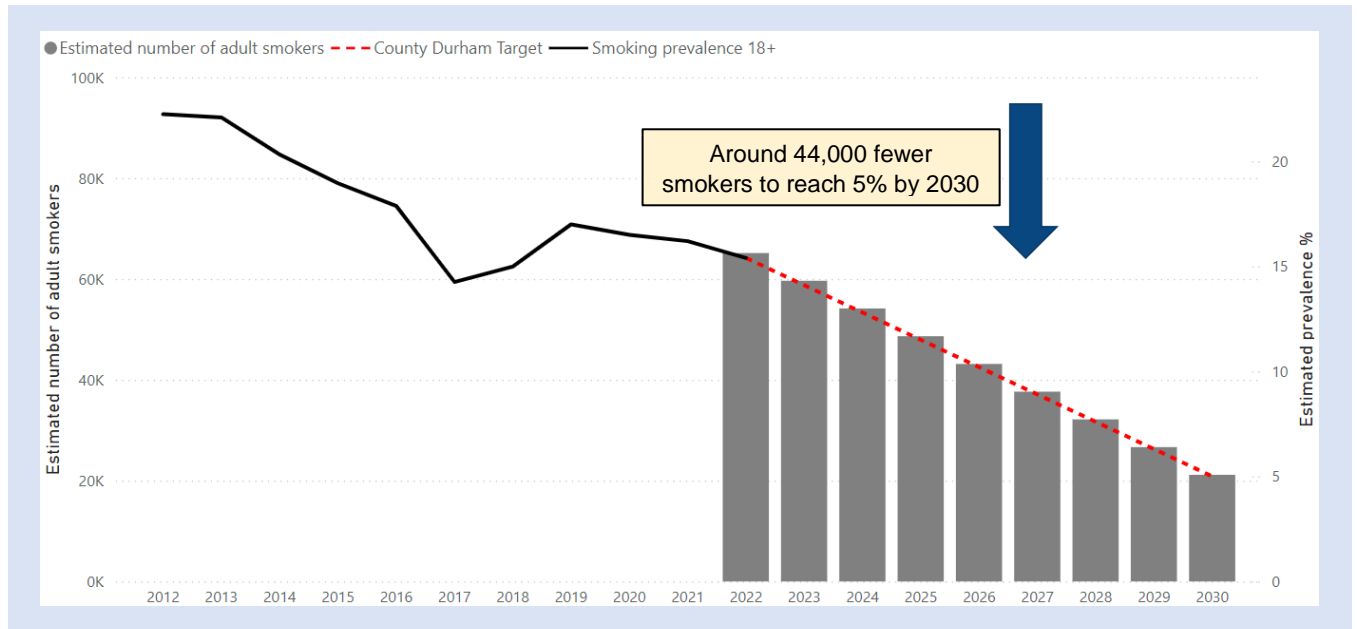
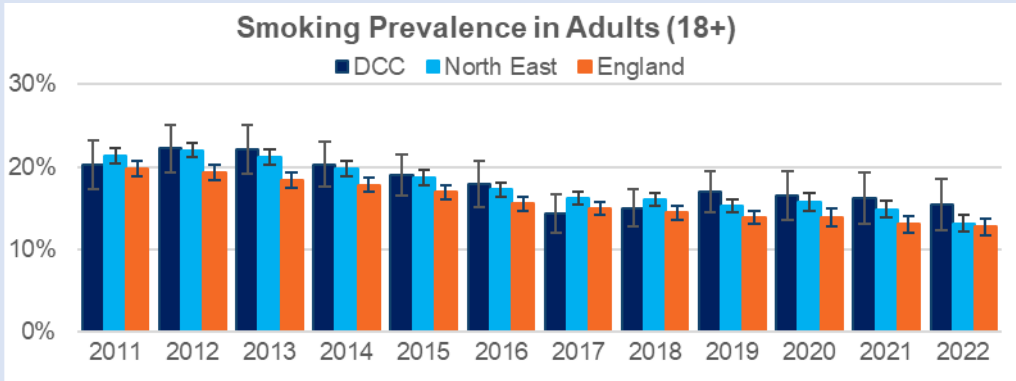
55 To tackle the rise in youth vaping, the government will take powers to make regulations to:

- restrict vape flavours;
- restrict how vapes are displayed in stores;
- restrict packaging and product presentation for vapes;
- apply the above restrictions to non-nicotine vapes and other consumer nicotine products such as nicotine pouches.

56 These measures will be taken forward in secondary legislation which will be subject to further consultation.

# Public Health Focus – Smoking Prevalence in Adults (18+)

(annual data as at December 2023)

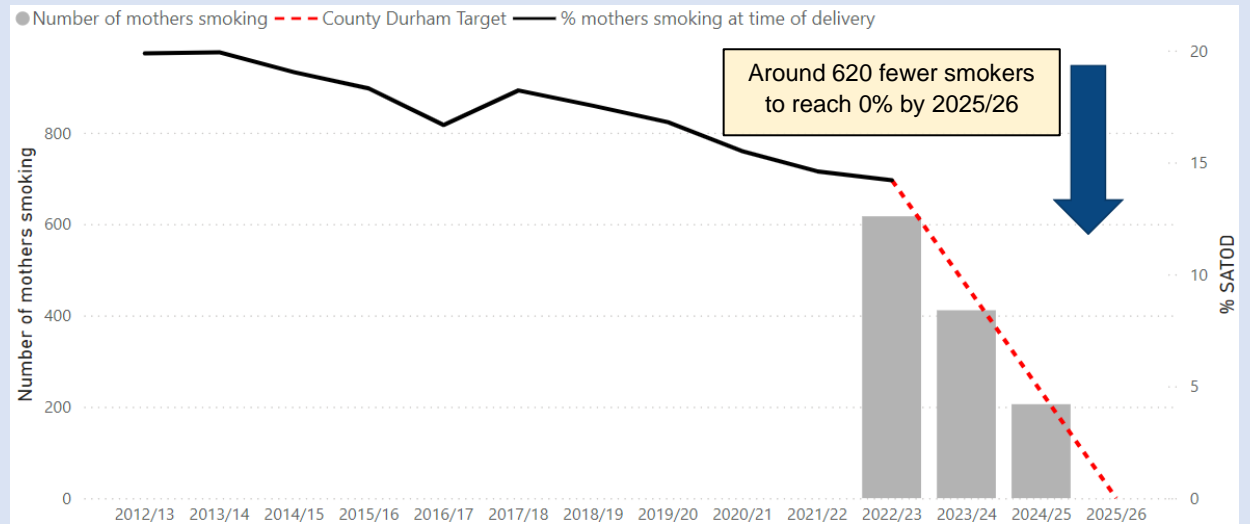
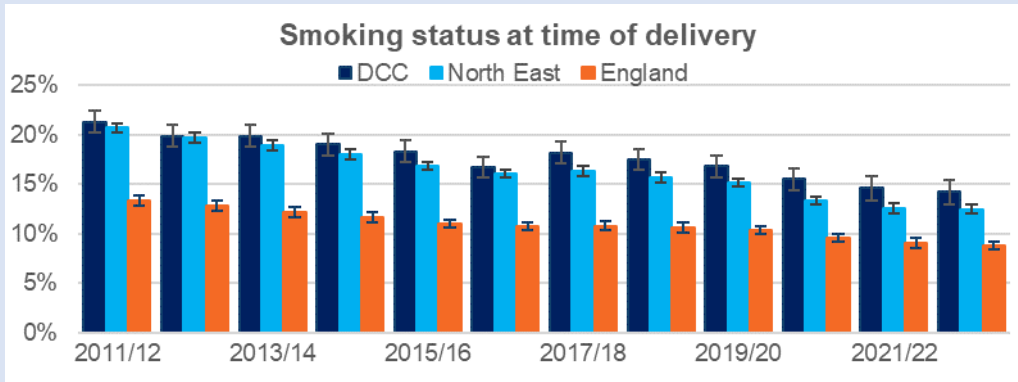


## **Public Health – Smoking prevalence in adults (18+)**

- 57 Data from the 2022 Local Tobacco Control Profile demonstrates that smoking prevalence in County Durham is estimated to stand at 15.4%. This highlights a reducing trend in prevalence when compared to 2020 (16.2%). We are also comparable with regional and national smoking rates.
- 58 The latest prevalence data for 2022 suggests that there are approximately 65,100 people in County Durham who continue to smoke. The County Durham Tobacco Control Alliance has an ambition to reduce smoking prevalence in the county to 5% or less by 2030. To reach this target, analysis of the data indicates that a further 44,000 people are required to stop smoking by 2030.
- 59 Projections based on performance to date suggest that we are unlikely to achieve the target of 5% by 2030.

# Public Health Focus – Smoking at Time of Delivery

(annual data as at 31 March 2023)



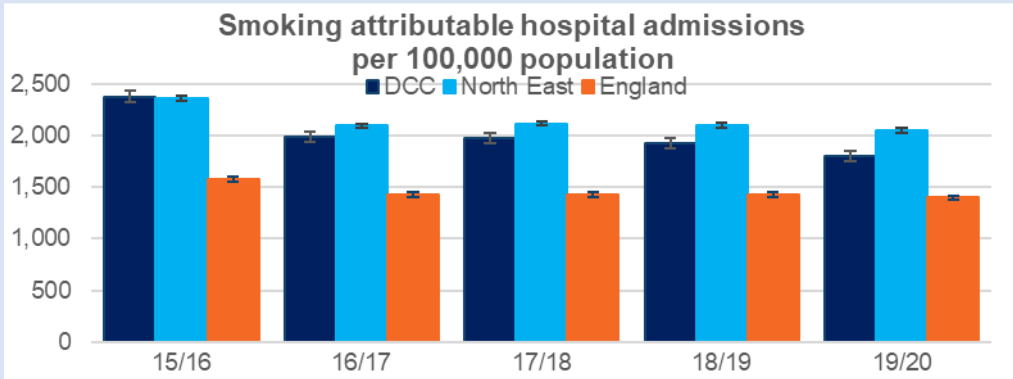
## **Public Health – Smoking at time of delivery**

- 60 Smoking during pregnancy can be harmful for the baby, potentially leading to reduced blood supply to the developing baby and poor growth. It is the major risk factor associated with miscarriage, still birth, premature birth and neonatal mortality.
- 61 Stopping smoking reduces the risk of complications in pregnancy and birth, leading to a healthier pregnancy and birth. It will also reduce the associated risks.
- 62 Over the last five years the proportion of mothers smoking at time of delivery has decreased in County Durham. In 2022/23, 14.2% of all mothers were smoking at the time of delivery. This is statistically significantly worse than both regional (12.5%) and national (8.8%) averages.
- 63 Over the last five years the absolute gap between Durham and England has decreased and stands at 5.4% in 2022/23.
- 64 County Durham has an ambition to reduce the percentage of mothers smoking at time of delivery to 0% by 2025/26. Approximately 620 mothers need to stop smoking (previously 710). This equates to a 4.7 percentage point drop per year for three years (approximately 206 fewer mothers smoking each year). Projections suggest that we are unlikely to meet this target.

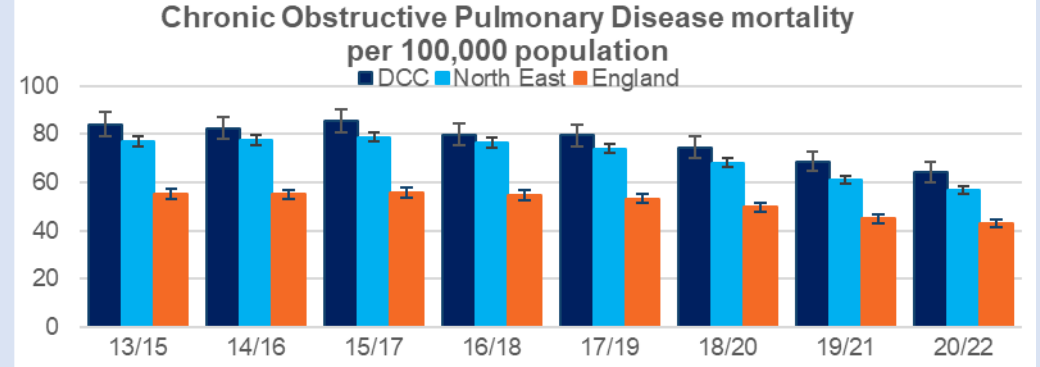
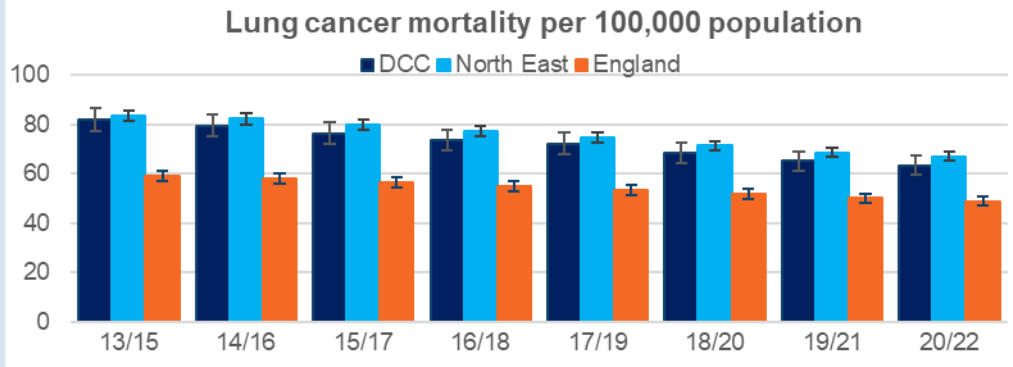
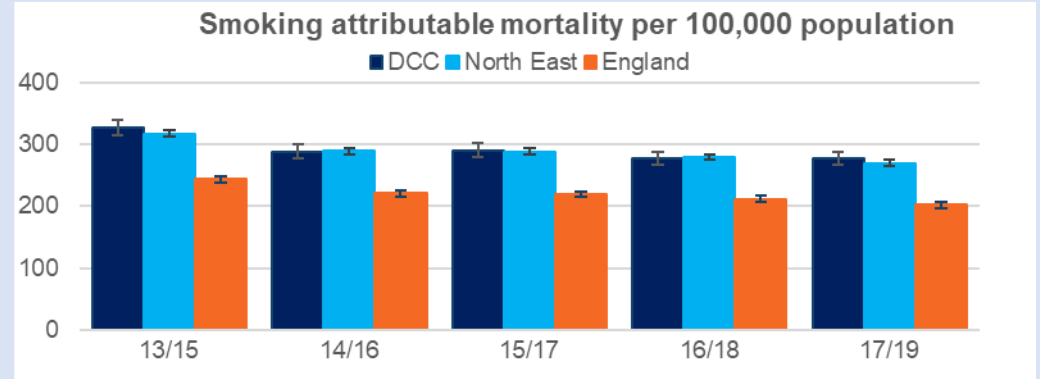
# Public Health Focus – Smoking related illness and mortality

(annual data)

## Smoking attributable hospital



## Smoking attributable





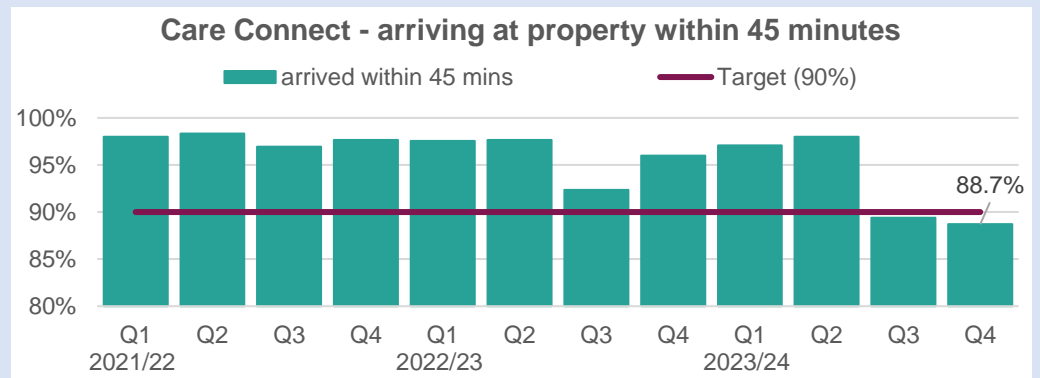
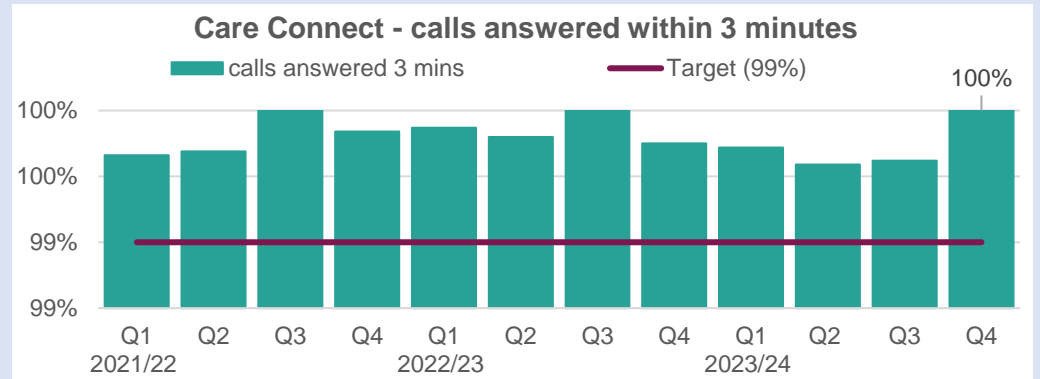
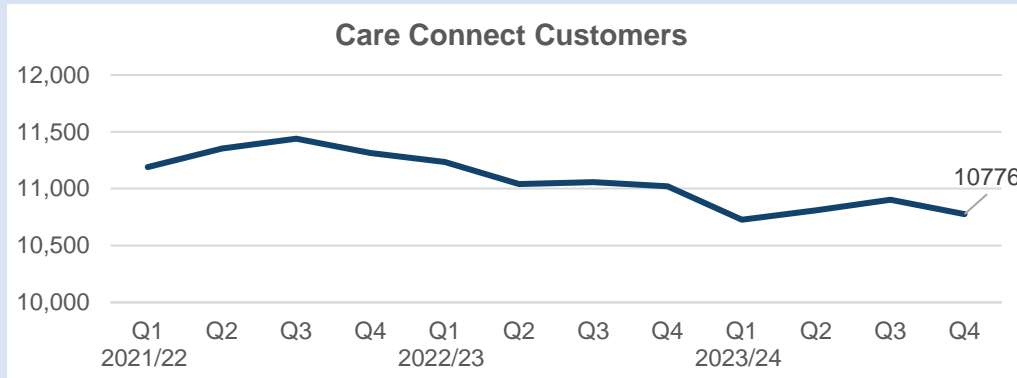
## Smoking related illness and mortality

- 65 Smoking is the biggest single cause of preventable death and ill-health within England. The indicator, smoking attributable hospital admissions, aims to highlight the size of preventable smoking-related conditions on inpatient hospital services as well as inequalities between local authorities in England.
- 66 Smoking also accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions not only represent a large demand on NHS resources but can also be used as a proxy for variations in smoking related ill-health in the general population across England.
- 67 Hospital admissions due to smoking have been falling in County Durham since 2015/16. In the most recent data, 2019/20, approximately 6,000 admissions were related to smoking in Durham. Latest data shows admission rates are significantly below the North East average. They are, however, significantly below the national data.
- 68 Data for smoking attributable mortality was last updated for the three year period 2017-19. A reduction in deaths related to smoking is observed from 2013-15 to 2017-19 with latest data suggesting approximately 900 deaths per year in County Durham are smoking related. Rates for smoking attributable mortality in the county are similar to the North East, however, they are significantly higher than the national average.
- 69 Data for overall smoking attributable mortality was last updated in 2017-19. There are, however, recently updated proxy measures providing a clear link to mortality caused by smoking; lung cancer and Chronic Obstructive Pulmonary Disease (COPD) mortality.
- 70 Research suggests that smoking causes around 70% of all lung cancers. Lung cancer mortality rates have been reducing in County Durham and latest data, 2020-22 suggests rates are similar to the North East average whilst significantly higher than the national rate.
- 71 COPD is a leading cause of death in England and accounts for 5% of all deaths each year. A high proportion of these deaths are caused by smoking, and hence are preventable. Given the high proportion of these deaths that are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of COPD and extend the life of those with this illness.
- 72 Rates of COPD mortality in County Durham have also been reducing over time, however, the latest data, 2020-22 shows that rates in the county are significantly higher (worse) than regional and national rates.

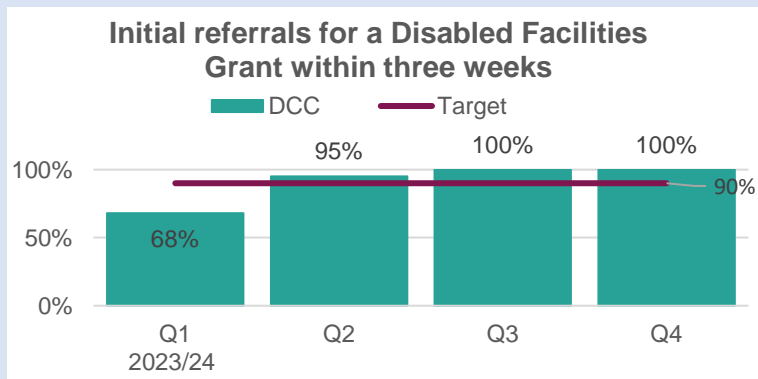
# Housing Vulnerable People Dashboard – Care Connect, Disabled Facilities Grants and Local Lettings Agency Accommodation

(discrete quarterly data / as at 31 March 2024 / year to date ending 31 March 2024)

## Care Connect



## Disabled Facilities Grants (DFG)



## Care Connect

- 73 In quarter four (January to March 2024), 10,776 customers were utilising the Care Connect service. Worse than the last quarter 10,903 and the same period last year 11,021. This was mainly due to a decline in the numbers of an ageing cohort as customers pass away or move into residential care alongside the removal of subsidised services.
- 74 Based on current figures by year end 2027/28 it is forecast that the subsidised customer group will cease to exist. The number of full paying customers on the service continues to increase, albeit at a slower rate.
- 75 Of the 7,380 emergency calls staff responded to in quarter four (January to March 2024), 88.7% (6,948) were responded to within 45 minutes. Worse than the last quarter (89.4%) and the same period last year (96%). This was mainly due to lower staffing levels and multiple fleet issues. 26 were responded to after 60 minutes due to location of properties.
- 76 Full results of the Care Connect Annual Customer Satisfaction Survey 2023 indicate:
- 97% of respondents agree that the services they received so far left them either 'very satisfied' or 'satisfied'.
  - 100% would recommend Care Connect to family or friends if they needed it.
  - 100% agreed that the service helps to provide reassurance to their family or carers.
  - 98% agreed that the service helps them to remain independent at home.
  - 97% said that the overall impression of the services Care Connect provided were 'very good' or 'good'.
  - 93% said that Care Connect presents 'excellent value' and 'good value' for money.
  - 100% agreed that during installation they were treated with dignity and respect by staff.

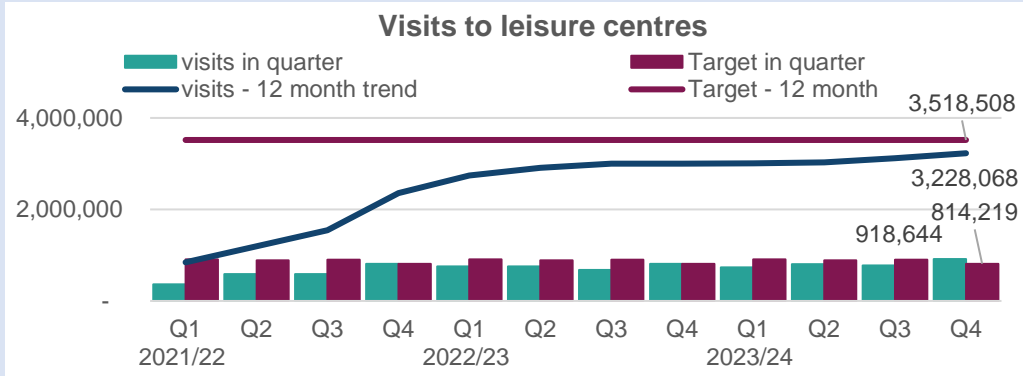
## Disabled Facilities Grants

- 77 During quarter four, 100% of clients were contacted within three weeks of receiving a referral for a Disabled Facilities Grant. Ten percentage points above target, and on par with quarter three (100%, October to December 2023).
- 78 Performance has improved from the 68% at quarter one (April to June 2023) due to dedicated officers being allocated responsibility to deal with first contact.

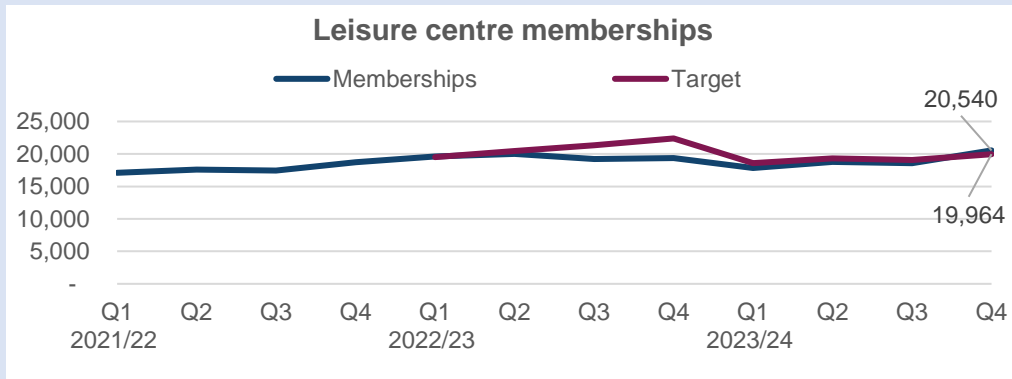
# Physical Activity Dashboard

(discrete quarterly / as at 31 March 2024 / year to date ending 31 March 2024)

## Leisure centre visits



## Leisure memberships



## Leisure Centre Visits

- 79 Our substantial leisure transformation programme continues to deliver upgraded and new facilities. Abbey leisure centre, the first site to undergo transformation works, fully opened to the public in July 2023. Since reopening there have been nearly 94,000 visits (August 2023 to March 2024) a 192% increase on the same period pre-transformation (32,035, August 2021 to March 2022).
- 80 Visits across all leisure centres this year (3,228,068, April 2023 and March 2024) have improved on last year (April 2022 and March 2023) by 7.6% (+228,547).
- 81 However, site closures, disruption to services and our ongoing recovery following the pandemic have resulted in this being 14.8% (-518,985) worse than target (3,518,508). Targets were based on a fully operational service. This will be reviewed for 2024/25 (April 2024 to March 2025) to reflect ongoing disruption at some sites and positive impacts following our improvement works.
- 82 Visits were also affected by the ongoing cost-of-living crisis that has been a real challenge for our communities.
- 83 Moving forward, our transformation programme is expected to have a positive impact across our leisure centres. It is anticipated that the upward trend seen at quarter four (January to March 2024) and at Abbey leisure centre will continue for other transformed sites.

## Leisure Centre Memberships

- 84 Our leisure membership sales continue to increase, despite disruption to services and transformation programme site closures. The highest growth period was January 2024. At the end of March 2024, we had 20,540 members. 756 better than target (19,964), and 1,989 better than quarter three (18,551, December 2023).
- 85 In September 2023 we launched a digital enquiry system for all leisure centres. This has received over 11,000 enquiries since it launched and the impact of this has been reflected in quarter four sales.
- 86 We also launched a brand-new website for thrive and improved our digital advertising with the support of our digital marketing partner. They have provided us with dedicated capacity to market our products, and most importantly industry expertise. Following their advice, we have changed our discount / promotion led approach and implemented a 'campaign' led approach. This has reduced our advertising spend per membership to 72p, the lowest rate that TA6 has produced with any leisure operator.
- 87 To continue improving, keep our members longer and reduce cancellation:
- We will also build on our new 'onboarding' retention system that launched in September 2024.
  - We are developing a new customer app that will provide customers with a one stop shop for Thrive. Customers will be able to book activities, purchase memberships or invite a friend to join Thrive.

# Data Tables

Page 134

D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
				Household waste re-used, recycled or composted	Oct 22 – Sep 23	36.5%	Tracker	37.7%	April 21 – March 22	38.1%	42.5%	33.5%	Yes	Yes



D = Direction of Travel	T = compared to target	C = compared to England average	G = Gap between our performance and England average
meeting or exceeding the previous year	Meeting or better than target	meeting or better than the England average	The gap is improving
worse than the previous year but is within 2%	worse than but within 2% of target	worse than the England average but within 2%	The gap remains the same
more than 2% worse than the previous year	more than 2% behind target	worse than the England average	The gap is deteriorating

This is the overall performance assessment. Its calculation is dependent upon whether the indicator has an agreed target.

Key Target Indicator	Key Tracker Indicator
targets are set as improvements, can be measured regularly and can be actively influenced by the council and its partners. When setting a target, the D, C and G have already been taken into account.	no targets are set as they are long-term and / or can only be partially influenced by the council and its partners. Therefore, D, T, C and G are used to assess overall performance
better than target	Direction of Travel (D) is meeting or exceeding the previous year <b>AND</b> the gap with England (G) is improving
worse than but within 2% of target	Direction of Travel (D) is worse than the previous year <b>OR</b> the gap with England (G) is deteriorating
more than 2% behind target	Direction of Travel (D) is worse than the previous year <b>AND</b> the gap with England (G) is deteriorating

More detail is available from the Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

## Our Economy: summary data tables

### Business Support KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Organisations involved in the Better Health at Work Award	Mar 2024	121	Tracker	75					Yes	No

## Our Environment: summary data tables

### Sustainable Transport and Active Travel KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Cycling and walking levels	2022	65.6%	Tracker	67.7%	2022	65.6%	70.6%	67.5%	No	No
					Satisfaction with cycle routes & facilities ( <i>confidence intervals +/-4pp</i> )	2023	50%	Tracker	52%	2023	50%	50%		No	No

## Our People: summary data tables

### Adult Social Care KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Referrals into adult social care	Jan-Mar 2024	5,782	Tracker	5,725					Yes	No
					Initial assessments for Adult Social Care completed within 28 days	Jan-Mar 2024	57.6%	Tracker	54.3%					Yes	No
					Care Act assessments completed	Jan-Mar 2024	615	Tracker	577					Yes	No

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
Page 136					Service users receiving an assessment or review within the last 12 months	Jan-Mar 2024	69.5%	Tracker	60.4%					Yes	No
					Individuals who achieved their desired outcomes from adult safeguarding	Jan-Mar 2024	93.7%	Tracker	91.8%	Jan-Mar 23	91.8%	94.8%	93.8%	Yes	No
					Satisfaction of people who use services with their care and support <i>Confidence intervals +/-4.3pp</i>	2022/23	66.8%	Tracker	64.5%	2022/23	66.8%	64.4%	66.4%	No	No
					Satisfaction of carers with the support and services they receive <i>Confidence intervals +/-5.1pp</i>	2021/22	40.8%	Tracker	51.2%	2021/22	40.8%	36.6%	42%	No	No
					Hospital discharges receiving reablement	Jan-Mar 2024	394	Tracker	446					Yes	No
					Older people still at home 91 days after discharge from hospital into reablement / rehabilitation services	2023/24	87.6%	84.0%	84.1%	Apr 22-Mar 23	84.1%	82.3%	83.1%	Yes	No
					Average age people can remain living independently in their own home	2023/24	83.9 years	Tracker	84.6 years					No	No
					Adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care	Jan-Mar 2024	753.2	677.6	685.6	Apr 22-Mar 23	685.6	560.8	762.8	Yes	No
					Service users receiving Direct Payments	Jan-Mar 2024	12.8%	Tracker	12.7%	Apr 22-Mar 23	12.7%	26.2%	21.4%	Yes	No
					Service users receiving Direct Payments	Jan-Mar 2024	677	Tracker	671					Yes	No
					Service users receiving home care	Jan-Mar 2024	3,383	Tracker	3,383					Yes	No
					Service users receiving Telecare care	Jan-Mar 2024	2,095	Tracker	2,121					Yes	No
					Service users receiving day care	Jan-Mar 2024	1,040	Tracker	1,025					Yes	No
					Requests resulting in a service – adult social care	2022/23	774	Tracker	1,229	2022/23	774	1,860	2,743	No	Yes



	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Workforce turnover rate – adult social care	2022/23	29.6%	Tracker	25.3%	2022/23	29.6%	28.3%	26.4%	No	Yes
					People in adult social care – quality of life	2022/23	0.393	Tracker	0.414	2022/23	0.393	0.411	0.415	No	Yes
					Carer quality of life – adult social care	2021/22	8.2	Tracker	8.1	2021/22	8.2	7.3	7.7	No	Yes
					Short term service provision – adult social care	2022/23	70.9%	Tracker	92.7%	2022/23	70.9%	77.5%	81.7%	No	Yes
					People using services who found it easy to find information – adult social care	2022/23	71.6%	Tracker	65.1%	2022/23	71.6%	67.2%	62.7%	No	Yes
					Carers who found it easy to find information about services	2021/22	67.8%	Tracker	77.3%	2021/22	67.8%	57.7%	64.7%	No	Yes

### Housing Vulnerable People KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Care Connect customers	Jan-Mar 2024	10,776	Tracker	11,021					Yes	No
					Care Connect calls answered within 3 minutes	Jan-Mar 2024	100%	99%	99.75%					Yes	No
					Care Connect calls arriving at the property within 45 minutes	Jan-Mar 2024	88.74%	90%	96%					Yes	No
					Potential clients contacted within 3 weeks of initial referral for a Disabled Facilities Grant (DFG)	Jan-Mar 2024	100%	90%	new					Yes	No
					Approvals on new housing sites of 10 units or more, a minimum of 66% of the total number of dwellings meet accessible and adaptable standards (building Regulations requirements M4(2)).	2022/23	71%	66%	50%					No	No
					Approvals on new housing sites of 10 units or more, a minimum of 10% of the total number of dwellings meet a design and type for older persons	2022/23	16%	10%	27%					No	No

## Public Health KPIs

Page 138	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Children aged 4-5 who are a healthy weight <i>Confidence intervals +/-1.2pp</i>	2022/23	73.2%	100%	75.5%	2022/23	73.2%	77.5%	74%	No	No
					Children aged 10-11 who are a healthy weight <i>Confidence intervals +/-1.2pp</i>	2022/23	59.1%	100%	59.2%	2022/23	59.1%	61.9%	58.9%	No	No
					Gap in breastfeeding at 6-8 weeks between County Durham and national average	2022/23	19.0pp	Tracker	18.7pp					No	No
					Mothers smoking at time of delivery	Oct-Dec 2023	12.2%	0%	12.7%	Oct-Dec 23	12.2%	7.3%	9.2%	Yes	No
					Smoking prevalence in adults (aged 18+)	2022	15.4%	5.0%	16.2%	2022	15.4%	12.7%	13.1%	No	No
					People reporting a low happiness score <i>Confidence intervals +/-2.4pp</i>	2022/23	9.9%	Tracker	11.0%	2022/23	9.9%	8.9%	9.4%	Yes	No
					Suicide rate per 100,000 population	2020-22	16.8	Tracker	15.8	2020-22	16.8	10.3	13.5	No	No
					Admissions under the Mental Health Act	Jan-Mar 2024	221	Tracker	196					Yes	No
					Healthy life expectancy at birth: female	2018-20	59.9 years	Tracker	58.3 years	2018-20	59.9 years	63.9	59.7	No	No
					Healthy life expectancy at 65: female	2018-20	10.2 years	Tracker	9.0 years	2018-20	10.2 years	11.3	9.8	No	No
					Gap in female healthy life expectancy at birth: County Durham and England	2018-20	4.0 years	Tracker	5.6 years					No	No
					Gap in female life expectancy at 65: County Durham and England	2018-20	1.1 years	Tracker	2.3 years					No	No
					Healthy life expectancy at birth: male	2018-20	58.8 years	Tracker	59.6 years	2018-20	58.8 years	63.1	59.1	No	No
					Healthy life expectancy at 65: male	2018-20	7.7 years	Tracker	8.3 years	2018-20	7.7 years	10.5	9.2	No	No
					Gap in male healthy life expectancy at birth: County Durham and England	2018-20	4.3 years	Tracker	3.6 years					No	No

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Gap in male healthy life expectancy at 65: County Durham and England	2018-20	2.8 years	Tracker	2.3 years					No	No
					Successful completions of those in alcohol treatment	Sep 2022-Aug 2023	35.3%	Tracker	29.5%	Sep 22-Aug 23	35.3%	34.1%		Yes	No
					Successful completions of those in drug treatment: opiates	Sep 2022-Aug 2023	5.7%	Tracker	5.4%	Sep 22-Aug 23	5.7%	5.1%		Yes	No
					Successful completions of those in drug treatment: non-opiates	Sep 2022-Aug 2023	36.3%	Tracker	32.4%	Sep 22-Aug 23	36.3%	30.0%		Yes	No

### Physical Activity KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	Benchmark period	DCC	National average	NE average	updated	Oflog
					Visits to Leisure Centres	Jan-Mar 2024	819,644	814,219	812,455					Yes	No
					Leisure memberships	Jan-Mar 2024	20,540	19,964	19,377					Yes	No

## Glossary

Term	Definition
<b>ACD</b>	<p><b>Automatic Call Distribution</b></p> <p>Telephone calls are received either through our Automatic Call Distribution system, which routes calls to groups of agents based on a first-in-first-answered criteria, or directly to a telephone extension (non-ACD). Only calls received via our ACD system are included in our telephone statistics.</p>
<b>AQMA</b>	<p><b>Air Quality Management Area</b></p> <p>A geographical area where air pollution levels are, or are likely to, exceed national air quality objectives at relevant locations (where the public may be exposed to harmful air pollution over a period of time e.g., residential homes, schools etc.).</p>
<b>ASB</b>	Anti-social behaviour
<b>ASCOF</b>	<p><b>Adult Social Care Outcomes Framework</b></p> <p>measures how well care and support services achieve the outcomes that matter most to people (<a href="#">link</a>)</p>
<b>BATH</b>	<p><b>Bishop Auckland Town Hall</b></p> <p>A multi-purpose cultural venue situated in Bishop Auckland market place. It offers regular art exhibitions, live music, cinema screenings and theatre performances, as well as a library service.</p>
<b>BCF</b>	<p><b>Better Care Fund</b></p> <p>A national programme that supports local systems to successfully deliver the integration of health and social care.</p>
<b>B2B</b>	<p><b>Business to Business</b></p> <p>B2B refers to selling products and services directly between two businesses as opposed to between businesses and customers.</p>
<b>CAP</b>	<p><b>Customer Access Point</b></p> <p>A location where residents can get face-to-face help and information about council services. There are eight CAPs across County Durham.</p>
<b>CAT</b>	<p><b>Community Action Team</b></p> <p>A project team which includes members of our community protection service, planning, neighbourhood wardens and housing teams, who work alongside police and community support officers and fire and rescue teams and residents to tackle housing and environmental issues in a specific area by identifying local priorities and making best use of resources.</p>
<b>CDP</b>	<p><b>County Durham Plan</b></p> <p>Sets out the council's vision for housing, jobs and the environment until 2035, as well as the transport, schools and healthcare to support it (<a href="#">link</a>)</p>
<b>CED</b>	<b>Community Economic Development</b>

Term	Definition
<b>CERP</b>	<p><b>Climate Emergency Response Plan</b></p> <p>A community-wide call to action to help align all sectors on the actions required to further reduce greenhouse gas emissions and improve our resilience to the impacts of climate change.</p>
<b>Changing Places toilet</b>	<p>Toilets meet the needs of people with profound and multiple learning disabilities, as well as people with other physical disabilities such as spinal injuries, muscular dystrophy and multiple sclerosis. These toilets provide the right equipment including a height adjustable adult-sized changing table, a tracking hoist system, adequate space for a disabled person and carer, a peninsular WC with room either side and a safe and clean environment including tear off paper to cover the bench, a large waste bin and a non-slip floor.</p>
<b>CLD</b>	<p><b>Client Level Dataset</b></p> <p>A national mandatory person-level data collection (to be introduced) that will replace the existing annual <a href="#">Short and Long Term (SALT) Support</a> data collected by councils. CLD will be added to the <a href="#">single data list</a> and will become mandatory for all local authorities.</p>
<b>CNIS</b>	<p><b>Child Not In School</b></p>
<b>CPN</b>	<p><b>Community Protection Notice</b></p> <p>Can be issued to anyone over the age of 16 to deal with a wide range of ongoing anti-social behaviour issues or nuisances which have a detrimental effect on the local community. There are three stages: the first stage is a written warning (CPW), the second a notice (CPN) the third is an FPN or further prosecution for failure to comply with the previous stages</p>
<b>CRM</b>	<p><b>Customer Relationship Management system</b></p>
<b>CS&amp;T</b>	<p><b>Culture, Sport and Tourism</b></p>
<b>CTR</b>	<p><b>Council Tax Reduction</b></p> <p>Reduces council tax bills for those on low incomes</p>
<b>DCC</b>	<p><b>Durham County Council</b></p>
<b>DEFRA</b>	<p><b>Department for the Environment, Food and Rural Affairs</b></p> <p>A ministerial department, supported by <a href="#">34 agencies and public bodies</a> responsible for improving and protecting the environment. It aims to grow a green economy and sustain thriving rural communities. It also supports our world-leading food, farming and fishing industries (<a href="#">link</a>)</p>
<b>DHP</b>	<p><b>Discretionary Housing Payments</b></p> <p>Short term payments which can be made to tenants in receipt of the housing benefit element of Universal Credit, to help sort out housing and money problems in the longer term.</p>
<b>DHSC</b>	<p><b>Department of Health and Social Care</b></p> <p>The DHSC supports the government in leading the nation's health and care system.</p>

<b>Term</b>	<b>Definition</b>
<b>DLE</b>	<b>Daily Living Expenses</b> Available for those whose circumstances have changed unexpectedly. Payments can be made for up to seven days to help with food, travel and some clothing (restrictions apply).
<b>DoLS</b>	<b>Deprivation of Liberty Safeguards</b> A set of checks that are part of the Mental Capacity Act 2005, which applies in England and Wales. The DoLS procedure protects a person receiving care whose liberty has been limited by checking that this is appropriate and is in their best interests.
<b>EAP</b>	<b>Employee Assistance Programme</b> A confidential employee benefit designed to help staff deal with personal and professional problems that could be affecting their home or work life, health, and general wellbeing.
<b>EET</b>	<b>Employment, Education or Training</b> Most often used in relation to young people aged 16 to 24, it measures the number employed, in education or in training.
<b>EHCP</b>	<b>Education, Health Care Plan</b> A legal document which describes a child or young person's (aged up to 25) special educational needs, the support they need, and the outcomes they would like to achieve.
<b>ERDF</b>	<b>European Regional Development Fund</b> Funding that helps to create economic development and growth; it gives support to businesses, encourages new ideas and supports regeneration. Although the United Kingdom has now left the European Union, under the terms of the Withdrawal Agreement, EU programmes will continue to operate in the UK until their closure in 2023-24.
<b>EHE</b>	<b>Elective Home Education</b> A term used to describe a choice by parents to provide education for their children at home or in some other way they desire, instead of sending them to school full-time.
<b>ETA</b>	<b>Extension of Time Agreement</b> An agreement between the council and the customer submitting a planning application to extend the usual deadline beyond 13 weeks due to the complex nature of the application.
<b>FPN</b>	<b>Fixed Penalty Notice</b> Is a conditional offer to an alleged offender for them to have the matter dealt with in a set way without resorting to going to court.
<b>FTE</b>	<b>Full Time Equivalent</b> Total number of full-time employees working across the organisation. It is a way of adding up the hours of full-time, part-time and various other types of employees and converting into measurable 'full-time' units.
<b>GVA</b>	<b>Gross Value Added</b> <i>The measure of the value of goods and services produced in an area, industry or sector of an economy.</i>

Term	Definition
<b>HSF</b>	<b>Household Support Fund</b> Payments support low income households struggling with energy and food costs, or who need essential household items.
<b>ICO</b>	<b>Information Commissioner's Office</b> The UK's independent body's role is to uphold information rights in the public interest ( <a href="#">link</a> )
<b>IES</b>	<b>Inclusive Economic Strategy</b> Sets a clear, long-term vision for the area's economy up to 2035, with an overarching aim to create more and better jobs in an inclusive, green economy ( <a href="#">link</a> )
<b>JLHWS</b>	<b>Joint Local Health and Wellbeing Strategy</b> The Strategy (2023-28) supports the vision that County Durham is a healthy place where people live well for longer ( <a href="#">link</a> )
<b>KS2</b>	<b>Key Stage 2</b> The national curriculum is organised into blocks of years called 'key stages.' At the end of each key stage, the teacher will formally assess each child's performance. KS2 refers to children in year 3, 4, 5 and 6 when pupils are aged between 7 and 11.
<b>KS3</b>	<b>Key Stage 3</b> The national curriculum is organised into blocks of years called 'key stages.' At the end of each key stage, the teacher will formally assess each child's performance. KS3 refers to children in year 7, 8 and 9 when pupils are aged between 11 and 14.
<b>LGA</b>	<b>Local Government Association</b> The national membership body for councils which works on behalf of its member councils to support, promote and improve local government ( <a href="#">link</a> ).
<b>L!NKCD</b>	A programme that brings together a number of delivery partners to support people with multiple barriers to address these underlying issues and to move them closer to or into the labour market or re-engage with education or training.
<b>LNRS</b>	<b>Local Nature Recovery Strategies</b> Propose how and where to recover nature and improve the wider environment across England.
<b>MMB</b>	<b>Managing Money Better</b> A service offered by the council which involves visiting residents' homes to carry out a free home energy assessment. In addition to providing advice on energy bills, the service can provide financial advice through referrals to <a href="#">benefits advice or help with a benefits appeal</a> and other services for advice on benefit entitlements.
<b>MTFP</b>	<b>Medium Term Financial Plan</b> A document that sets out the council's financial strategy over a four year period
<b>MW</b>	<b>MegaWatt</b> is one million watts of electricity

<b>Term</b>	<b>Definition</b>
<b>NESWA</b>	<b>North East Social Work Alliance</b> A social work teaching partnership made up of 12 North East councils and six Higher Education Institutes. The Alliance is one of several teaching partnerships across the country which were created to improve the quality of practice, learning and continuous professional development amongst trainee and practicing social workers.
<b>NQSW</b>	<b>Newly Qualified Social Workers</b> a social worker who is registered with Social Work England and is in their first year of post qualifying practice.
<b>NVQ</b>	<b>National Vocational Qualification</b> The NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do a job.
<b>Oflog</b>	<b>Office For Local Government</b> The vision for Oflog is for it to provide authoritative and accessible data and analysis about the performance of local government and support its improvement. Oflog is part of the <a href="#">Department for Levelling Up, Housing and Communities</a> .
<b>PDR</b>	<b>Performance and Development Review</b> Is an annual process which provides all staff with the valuable opportunity to reflect on their performance, potential and development needs.
<b>PRS</b>	<b>Private Rented Sector</b> This classification of housing relates to property owned by a landlord and leased to a tenant. The landlord could be an individual, a property company or an institutional investor. The tenants would either deal directly with an individual landlord, or alternatively with a management company or estate agency caring for the property on behalf of the landlord.
<b>PSPO</b>	<b>Public Space Protection Order</b> Are intended to deal with a nuisance or problem in a particular area that is detrimental to the local community.
<b>QoL</b>	<b>Quality of Life</b>
<b>RIDDOR</b>	<b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations</b> A RIDDOR report is required for work-related accidents which result in a reportable injury. The definition of a reportable injury can be found <a href="#">here</a>
<b>RQF</b>	<b>Regulated Qualifications Framework</b> The RQF helps people understand all the qualifications regulated by the government and how they relate to each other. It covers general and vocational in England, and vocational in Northern Ireland. <a href="#">Link</a>
<b>SALT</b>	<b>Short and Long Term</b> Relates to the annual <a href="#">Short and Long Term (SALT) Support</a> data collected by councils. It is to be replaced by a national mandatory person-level data collection (Client Level Data).



Term	Definition
<b>SEN</b>	<p><b>Special Educational Needs</b></p> <p>The term is used to describe learning difficulties or disabilities that make it harder for children to learn than most children of the same age. Children with SEN are likely to need extra or different help from that given to other children their age.</p>
<b>SEND</b>	<p><b>Special Educational Needs and Disabilities</b></p> <p>SEND can affect a child or young person's ability to learn and can affect their;</p> <ul style="list-style-type: none"> <li>▪ behaviour or ability to socialise (e.g., they struggle to make friends)</li> <li>▪ reading and writing (e.g., because they have dyslexia),</li> <li>▪ ability to understand things,</li> <li>▪ concentration levels (e.g., because they have attention deficit hyperactivity disorder)</li> <li>▪ physical ability</li> </ul>
<b>SG</b>	<p><b>Settlement Grants</b></p> <p>Help people stay in their home or move back into housing after living in supported or unsettled accommodation (such as leaving care or being homeless). They provide help towards furniture, white goods, flooring, curtains, bedding, kitchen equipment, removal costs etc.</p>
<b>SME</b>	<p><b>Small to Medium Sized Enterprise</b></p> <p>A company with no more than 500 employees.</p>
<b>Statistical nearest neighbours</b>	<p>A group of councils that are similar across a wide range of socio-economic.</p> <p>Durham County Council uses the CIPFA nearest neighbours model which compares us to Northumberland, North Tyneside, Barnsley, Rotherham, Wakefield, Doncaster, Redcar and Cleveland, Wigan, St Helens, Cornwall, Sefton, Sunderland, Wirral, Plymouth and Calderdale</p>
<b>UASC</b>	<p><b>Unaccompanied Asylum Seeking Children</b></p> <p>Children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a council.</p>
<b>UKSPF</b>	<p><b>UK Shared Prosperity Fund</b></p> <p>Part of the government's Levelling Up agenda that provides funding for local investment to March 2025. All areas of the UK receive an allocation from the Fund to enable local decision making and better target the priorities of places within the UK that will lead to tangible improvements to the places where people work and live.</p>
<b>WEEE</b>	<p><b>Waste Electrical and Electronic Equipment</b></p> <p>Any electrical or electronic waste, whether whole or broken, that is destined for disposal. The definition includes household appliances such as washing machines and cookers, IT and telecommunications equipment, electrical and electronic tools, toys and leisure equipment and certain medical devices.</p>
<b>Yield</b>	<p>Proportion of potential income achieved</p>

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**Adults Wellbeing and Health Overview  
and Scrutiny Committee**

**16 July 2024**



**NHS Quality Accounts 2023/24 Adults  
Wellbeing and Health Overview and  
Scrutiny Committee responses**

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**Report of Helen Bradley, Director of Legal and Democratic Services**

**Electoral division(s) affected:**

None

**Purpose of the Report**

- 1 To inform members of the Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) of the responses made on behalf of the Committee in respect of NHS Foundation Trust Draft Quality Accounts 2023/24.

**Executive summary**

- 2 The AWHOSC have previously agreed responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.
- 3 Upon receipt of the respective Quality Accounts, these were circulated to the Adults Wellbeing and Health OSC membership for consideration and comment. A meeting of the AWHOSC was held on 9 May 2024 where representatives of County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust presented information on the performance against the Quality Account priorities for 2023/24 and the proposed priorities for 2024/25.
- 4 The Draft Quality Account for North East Ambulance Service NHS Foundation Trust was circulated for information and comment to members of the Committee.
- 5 The views provided by members at the Committee were included in responses to the draft Quality Accounts which also set out the key areas of work that the Committee had undertaken in respect of each NHS Foundation Trust.

- 6 In order to comply with the deadline for responding to the Quality Account documents, draft responses were produced and signed off by the Statutory Scrutiny Officer in consultation with the Chair of the Committee and sent to each Foundation Trust within the mandated timeframe for responses which was 30 days following receipt of the draft Quality Accounts.

## Recommendation

- 7 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are asked to receive this report and note the responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.

## Background

- 8 The Health Act 2009 requires the NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2022/23 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.
- 9 Draft Quality Accounts documents were received as follows:-

<b>Foundation Trust</b>	<b>Date received</b>	<b>Deadline for response</b>
North East Ambulance Service NHS Foundation Trust	29 April 2024	27 May 2024
County Durham and Darlington NHS Foundation Trust	25 May 2024	24 June 2024
Tees Esk and Wear Valleys	1 May 2024	31 May 2024

NHS Foundation Trust		
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- 10 Upon receipt of the respective Quality Accounts and following consideration of the respective Trust presentations at the AWHOSC meeting held on 9 May 2024, responses to the draft Quality Accounts were produced which set out the key issues within the Quality Accounts and also set out the key areas of work that the Committee had undertaken in respect of each NHS Foundation Trust.
- 11 The responses were signed off by the Statutory Scrutiny Officer in consultation with the Chair of the Committee and sent to each Foundation Trust within the mandated timeframe for responses which was 30 days following receipt of the draft Quality Accounts. A copy of the responses is attached to this report at Appendix 2.

### **Considerations**

- 12 Members of the Committee are asked to note the responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.

### **Legislative Background**

- 13 The Health Act 2009 requires the NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2023/24 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.

### **Background papers**

- Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2023/24
- County Durham and Darlington NHS Foundation Trust Quality Account 2023/24
- North East Ambulance Service NHS Foundation Trust Quality Account 2023/24

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**Contact:** Stephen Gwilym

Tel: 03000 268140

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## **Appendix 1: Implications**

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### **Legal Implications**

This report has been produced in accordance with the Health Act 2009 as they relate to NHS FT Quality Accounts.

### **Finance**

Not applicable

### **Consultation**

Not applicable

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

Not applicable

### **Human Rights**

Not applicable

### **Climate Change**

Not applicable

### **Crime and Disorder**

Not applicable

### **Staffing**

Not applicable

### **Accommodation**

Not applicable

### **Risk.**

Not applicable

### **Procurement**

Not applicable

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**Appendix 2: Adults Wellbeing and Health Overview and Scrutiny  
Committee responses to the NHS FT Quality Accounts 2023/24**

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Attached as a separate document



## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2023/24**

The Committee welcomes North East Ambulance Service (NEAS) NHS Foundation Trust's Quality Account 2023/24 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

In considering the performance information provided by the trust, members noted that NEAS continues to be one of the best performing ambulance trusts across England and Wales in respect of responsiveness across all categories when compared to National average response time. However, members remain concerned that performance was outside the national targets for all categories but acknowledge the increasing demands being placed upon the Trust. Members also note that the performance reported are for mean ambulance response times across the NEAS footprint and there remains concern about performance specifically across County Durham.

In considering performance against 2023/24 priorities, members noted that all of the priorities were partially achieved. In respect of reducing handover delays the collaboration with system partners is welcomed as is the reviewing procedures between NEAS and each Emergency Department within the region. Ongoing commitment to reducing patient harm resulting from handover delays is also welcomed for 2024/25.

The importance placed on learning from incidents by the trust is supported and the principle of putting patients and families at the heart of any patient safety incidents and associated learning also welcomed. The development of the patient safety incident response plan is noted and the reduction in the number of never events and avoidable patient safety incidents welcomed.

Members are pleased to see the success of the implementation of clinical supervision leading to a reduction of harm to patients and increase in safe care; reporting learning and confidence amongst staff. This is borne out by improved staff survey results particularly relating to motivation at work.

The Trust has also widened/increased public involvement in the development and monitoring of patient safety and experience services. The involvement of patient and staff in service change, delivery and redesign is welcomed along with the involvement of patients with the Trust's safety and quality committees to review and analyse safety data.

In considering the trust's proposed priorities for 2024/25, the Committee supports the standardisation and improvement of the way the Trust identifies; reports; reviews and investigates all deaths to improve learning from such events. The work to improve compliance with the national infection prevention control guidance is also welcomed as part of a system wide push to reduce healthcare acquired infections. Priority 3 has been derived from the learning from deaths and a need to improve early recognition of the deteriorating patient. The Committee supports this approach. Further work by the Trust in improving learning from incidents/complaints and lived experience to improve patient care and experience is also noted.

Finally, in order to ensure that it continues to provide a robust health scrutiny function and assurances in this respect to the residents of County Durham, the Committee will continue to receive and consider performance overview information. As in previous years, the Committee would request a progress report on delivery of the 2024/25 priorities and performance targets within the Quality Account.

## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2023/24**

The Adults Wellbeing and Health Overview and Scrutiny Committee welcomes County Durham and Darlington NHS Foundation Trust's Quality Account 2023/24 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

During the past year the Committee has specifically engaged with the Trust in respect of Shotley Bridge Community Hospital; winter planning/preparedness and the work of the Local Accident and Emergency Delivery Board, the CQC Inspection report into Maternity Services within CDDFT and the Trust's associated improvement action plan. Members have also engaged with the Trust following concerns raised last year around the Trust's performance in addressing Sepsis and the procedures in place to ensure prompt delivery of antibiotics where necessary.

In terms of performance against the 2023/24 priorities the Committee notes improved performance in terms of patient safety in respect of reduced harm from inpatient falls; implementation of improved maternity standards; the prompt recognition and action on patient deterioration and the improved timeliness of administration of antibiotics for patients with suspected sepsis. The improvements delivered across the patient experience priorities are also welcomed particularly in respect of those with additional needs including patients with dementia, learning disabilities, autism and mental health support needs. The Committee notes that whilst work is ongoing to ensuring appropriate access to private rooms as part of palliative care the ability to deliver this may be dependent on resourcing and capacity. In terms of effectiveness of services, the Committee acknowledges that some improvements have been made in respect of A&E waiting times noting that it has been another extremely busy year in terms of demand and presentations.

The Committee is concerned that although there are so few pressure ulcers the report appears to indicate that initial assessments were not carried out in some cases although there was no fault in care delivered. In one or two cases this may have affected the outcomes and it is important that staff recognise that at times the documentation of treatment is almost as important as the care delivered. The Committee are pleased to note the references within the report to the widespread use of specialised education programmes across services to enhance patient care, safety and experience.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the Committee will continue to engage with the Trust in terms of performance. As in previous years, the Committee would request a progress report on delivery of 2024/25 priorities and performance targets within the Quality Account.

## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2023/24**

The Adults Wellbeing and Health Overview and Scrutiny Committee welcomes Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's draft Quality Account 2023/24 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The Quality Account process provides the Committee with one such mechanism.

The Adults Wellbeing and Health OSC has engaged with the Trust in respect of inpatient adult learning disability services in County Durham and Darlington; the reconfiguration of community mental health services for Older People in County Durham and Darlington; the Trust's CQC Inspection results and associated Improvement Action Plan and the Trust's Community Services Transformation Plan. Additional engagement with the Trust has been undertaken by the Council's Children and Young Peoples' OSC in respect of CAMHS demand for service access, assessments and waiting times together with an evaluation into a pilot for Mental Health support in schools in the Consett area.

The Committee considers that the Quality Account is clearly set out and that progress made against 2023/24 priorities is clearly identified. The Committee welcome the inclusion of the patient's story within the document and also the information regarding the CQC inspection results. The positive initiatives referenced within the document are noted alongside the Trust's success in terms of recruitment and staff training and development.

With reference to the Improved Care planning priority the implementation of the CITO and DIALOG+ care planning systems are welcomed alongside appropriate staff training on the systems which aim to put patients at the centre of their Care. Regarding the feeling safe priority the Trust's work in improving the ward environment and increasing staff visibility on the wards is welcomed alongside the discharge planning improvements made and improved patient safety performance indicators.

The third priority for 2023/24 in embedding the national Patient Safety Incident Response Framework has been delivered and supported by an increase in the number of staff undertaking level 1 and 2 training.

In respect of the proposed Quality Account priorities for 2024/25, the Committee notes and supports the trust's plans to utilise patient experiences of service to improve access and early intervention. The second priority of

implementing timely relapse intervention is also welcomed as a means of minimising harm to patients and improving mental health and wellbeing. This is especially important given the reports fed into the Committee of continuing pressures experienced in respect of access to crisis support. The priority to improve personalisation on urgent care by using the “my story once” approach is supported and the Committee notes the initiatives links to the ongoing community transformation work on which the OSC has already engaged with the Trust.

Finally, in order to ensure that it continues to provide a robust health scrutiny function and to provide assurances in this respect to the residents of County Durham, the Committee would request a progress report on delivery of 2024/25 priorities and performance targets.

**Adults Wellbeing and Health Overview  
and Scrutiny Committee**

16 July 2024



**Work Programme 2024/25 for the Adults  
Wellbeing and Health Overview and  
Scrutiny Committee**

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**Report of Helen Bradley, Director of Legal and Democratic Services**

**Electoral division(s) affected:**

None

**Purpose of the Report**

- 1 To provide the Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) with a work programme for 2024/5.

**Executive summary**

- 2 AWHOSC review their work programme each year to reflect the objectives and associated outcomes and actions identified within the Council Plan and in the context of the County Durham Vision 2035.
- 3 The proposed AWHOSC work programme has been framed around the shared County Durham Vision 2035 based on the three strategic ambitions of 'more and better jobs', 'long and independent lives' and 'connected communities'. The draft work programme also reflects NHS Partner strategies, priorities and actions that have been developed.
- 4 The proposed work programme also reflects the refreshed Council Plan adopted by the County Council at its meeting on 28 February 2024.

**Recommendations**

- 5 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:

- a) Receive and comment on the proposed Adults Wellbeing and Health OSC work programme for 2024/25 (copy attached at Appendix 2);
- b) Agree the Adults Wellbeing and Health OSC work programme for 2024/2025 and the flexibility it offers to respond to emerging issues.

## **Background**

- 6 The AWHOSC work programme is refreshed annually and takes into consideration the priorities of the Committee, areas identified by service groupings and also NHS Partner strategies, priorities and actions that have been developed.
- 7 The current overview and scrutiny committees work programmes are informed by:
  - County Durham Vision for 2035
  - Council Plan
  - Cabinet's Notice of Key Decisions
  - Partnership plans and strategies including those of NHS Partners
  - Performance and budgetary control data
  - Changes in government legislation
  - Key questions for improving performance
  - Local Priorities
- 8 The County Durham Partnership agreed a Vision for County Durham 2035 which sets out our strategic direction and what we would like to achieve over the next 15 years. It was developed with partner organisations and the public. It is structured around three broad ambitions for the people of County Durham:
  - A place where there are more and better jobs
  - People live long, healthy and independent lives
  - Communities are well connected and supportive
- 9 Each ambition contains a number of objectives together with some council specific objectives. Following the refresh of the council plan in February 2024, it is now structured around five objectives which capture the three ambitions within the Vision for County Durham as well as the Council's own improvement agenda:



- Our Economy
- Our Environment
- Our People
- Our Communities
- Our Council

## **Council Plan 2024-2028**

- 10 The Council Plan is the primary corporate planning document for the county council. It details Durham County Council's contribution towards achieving the objectives set out in the Vision for County Durham 2035 together with its own ambitious agenda. It provides a summary for members, partners and the public of our priorities for the county and the main programmes of work that we will undertake to help achieve these priorities. The Plan will be refreshed each year to reflect the integration of corporate and financial planning.
- 11 Both the Vision for County Durham and the Council Plan are structured around the three ambitions for the county and our own improvement agenda. The 'Our Council' theme captures the corporate initiatives the Council has identified and wants to undertake to achieve the ambitions within the vision:
- a) Our resources will be managed effectively
  - b) Create a workforce for the future
  - c) Design our services with service users
  - d) Use data and technology more effectively
  - e) We will build an inclusive and welcoming employee culture
- 12 The key themes which apply to the AWHOSC are :-

### **People will have long and independent lives**

- Promotion of positive behaviours;
- Tackle the stigma and discrimination of poor mental health and build resilient communities
- Better integration of health and social care services;
- People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people;
- Support people whose circumstances make them vulnerable and protect adults with care and support needs from harm;

- Protect and improve the health of the local population, tackling leading causes of illness and death.

13 The Council Plan has been structured around 5 objectives: Our Economy; Our People; Our Communities; Our Environment and Our Council. The key Council Plan objective for AWHOSC is Our People – wanting residents to live long and independent lives and in good health, protecting and improving residents health whilst tackling leading causes of illness and death; tackling health inequalities caused by the pandemic including mental health challenges; building our strong record for integrating health and social care and by building on the support the Council has provided to the care sector, ensuring we have a high quality care market that is sustainable for the future.

### **Adults Wellbeing and Health OSC Work programme**

14 In addition to providing a scrutiny role for activity of the Council, the Committee is also the designated Health Scrutiny Committee for the Council for the purposes of the Health and Social Care Act 2012. The Committee therefore leads on the review and scrutiny of NHS Services, Adult Social Care, Health inequalities and improvement and Public Health Services.

15 During 2023/2024, the Committee held six scheduled meetings, one special meeting and one informal briefing session. Supplementary briefing reports on issues identified by NHS Partners were circulated via email to members. The committee has undertaken budgetary and performance monitoring, responded to consultations and considered overview and progress monitoring reports and presentations in relation to the following:

16 Consultations

- North East and North Cumbria ICB Joint Forward Plan 2023/24 to 2028/29
- Adult Learning Disabilities across County Durham and Tees Valley
- Joint Health and Wellbeing Strategy 2023/28
- Oral Health Promotion and Community Water Fluoridation
- NHS Foundation Trust Quality Account 2022/23 responses and 2023/24 priorities for
  - North East Ambulance Service NHS FT
  - County Durham and Darlington NHS FT
  - Tees Esk and Wear Valleys NHS FT

17 Overview Activity:-

- Winter Planning and the work of the Local Accident and Emergency Delivery Board 2023/24
- Shotley Bridge Community Hospital
- County Durham and Darlington NHS Foundation Trust Maternity Services CQC Inspection and Improvement Action Plan
- Adult Social Care – Introduction of Local Authority Assessment by the CQC
- Reconfiguration of Tees Esk and Wear Valleys NHS FT Mental Health Services for Older People Community Teams in County Durham and Darlington
- NHS Dentistry Services
- Pharmacy Services and the Pharmaceutical Needs Assessment in County Durham
- Tees, Esk and Wear Valleys NHS FT CQC Inspection and Improvement Action Plan
- Tees, Esk and Wear Valleys NHS FT Community Services Transformation Plan
- County Durham and Darlington NHSFT Sepsis Update
- Breast Cancer Screening update
- GP Contract Changes 2024/25
- Director of Public Health Annual Report 2023
- Health and Wellbeing Board Annual Report 2023
- Durham Safeguarding Adults Partnership Annual Report 2023
- North East Ambulance Service NHS FT – Performance and Quality Account Update 2023/24

18 Budgetary and performance monitoring:

- Quarterly budgetary monitoring for the Adults and Health service grouping.
- Quarterly corporate performance monitoring overview for the Adults and Health service grouping.

19 The Adults Wellbeing and Health OSC has also considered the following areas which cut across objectives within the Council Plan or the remit of other Overview and Scrutiny Committees:-

- Children and Adolescent Mental Health Services (CAMHS)
- Leisure Transformation
- Alcohol and Drug Harm Reduction Group Update

- 0-25 Family Health Services Update
- Best Start in Life o Preparation for Adulthood
- Valuing Neurodiversity in County Durham
- Children and Young People and Vaping – Update on the Evidence Base
- Sexual Health Strategy

## **Areas for consideration in the Adults Wellbeing and Health Overview and Scrutiny Work Programme**

- 20 Members of the AWHOSC are asked to agree the proposed work programme for 2023/24 that has been prepared and is attached at Appendix 2. The work programme is very comprehensive drawing on topical areas across the remit of the committee and it should be noted that it is also flexible.
- 21 Paragraphs 15 to 19 of the report identifies the activity undertaken by the Committee during 2023/24. The committee is asked to consider areas and review topics for inclusion in the work programme for 2024/25 in light of the current Council Plan and Vision for County Durham 2035. It is also important that members are able to respond to any statutory health service plans and/or consultations that are received during the course of the year.

## **Conclusion**

- 22 The work programme identifies areas of work that fall within the remit of the AWHOSC and is flexible in its delivery.

## **Background papers**

- [A Vision for County Durham 2035](#)
- [Council Plan 2024-28](#)

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## **Appendix 1: Implications**

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### **Legal Implications**

Not applicable

### **Finance**

Not applicable

### **Consultation**

Not applicable

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

Not applicable

### **Human Rights**

Not applicable

### **Climate Change**

Not applicable

### **Crime and Disorder**

Not applicable

### **Staffing**

Not applicable

### **Accommodation**

Not applicable

### **Risk**

The Overview and Scrutiny work programme is an important element of the Council's governance and risk management arrangements.

### **Procurement**

Not applicable

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## **Appendix 2: Adults Wellbeing and Health OSC Work Programme**

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Attached as a separate document.

<p><b>Overview and Scrutiny Draft Work Programme 2024/25</b></p> <p>Adults Wellbeing and Health Overview and Scrutiny Committee</p> <p><b>Lead Officer:</b> Stephen Gwilym</p> <p><b>Principal Overview and Scrutiny Officer:</b> Stephen Gwilym</p> <p><b>SPG Contact :</b> Julie Bradbrook</p> <p><b>County Durham Vision – People live long and independent lives ambition</b></p> <p><b>Council Plan theme – Our People</b></p>	<p>Note:</p> <p>Overview and Scrutiny Review – A systematic six monthly review of progress against recommendations/action plan</p> <p>Scrutiny/Working Group – In-depth review/light touch review</p> <p>Overview/progress – Information on an issue; opportunity to comment, shape, influence, progress with a scrutiny review</p> <p>Performance/Budget – Ongoing quarterly monitoring performance reports/budgets</p>
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Item	When	How	Who	Outcome	Comment
Scrutiny/Working Group (light touch / in-depth review)					
TBC		Report to AWHOSC	Stephen Gwilym Principal Overview and Scrutiny Officer	TBC	Scrutiny Review

Overview/Progress					
Health Protection and Assurance Annual Update	16 July 2024	Report to AWH OSC	Amanda Healy, Director of Public Health County Durham	To provide members with information regarding the range of health protection, health promotion and Ill health prevention initiatives.	To advise members of the various steps being taken to ensure Health protection and Assurance
Adult and Health Services Update	1 October 2024  13 January 2025	Report to AWHOSC	Jane Robinson/Lee Alexander	To advise members of the latest policy and service developments in respect of Adult and Health Services including associated funding	This item provides members with an opportunity to consider the Council's statutory responsibilities regarding Adult and Health Services
Adults Social Care Assurance Framework	1 October 2024 OR 18 November 2024  17 March 2025	Report to OSC	Jane Robinson, Corporate Director of Adult and Health Services	To report the outcome of the CQC Assurance Framework Inspection for DCC  To monitor progress against any improvement recommendations	This item provides additional assurance to AWHOSC members regarding the effectiveness of DCC Adult



					Social Care services
Director of Public Health Annual Report	13 January 2025	Report to OSC	Amanda Healy, Director of Public Health	Update on Public Health priorities arising from DPH Annual Report	To receive the DPH annual report and reflect upon its content within the context of the Committee's work programme priorities for 2024/5 and beyond
Health and Wellbeing Board – Annual Report	1 October 2024 OR 18 November 2024	Report to OSC	Cllr Chris Hood/Julie Bradbrook	To provide members with an update of the key delivery plan actions against the JHWS	To receive the Health and Wellbeing Board annual report and reflect upon its content within the context of the Committee's work programme priorities for

					2024/5 and beyond
Safeguarding Adults Annual Report	13 January 2025	Report to OSC	Independent SAB Chair/Heidi Gibson	Update on Annual Report	To receive the Safeguarding Adults annual report and reflect upon its content within the context of the Committee's work programme priorities for 2024/5 and beyond
Oral Health Promotion/ Community Water Fluoridation	9 May 2024  18 November 2024	Report to AWHOSC	Amanda Healy - DPH	To update members of the progress of Oral Health Promotion and the Government consultation into Community Water Fluoridation in the North East	To allow members to comment upon Oral Health promotion and the potential extension of the Community Water Fluoridation Scheme in the North East

Winter Planning and Preparedness	18 November 2024	Report to AWH OSC	Sue Jacques, CDDFT Chief Exec and Chair of LADB.	To provide members with information regarding Winter Planning and Preparedness	To advise members of the various steps being taken to prepare for winter pressures on the NHS and Social Care and effectiveness of these plans
	17 March 2025		Michael Laing Director of Integrated Community Services, CDCPartnership		

Performance/Budget					
<b>Performance</b> Quarterly reporting	Q4 2023/24 – 16 July 2024	Report to AWHOSC	Matthew Peart Strategy Team Leader, Chief Executive's	To provide members with progress towards achieving the key outcomes of the council's corporate performance framework.	Summary information to Members
	Q1 2024/25 – 1 October 2024				
	Q2 2024/25 – 13 January 2025				
	Q3 2024/25 – 17 March 2025				
<b>Budget Outturn Report</b> Quarterly reporting -	Q4 2023/24 Outturn – 1 October 2024	Report to AWHOSC	Andrew Gilmore	Detail of budget	Summary information to Members

	Q1 2024/25 –1 October 2024		(Resources)		
	Q2 2024/25 – 13 January 2025				
	Q3 2022/23 – 17 March 2025				

Items from NE and NC Integrated Care System/Board; NHS England and NHS Foundation Trusts					
The future of services currently delivered from Shotley Bridge Community Hospital	16 July 2024 OR 1 October 2024  13 January 2025	Report to AWHOSC	County Durham and Darlington NHS FT	Members are appraised of the progress of proposals in respect of future service models for services provided at Shotley Bridge Community Hospital	Continued engagement of members as part of the Review of services provided at Shotley Bridge Community Hospital
NHS FT CQC Inspection Reports and associated Improvement Action Plans	CDDFT – Maternity Services – TBC  TEWV - TBC  NEAS - Reported to NE Regional Joint OSC – TBC	Report to AWHOSC	County Durham and Darlington NHS Foundation Trust  Tees Esk and Wear Valleys NHS Foundation Trust  North East Ambulance Service	Members are informed of any CQC Inspection reports and associated Improvement Action Plans	Engagement of Health OSC in NHS Service Assurance and Improvement

North East Ambulance Service – Performance across County Durham	13 January 2025	Report to AWHOSC	Mark Cotton, NEAS	Members are appraised of the impact upon NEAS of the new Ambulance Response Standards on performance against these across County Durham	To consider the implications for Ambulance Performance across County Durham of the new Ambulance Performance standards.
Primary Care Update	TBC	Report to AWHOSC	ICS/ICB	To advise members of the progress in delivering the Primary Care Strategy	Continued engagement of members.
NHS Dentistry Update	20 November 2024	Report to AWHOSC	ICS/ICB	To advise members of the progress in ensuring continued access to NHS Dentistry Services	Continued engagement of members.
Quality Accounts 2024-25 – Monitoring Updates	20 November 2024	Report to AWHOSC  Report to AWHOSC	County Durham and Darlington NHS Foundation Trust	Monitoring Updates on 2023/24 Quality Accounts Priorities	To provide Committee with assurance that QA priority actions are being delivered and agree Committee feedback on areas of under-performance

			Tees Esk and Wear Valleys NHS Foundation Trust  North East Ambulance Service		
Quality Accounts 2024/25 – Preparation of Overview and Scrutiny Input and Commentary	May 2024	TBC	County Durham and Darlington NHS Foundation Trust  Tees Esk and Wear Valleys NHS Foundation Trust  North East Ambulance Service	Process of shaping and OSC commentary on 2024/25 Quality Accounts	Members agree timetable for 2024/25 Quality Account consideration and response including commentary on 2025/26 proposed QA Priorities
North Cumbria and North East ICS/ ICB Update	16 July 2024		Levi Buckley, ICB Chief Executive	Updates in respect of the North Cumbria and North East ICS/	For members information and comment

				North and Central ICP proposals	
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