**Health and Wellbeing Board**

**30 January 2019**

# Health Protection Assurance Annual Report 2017-18

**Report of Corporate Management Team**

**Jane Robinson, Corporate Director of Adults and Health**

**Amanda Healy, Director of Public Health**

**Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and Health Services**

## Electoral division(s) affected:

Countywide

## Purpose of the Report

1 This report provides an overview to Health and Wellbeing Board on health protection assurance arrangements in County Durham and updates on the relevant activity from the health protection scorecard (appendix 2).

2 The report also presents the new health protection action plan (appendix 3). This represents an update of the original 'plan on a page' (see appendix 4); drawing together key health protection programmes and identifying where assurance has been obtained in each area.

3 The report highlights how the implementation of the action plan and the management of the health protection scorecard (appendix 2) will form an important strand of future public health assurance priorities. This process will be overseen by the newly formed Health Protection Assurance and Development Group, which will meet quarterly and report to the Health and Wellbeing Board.

## Executive summary

4 In August 2018 a group of representatives from Public Health England, NHS England, North Durham Clinical Commissioning Group (CCG), Durham Dales, Easington and Sedgefield CCG, Durham County Council Civil Contingencies Unit, Department for Environment, Health and Consumer Protection and community infection control nursing team were invited to attend a Health Protection Assurance Event.

5 This event lead to the development of a health protection action plan, with strategies for health protection assurance identified in the following key areas of health protection:

- Screening programmes
- Immunisation programmes
- Outbreaks and communicable disease
- Strategic regulation interventions
- Preparedness and response to incidents and emergencies
- Data and intelligence across all areas

6 Monitoring towards achievement of the actions identified for each of these strategies will be overseen by the newly formed Health Protection Assurance and Development Group, which will meet quarterly and report to the Health and Wellbeing Board.

## Recommendation(s)

7 The Health and Wellbeing Board is requested to:

(a) Note the content of the report and the action plan (appendix 3)
(b) Note that the performance is generally higher than England averages and above target for most immunisation and screening programmes.
(c) Note that the DPH is largely satisfied that effective assurance processes are in place for communicable disease control, strategic regulation intervention and emergency preparedness.
(d) Support the implementation of the newly formed health protection assurance and development group which will oversee the reporting of progress towards achieving the goals detailed in the action plan in appendix 3
(e) Support further development of the links with commissioning and health and safety (for e.g. legionella testing)
(f) Support further identification and response to emerging health protection priorities.

## Background

8 In the context of health system reforms brought about by the Health & Social Care Act 2012, health protection responsibilities are now in place across various bodies (local authorities, NHS England, Public Health England and Clinical Commissioning Groups).

9 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Act. The Director of Public Health (DPH) for County Durham is responsible under legislation for the local authority's public health functions.

10 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.

11 Durham County Council's responsibilities for public health include ensuring that local arrangements to protect the health of the population are robust and fit for purpose. This includes assuring: the delivery of screening and immunisation programmes; management of threats from infectious diseases, chemicals and poisons, radiation, and environmental health hazards; and that systems are in place for emergency preparedness, resilience and response.

12 Within Durham County Council, the remit for health protection is delivered by public health in conjunction with the department for Environment, Health and Consumer Protection and the Civil Contingencies Unit. The CCG has a team of infection control nurses.

13 The North East Public Health England Centre's core functions are in relation to protecting the population from threats including infectious disease, chemicals and poisons, radiation, environmental hazards and emergency response.

14 NHS England is responsible for commissioning and quality assuring all of the screening and immunisation programmes.

15 Regular liaison between Directors of Public Health, the Centre Director of Public Health England and the Head of Public Health for NHS England has been established via the monthly North East DsPH meeting.

## Existing health protection assurance arrangements in County Durham

16 NHS England established a County Durham & Darlington Oversight Group which provides assurance to the DPH in relation to screening and immunisation programmes. In addition, the management of

incidents and the quality assurance for screening programmes are reported separately to the DPH. Programme boards have been established for each of the screening and immunisation programmes.

17 PHE established the County Durham and Darlington Health Protection Group and this brings together organisations involved in protecting the health of the population. The group is attended by a Consultant in Public Health and member of public health intelligence team. The group meets quarterly and reviews the quarterly health protection data and vaccine preventable infection reports.

18 PHE NE also has a bespoke surveillance system in place for communicable diseases with daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents and exceedances via email alerts. The DPH is represented at all outbreak control meetings and outbreak reports are also shared.

19 The DsPH for County Durham and Darlington established the County Durham and Darlington Healthcare Acquired Infections (HCAI) Assurance Group in 2004. This group is chaired by a DPH and has wide membership from all provider organisations; enabling the DsPH to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to CCGs where action plans are also put in place to address identified issues. These are reported to the CCGs' Governing Bodies as part of the regular quality reports.

20 NHS England established the County Durham and Darlington and Tees Local Health Resilience Partnership (LHRP) in 2013. This has now merged with the LHRP in the north of the patch to form a North East group. One of the responsibilities of the LHRP is to provide the DPH with assurance that the health sector has well tested plans to respond to major incidents that contribute to multi-agency emergency planning. The LHRP is co-chaired by NHSE and a DPH.

21 NHS England and CCGs have a duty to cooperate with local authorities on health and well-being under the NHS Act 2006. This includes cooperating on health protection, including the sharing of plans. The Health and Social Care Act, 2012 makes clear that both NHE England and the CCGs are under a duty to obtain appropriate advice in the protection of the public health. CCGs are also Category 2 responders under the Act giving them a duty to provide information and cooperate with civil contingency planning as needed.

22 PHE, NHS England and the lead nurse for HCAI produce annual reports. PHE's annual report covers the NE geography and includes

details of the prevention and surveillance of communicable diseases, their response to communicable disease outbreaks and incidents; emergency preparedness, resilience and response, environmental issues and quality and health inequality issues in health protection. The annual report is supplemented by quarterly reports to the DPH that detail outbreaks and issues in County Durham.

23 The annual report of the Lead Nurse for infection prevention and control details the range of support and interventions initiated to reduce HCAI and reports in year activity details.

24 The Environment, Health and Consumer Protection Service provide assurance to national regulators including DEFRA, Food Standards Agency and Health & Safety Executive through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement polices and disease contingency plans.

25 In order to capture the breadth and complexity of the health protection responsibilities and to ensure assurance, in July 2017, the DPH brought together a health protection 'plan on a page' (appendix 4). This identifies the key health protection priority areas as:

- Screening programmes
- Immunisation programmes
- Outbreaks and communicable disease
- Strategic regulation interventions
- Preparedness and response to incidents and emergencies.

26 As detailed above, a wide range of health protection reports and scorecards form part of the existing assurance mechanisms. As this information is received at different frequencies and for varied geographies, the public health intelligence team amalgamated the information to form a health protection scorecard (appendix 2). This now provides assurance to the DPH of the wide range of information that is received including immunisation rates, screening coverage, rates of sexually transmitted infections, food borne infections and environmental hazards information. The scorecard (appendix 2) also provides trend information enabling oversight of health protection and highlighting where action may be required.

## New health protection assurance arrangements in County Durham

27 The Director of Public Health led a Health Protection Assurance Session on the 23rd August 2018 with key staff to review the current

health protection systems, processes and protocols and update the original ‘plan on a page’ (appendix 4).

28 The Internal Audit team attended the event as part of the work to be undertaken in supporting the Director of Public Health in their review of the DPH Assurance Framework. Consideration was also given to the supporting systems and processes to determine whether the arrangements in place are fit for purpose’.

29 The event was attended by Dr Deborah Wilson (Consultant in Health Protection, PHE), Gail Watkin (community infection control nurse) Kevin Archbold and Claire Balmont (Civil Contingencies Unit), Glen Wilson (Screening and Immunisation Lead, NHSE), Rachel Chapman (NHSE), Gill Findley (Director of Nursing, DDES CCG), and Joanne Waller (Environment, Health and Consumer Protection).

30 During the Health Protection Assurance Session, The Director of Public Health sought assurance in relation to:

- Screening programmes
- Immunisation programmes
- Outbreaks and communicable disease
- Strategic regulation interventions
- Preparedness and response to incidents and emergencies
- Data and intelligence across all areas.

31 The newly formed DCC Health Protection Assurance and Development Group will now oversee implementation of the action plan (appendix 3) in order to ensure the population of County Durham has its health protected in line with statutory requirements. The group will meet quarterly to report to the HWB on progress towards the identified actions.

## Screening and immunisations

32 Screening and immunisation data provided below are extracted from the NHSE Public Health Functions Agreement (section 7a) reports as well as information provided on the health protection assurance day 23/8/18. Areas for inclusion and action have been identified based on those screening and immunisation programmes which are not meeting nationally agreed standards and may benefit from the input of the health protection assurance and development group.

## Screening

33 There are three cancer screening programmes (breast, cervical and bowel cancer), seven antenatal and newborn screening programmes and two further non cancer screening programmes (diabetic eye and abdominal aortic aneurysm screening) delivered to the County Durham population.

34 Breast screening coverage rates are consistently above the 70% minimum standard. Breast screening is delivered by 3 providers: Gateshead Health, Newcastle-upon-Tyne and North Tees & Hartlepool NHS Foundation Trust. Over the last 4 years, Newcastle has sometimes failed to meet the 36 month round length KPI. Weekend clinics have recently been introduced to address this.

35 Coverage rates for cervical screening are higher than the England average, but fail to meet the 80% standard. Rates are showing a slight decline in recent years. The local Screening and Immunisation Team (SIT) is exploring a targeted campaign aimed at improving uptake amongst young women. Turnaround times for sample processing on account of an impending change to testing practices leading to staff shortages are also a worry. However, no labs have turnaround times which could threaten sample viability, and all are working hard to improve delays.

36 County Durham has the second highest coverage for bowel screening in Cumbria and the NE (above 60%), and are performing above the England and regional average.

37 Where data is available for the seven antenatal and new-born screening programmes, performance for the County Durham population is good. Some data is missing from CDDFT due to problems with their IT systems. The SIT are working hard to provide this as soon as possible.

38 The providers delivering the diabetic retinopathy screening are achieving well above the national quality standard attendance rate of 80%. The population of working age adults are less likely to have been screened than other sectors of the population, particularly amongst those of lower socio-economic status. The providers are working on possible interventions to address this.

39 Between April 2017 and March 2018, 100% of eligible individuals were offered Abdominal aortic aneurysm (AAA) screening. Testing rates also reached the acceptable standard (82.8%).

40 Cancer screening data shows significant between practice variation in uptake.

## Immunisations

41 Overall, the universal immunisation programme demonstrates high uptake rates across County Durham, with rates generally above national targets and averages.

42 Trend data did however show a reduction in rates from 2013-2017 for the first and second MMR, Hib/ MenC, PCV and DTaP-IPV which is likely to have been due to a waiting list issue which is being resolved.

43 The teenage booster (Td/IPV) and Men ACWY did show marginally lower uptake for Durham compared to its local and national comparators.

44 Flu vaccination achieved the national ambition for 2-3 year olds, healthcare workers and pregnant women. National ambition was not achieved for the over 65 year olds, clinical risk groups and GP practice/independent healthcare service providers. Data was not available for uptake amongst social care workers.

45 HPV and Prenatal pertussis vaccination has reached the minimum attainment.

46 The shingles vaccination programme has seen a reduction in uptake across County Durham which mirrors a downward trend seen across England. Work is underway to explore options to address this.

47 There is between practice variation in immunisation uptake with limited data regarding uptake in potentially vulnerable communities (such as Gypsy Roma Travellers). Work is underway to explore options to address this.

## Communicable disease control and outbreaks

48 Information pertaining to the control of communicable diseases and outbreaks was provided by PHE, the DCC senior infection prevention and control nurse, the department for Environment health and consumer protection and the Civil Contingencies Unit during the health protection assurance event on 23/8/18. Areas for inclusion have been identified based on those which may benefit from action by the health protection assurance and development group.

49 As a result of funding through the public health grant, County Durham has been extremely fortunate to have retained an in-house team of community infection control nurses who can support the care homes, GP surgeries and huge number of domiciliary carers in the area with infection control issues (especially reducing rates of reportable infections such as C difficile, MRSA and E.coli bacteraemia).

50 The HCAI team deal with alert organisms on a daily basis and offer advice and support to care homes, staff and patients on HCAI. Progress against national targets are fed back to the DPH on a monthly basis.

51 The infection control team support a network of infection control champions provided by the care homes, who attend regular study days as well as an annual conference. This is particularly valuable as due to a reduction in capacity within the community infection control team, care homes will be undertaking self-audits of infection control practices in the future.

52 In hours, information about infection exceedances and outbreaks is easily communicated between organisations. There are also good working arrangements between the health protection team and Environmental Health Officers (EHO) in hours.

53 The Civil Contingencies Unit provides a conduit for dissemination of information across the local authority both inside and outside of normal working hours. However, dissemination of information across and within CCGs, NHSE, local authorities, PHE and provider organisations can be challenging in the event of an outbreak when out of hours.

54 There is no environmental health officer rota out of hours, which can lead to delays in gathering the requisite information for risk assessments to be accurately undertaken in the event of an outbreak of infectious disease. Whilst the CCU cannot elicit information required for outbreak risk assessments, they are the best route for PHE to make contact with an EHO out of hours.

55 Undertaking swab testing, as well as provision of antivirals, vaccination and antibiotics in the event of flu and or pneumococcal outbreaks in care homes can also be challenging. Much of what happens currently works informally on the basis of longstanding relationships. There is no formal commissioning of services to meet these requirements besides the contract with Harrogate Foundation Trust, which provides vaccination services for 0-19 year olds.

56 The presence of several prison establishments in Durham presents challenges in the management of infectious diseases, particularly blood borne viruses and TB. Healthcare teams within prisons can feel isolated and have no onsite specialist infection control support provided to them.

57 The Public Health in Prisons North East meetings have been held since June 2017. These are chaired by one of the Consultants in Health Protection. The meetings allow for the dissemination and discussion of key material and learning relating to health protection and infection control; opportunities for individual prisons to share learning and good practise in relation to public health; and CPD for prison staff and commissioners in relation to public health.

58 The Sexual and Reproductive Health Activity Dataset (SRHAD) together with Genito-urinary Medicine Clinic Activity Dataset (GUMCADv2), form the basis for the sexual health dataset collected from sexual health clinic settings. The integrated sexual health service (ISHS) is requested to provide data analysis relating to GUM attendances, activity and sexually transmitted infection (STI) trends on a quarterly basis.

59 The public health scorecard (appendix 2) will provide robust quarterly data and information from the ISHS, although this is currently based on service activity. The scorecard (appendix 2) will also reflect the annual and quarterly data received from the NE sexual health network and PHE on STI rates. Current PHE sexual and reproductive health profiles identify County Durham as having a lower than average diagnosis rate for STI's.

60 Antimicrobial resistance remains a growing threat to public health. A wide range of factors, including indiscriminate use of antibiotics in medicine and wider society over many years, mean that antimicrobial resistance is now reaching a critical point. This means that medicines may become ineffective and increases the risk of bacterial infections spreading to others. This has significant cost implications with people likely to be unwell for longer and need both more tests and expensive drugs. With reduced ability to prevent and treat bacterial threats, people are likely to experience more illness and have a higher risk of disability and death from previously treatable illness. For example, interventions such as surgery, transplant and cancer chemotherapy are compromised without effective antibiotics to prevent infections.

61 In 2018, the total number of prescribed antibiotics/ 1000 registered patients/quarter was 154 and 144 for DDES and North Durham CCG respectively. This compares unfavourably with the England average (119).

62 Nationally and internationally, there is an increasing focus on blood stream infections caused by gram negative bacteria. Carbapenemase-producing enterobacteriaceae (CPE) are a large family of gram-negative bacteria which are resistant to carbapenem antibiotics. Given there are fewer antibiotic options for gram negative organisms and the proportion of gram negative organisms resistant to existing antibiotics is growing, enhanced CPE surveillance was introduced by PHE in 2015. Locally, PHE are working with provider trusts towards a common approach to managing CPE patients.

## Strategic regulation intervention

63 Information pertaining to the strategic regulation and intervention was provided by the department for Environment health and consumer protection during the health protection assurance event on 23/8/18. Areas for inclusion have been identified based on those which may benefit from action by the health protection assurance and development group.

64 The Environment, Health and Consumer Protection service 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.

65 The department's food safety team are integral to the management of cases and outbreaks of food borne infection. The incidence of some food borne infections is marginally higher in Durham compared to the England average (non-typhoidal salmonella: 17.6 compared to 15.7/100,000 population; campylobacter:132 compared to 97/100,000 population; cryptosporidium: 14.4 compared to 7.3/100,000 population, and ecoli O157: 2.3 compared to 1.2/100,000 population). Rates of giardia infection are lower in Durham compared to the England average (6.7 compared to 8.5/100,000 population).

66 Despite team capacity issues and a constant uncertainty around workload (due to the nature of the work), the team work to deliver proactive projects alongside their statutory duties (including business and housing inspections, air water and land quality improvement work) and reactive work (including infectious disease outbreaks and accidents in the workplace etc.) These projects include a 'community action team', and the 'better business for all' initiative.

67 The team are also capitalising on their access to businesses and people in the community to deliver health improvement initiatives alongside their statutory duties. Examples of this include alcohol harm reduction linked to licensing applications, smoking cessation linked to illicit control work, and gas safety inspections linked to food hygiene inspections. Future opportunities include work on falls, and fuel poverty linked to housing inspections, including a recent empty property protocol to reduce the risk of arson and antisocial behaviour as well as improving the health of the wider community.

68 There may be challenges around succession planning, as 38% of staff are >50. However, apprenticeships are being rolled out and they have taken on 3 newly qualified staff members in the last 3 years.

## Preparedness and response to incidents and emergencies

69 Information pertaining to preparedness and response to incidents and emergencies was provided by the Civil Contingencies Unit during the health protection assurance event on 23/8/18. Areas for inclusion have been identified based on those which may benefit from action by the health protection assurance and development group.

70 The Civil Contingencies Unit is essentially the local authority's point of contact for business continuity and emergency planning both internally and externally in response to incidents and emergencies. The CCU are also a conduit for information for multiple agencies through the Local Resilience Forum (LRF) and have a duty officer on call at all times.

71 They hold 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.

72 There are currently 3 control of major accident hazards (COMAH) sites in Durham. The CCU produce extensive emergency preparedness plans on 'Resilience Direct' and work with the LRF to co-ordinate the training exercise calendar. This also includes running exercises for the local university.

73 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.

74 The Deputy Director of Public Health has been added to the extended management team (EMT) rota, which will assist in assuring that situation reports are appropriately shared with local authority public health teams, so that potential health concerns of an incident are identified at the earliest opportunity and communicated to PHE.

75 Durham County Council lead the recovery co-ordination group, responsible for community engagement and recovery assurance in the event of an incident (for example an extensive fire that may have led to land contamination).

76 Every 2 years, the Cabinet Office survey, issues the National Capabilities Survey (NCS) for all category 1 and 2 responders. This highlighted gaps for County Durham and Darlington LRF in their mass casualty and excess death plans, which is why these plans are currently being reviewed.

## Main implications

77 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.

78 Following engagement with representatives from Public Health England, NHS England, DDES CCG and DCC Civil Contingencies Unit, Department for Environment, Health and Consumer Protection and community infection control assurance mechanisms are now in place through the formulation of a health protection action plan. This action plan has identified priority areas for action, achievement of which will be monitored through the Health Protection Assurance and Development Group and health protection scorecard. The Health Protection Assurance and Development group will meet quarterly and report to the Health and Wellbeing Board.

## Conclusion

79 The health protection functions delivered by a range of organisations in County Durham demonstrate good overall performance.

80 Good communication exists between the commissioners of the various programmes and the DPH and remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns.

81 There are however areas for potential improvement across screening and immunisation services, Communicable disease control and outbreaks, Strategic regulation intervention, and Preparedness and

response to incidents and emergencies. Actions to achieve these have been identified in the action plan (Appendix 3). Monitoring towards achievement of the identified actions will be undertaken by the Health Protection Assurance and Development Group and using the health protection scorecard. The health protection assurance and development group will meet quarterly and report to the Health and Wellbeing Board.

## Background papers

- None

## Other useful documents

- None

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## Appendix 1: Implications

### Legal Implications
There is a statutory duty on the DPH and the Local Authorities to fulfil duties outlined in the 2006 Act

### Finance
Some contingency funding for outbreaks in the Public Health budget

### Consultation
None

### Equality and Diversity / Public Sector Equality Duty
None identified

### Human Rights
Not applicable

### Crime and Disorder
Not applicable

### Staffing
None

### Accommodation
Not applicable

### Risk
DPH needs to have full assurance that the statutory duties and the duties of the Local Authority are met.

### Procurement
Not applicable

## Appendix 2: Health protection scorecard

See attached.

## Appendix 3: New health protection action plan

See attached.

## Appendix 4: Original ‘plan on a page’

See attached.