Cabinet

21 April 2021

Health Protection Assurance Annual Report

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

Electoral division(s) affected:

All.

Purpose of the Report

1 The purpose of this report is to provide members of Cabinet with an update on health protection assurance arrangements in County Durham.

2 Updates come from the implementation of the health protection action plan, which is overseen by the Health Protection Assurance and Development Group (HPADG).

3 The direct response to the COVID-19 pandemic is covered in reports from the Health Protection Assurance Board (HPAB). This report will pick up on the indirect effects of COVID-19 as to the impact on relevant work programmes.

Executive summary

4 HPADG meets quarterly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:

(a) Screening programmes
(b) Immunisation programmes
(c) Outbreaks and communicable diseases
(d) Strategic regulation interventions
(e) Preparedness and response to incidents and emergencies

5 Key achievements overseen by HPADG to date include:

(a) Improvement in flu vaccination uptake amongst eligible groups
(b) Extension of Durham County Council flu vaccination to all staff, with much improved uptake on the previous year
(c) Sustained delivery of national immunisations programmes
(d) Sustained delivery of the Antenatal and Newborn Screening programme.

6 Areas impacted by COVID-19 and requiring further development.

(a) All but the Antenatal and Newborn screening programmes have been impacted by the pandemic. The restoration of affected screening programmes was started prior to the second wave and will have been affected by successive waves.

(b) Development areas include:

- Improving uptake of certain vaccinations including shingles and pneumococcal
- Ensuring equitable coverage and uptake of screening and immunisations programmes
- Taking account of forthcoming changes to the NHS England and Public Health as they affect health protection functions
- Development of a sexual health strategy for County Durham
- Ensuring health protection and public health related emergency preparedness is assured during organisational change.

Recommendation(s)

7 Members of Cabinet are requested to:

(a) Note the content of the report.

(b) Note that performance in County Durham for all childhood immunisation programmes exceeds both standards and national averages

(c) Note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity

(d) Support the need for further assurance in relation to flu and COVID-19 vaccination

(e) Support the need for assurance on the transfer of Clinical Commissioning Group (CCG) and Public Health England (PHE) functions including health protection and screening and immunisation programmes and emergency response

(f) Support further identification and response to emerging health protection priorities and be updated accordingly.

Background

8 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.

9 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.

10 Within Durham County Council, the remit for health protection is delivered by Public Health in conjunction with the Community Protection Service (CPS) and the Civil Contingencies Unit (CCU). The local CCG employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.

11 PHE's core functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness, resilience and response. Teams responsible for delivering these functions in the North East sit within the PHE Centre based in Newcastle upon Tyne.

12 NHS England (NHSE), working jointly with PHE, is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East, also based in Newcastle.

13 Regular liaison between Directors of Public Health (DsPH), the Centre Director of PHE in the North East, and the Head of Public Health for NHSE in Cumbria and the North East occurs via monthly North East DsPH meeting and monthly telephone catch ups as well as via the Public Health Oversight Group.

14 In August 2020 the Secretary of State for Health and Social Care announced the abolition of Public Health England, with a new National Institute for Health Protection (NIHP) to take over its health protection functions.

15 On 24th March 2021, it was declared that the UK Health Security Agency (UKHSA) would replace the concept of the NIHP and be established from April 2021. The transfer of responsibilities is expected to take place by September 2021.

16 The UKHSA includes the NHS Test and Trace Programme and the Joint Biosecurity Centre, which were stepped up in response to the COVID-19 pandemic.

17 The White Paper 'Integration and Innovation: working together to improve health and social care for all' was published on 11th February 2021. This announced that the government had concluded that that the allocative functions of CCGs should be held by an ICS NHS Body. Amongst other things, this will have implications for the current arrangements for the commissioning and delivery of the local Infection Prevention and Control Team.

18 The White Paper included a proposal to create a power for the Secretary of State for Health and Social Care to require NHS England to discharge public health functions delegated by the Secretary of State alongside the existing section 7A provisions (rather than by agreement with NHS England, as is currently the case). This would include scope to direct as to how those delegated functions are to be exercised.

19 By these means, the government foresaw 'a greater range of delegation options for section 7A public health services, including the ability for onward delegation of the function into collaborative arrangements, such as a section 75 partnership arrangement'.

Health protection assurance arrangements in County Durham

20 The previous annual report laid out in full the local assurance arrangements for health protection.

21 There have been significant changes in governance and assurance for the COVID-19 pandemic and local response, which is covered separately in updates to the local Outbreak Control Plan and HWB via the HPAB.

22 The HPADG, chaired by the DPH, was established in 2018, and aims to enable the Director of Public Health to fulfil the statutory role in assuring

the Council and HWB that satisfactory arrangements are in place to protect the health of the local population.

23 The HPADG has developed a detailed action plan built on five pillars of health protection, in addition to data and communications, which are threaded throughout:

(a) Screening programmes
(b) Immunisation programmes
(c) Outbreaks and communicable diseases
(d) Strategic regulation interventions
(e) Preparedness and response to incidents and emergencies

24 The action plan is supported by a scorecard that includes a range of appropriate health protection indicators and outcomes (see Appendix 2).

25 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.

26 NHSE established a County Durham and Darlington Screening and Immunisations Oversight Group which provides assurance to the DPH in relation to screening and immunisation programmes. In addition, the management of incidents and the quality assurance for screening programmes are reported separately to the DPH. Programme boards have been established for each of the screening and immunisation programmes.

27 PHE established the County Durham and Darlington Area Health Protection Group and this brings together organisations involved in protecting the health of the population. Prior to the pandemic, the group met quarterly, attended by a Consultant in Public Health. The purpose of the group is to provide a forum to discuss strategic and operational health protection issues; review outbreaks and incidents (local, regional and national) and learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed and solutions identified; identify local priorities alongside implementing national policy and guidance, and identify any joint training and development needs. The group does not have a formal accountability or governance structure.

28 PHE NE has a bespoke surveillance system in place for communicable diseases with daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents and

exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.

29 In addition, the DPH has direct access to national surveillance systems set up for the collection and analysis of COVID-19 related data including vaccinations.

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

31 County Durham has retained an in-house team of Infection Prevention and Control nurses. The Infection Prevention and Control Team (IPCT) provide a service to both County Durham and Darlington to support both Primary Care and Social Care within residential settings, and, since September 2020, the service has been extended to schools providing for children with Special Educational Needs to bolster their Infection Prevention and Control Support in County Durham.

32 The IPCT continue to undertake Root Cause Analysis of Community Onset Clostridium difficile Infection cases and Community Methicillin Resistant Staphylococcus (MRSA) blood stream Infections. Lessons learned are highlighted to the appropriate clinicians in primary care.

33 The team is notified of all alert organisms for residents in care homes and offers the appropriate advice to the staff to help manage the resident safely.

34 The IPCT support and work with colleagues in the local authorities' adult social care commissioning team.

35 All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Assurance group chaired by the DsPH.

36 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 and attended by a County Durham Consultant in Public Health.

37 NHSE and CCGs have a duty to cooperate with local authorities on health and well-being under the NHS Act 2006. This includes cooperating on health protection, including the sharing of plans. The 2012 Health and Social Care Act makes clear that both 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.

38 The Civil Contingencies Unit (CCU) 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.

39 CCU holds a community risk register which provides assurance to the DPH about key risks to the community including: pandemic influenza; flooding; adverse weather; emerging infectious disease; fuel shortage; widespread long duration electricity network failure; animal disease and building collapse.

40 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.

41 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.

42 Durham County Council leads 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).

43 Under normal circumstances, PHE's Health Protection, NHSE's Screening and Immunisation and the local IPCT produce annual reports.

44 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.

45 NHSE's annual flu programme report describes uptake amongst eligible groups and highlights areas for improvement. This is preceded by a local evaluation of the flu programme delivered locally.

46 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.

47 The DCC Community Protection Service (CPS) provides assurance to national regulators including Department for Environment, Food and Rural Affairs (DEFRA), Food Standards Agency (FSA) and Health and Safety Executive (HSE) through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement polices and disease contingency plans. Services provided by CPS are regulated nationally by the FSA, HSE and DEFRA to provide further assurance on the quality of service provision.

48 A Local Air Quality Management Area currently exists within Durham City. Action and implementation plans are in place to reduce Nitrogen Dioxide emissions and improve air quality standards within that area.

Updates on key areas

49 Data provided below are collated from numerous sources and compiled in the scorecard attached at Appendix 2.

Screening and immunisations

Screening

50 Up to and including 2019, cancer screening coverage rates in County Durham have consistently exceeded national averages and minimum standards. In 2019:

(a) Breast screening coverage in County Durham was 78.4% compared to a national average of 74.5%.
(b) Cervical screening coverage in County Durham was 76.9% compared to a national average of 71.9%.
(c) Bowel cancer coverage in County Durham was 62.3% compared to a national average of 60.1%.

51 Performance against key indicators for non-cancer screening programmes (including Antenatal and Newborn Screening, Diabetic Eye Retinopathy and Abdominal Aortic Aneurysm) in County Durham shows sustained achievements above national minimum standards up to Quarter 4 2019/20. The only exception was coverage of Newborn Hearing, which at 94.1% fell below the standard of 98%.

52 COVID-19 has impacted on delivery of most adult screening programmes, with the following services currently recovering: Abdominal Aortic Aneurysm, Diabetic Eye Retinopathy, Bowel and Breast cancer screening

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

Immunisations

54 Vaccinations delivered through primary care (including the childhood programme) have been unaffected by the COVID-19 pandemic. School age immunisation services have recovered.

55 At the time of writing, the COVID-19 vaccination programme is ongoing, with hospitals mainly responsible for vaccinating health and social care workers, and Primary Care Networks vaccinating eligible patients. Access to appropriate high quality data is currently in development.

56 Overall, the universal childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates generally above national targets and averages (see Appendix 2). This includes the following coverage:

(a) 97.8% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year
(b) 97.8% of pneumococcal vaccine (PCV) at 1 year
(c) 98.0% of the Dtap / IPV / Hib vaccine at 2 years
(d) 97.1% of the PCV booster at 2 years
(e) 96.8% for one dose of Measles, Mumps and Rubella at 2 years
(f) 98.1% for one dose of MMR at 5 years
(g) 96.1% for two doses of MMR at 5 years

57 At the time of writing, the flu vaccination campaign is ongoing as patients can be inoculated until the end of March 2021. Provisional data show that, despite challenges to delivery in a COVID-19 safe environment, uptake of flu vaccinations has improved across eligible groups since the previous year.

58 In 2020/21 the DCC staff vaccination programme was extended to all staff (including schools, but not academies). To date, 3981 staff vaccinations have been given.

59 An evaluation of the 2020/21 campaign will be produced by the Board in Spring 2021. This will inform the flu programme for 2021/22.

60 Uptake of Shingles vaccine remains stubbornly low. Discussions have been held with NHSE on ways to improve uptake locally.

61 There continues to be national shortage of pneumococcal vaccine covering 23 strains of the bacteria that may be impacting on uptake.

Communicable disease control and outbreaks

62 In response to the pandemic, DCC has established an Outbreak Control Team and a 7-day week rota for the public health team to monitor and respond to clusters and outbreaks of COVID-19. A wider on-call rota was put in place to manage outbreak responses, with outbreak control teams convened on a number of occasions, pulling together colleagues across the spectrum of public health, community protection, communications, civil contingencies, and community support, to respond to individual outbreaks.

63 The presence of several prison establishments in Durham presents challenges in the management of infectious diseases, particularly respiratory viruses (including COVID-19), blood borne viruses and TB.

64 At the time of writing, there have been outbreaks of COVID-19 within prison establishments across the North East at different stages of the pandemic.

65 The sexual and reproductive health activity dataset (SRHAD) and HARS, together with GUMCADv2 form the basis for a standardised sexual health dataset collected from sexual health clinic settings (plus CTAD from laboratories). The Integrated Sexual Health Service (ISHS) is expected to provide and discuss quarterly GUMCADv2 and SRHAD data analysis from PHE to enable informed commissioning decisions relating to GUM attendances, activity and sexually transmitted infection trends.

66 PHE Sexual and Reproductive Health profiles continue to show County Durham as having a lower than average diagnosis rate for STI's.

67 Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham CCG has seen significant reductions in antibiotic prescribing, reducing the number of prescription items for antibiotics per patient population measure (STAR-PU) by 8% from Nov

19 to Nov 20. This is partly due to the COVID-19 pandemic leading to reduced prescribing for acute coughs as well as telephone triage measures in GP practices leading to more appropriate prescribing. Despite this reduction County Durham CCG remains the 5th highest prescribing CCG out of 137 CCGs in England at 1.053 items per STAR-PU. The CCG employs a Medicines Optimisations (MO) Team who take the lead on encouraging appropriate prescribing practices, however in view of the COVID-19 pandemic and the pressures on primary care this work has been mainly supportive over the last year (20-21). This work will continue to be a focus for the MO team in 21-22.

Strategic regulation intervention

68 The Community Protection Service (CPS) delivers key frontline services which are mainly regulatory in nature and encompass environmental health, trading standards and licensing functions. The service is adopting a more strategic and risk-based approach to regulation and works closely with a range of key partners to achieve better regulatory outcomes which protect and promote the health and wellbeing of local communities. The Service is now responsible for community safety, including Anti-Social behaviour and the Vulnerability Interventions Pathway Team who signpost into a variety of support services including addictions, mental health, alcohol and drug misuse and crisis services.

69 In relation to service priorities, as well as maintaining the Council's statutory functions around food safety and wellbeing, occupational safety and health, pollution control, housing standards and other health protection interventions, the CPS is an integral part of the Council's COVID-19 Pandemic response in relation to outbreak management and regulation of relevant health protection legislation and implementation of local COVID-19 restrictions.

70 The CPS team has had long term capacity issues which has been further compounded by the COVID-19 response and Brexit transition. Additional funding has been secured to increase capacity within operational teams, however there are national shortages of suitably qualified Environmental Health and Trading Standards professionals which present difficulties with ongoing recruitment as well as staff retention and succession planning.

71 In addition, the CPS has a number of specialist teams which will provide an enhanced COVID-19 response in relation to local COVID-19 outbreaks, workplace health and safety, nuisance and anti-social behaviour. As part of our graduated approach to compliance and enforcement, some enforcement actions will need to be escalated to the specialist CP teams as and when necessary. The Community Protection Service Teams have a range of enforcement powers and

tools to deal with non-compliance issues associated with current restrictions and other matters which may be related to local restrictions including:-

- Fixed Penalty Notices
- Prohibition Notices
- Improvement notices
- Abatement Notices
- Community Protection Notices
- Directions to close premises, events or public places
- Criminal Proceedings

72 The CPS continues to provide business support through the Business Regulatory Advice Department (BRAD). The service team will provide advice and guidance to businesses to promote better compliance with current legislation as well as facilitates business diversification.

73 Following a successful bid by the Safe Durham Partnership for 'Making Every Adult Matter' (MEAM) support during 2020 work is progressing to develop a place based approach to tackling local community issues and improve the futures of the most disadvantaged individuals.

74 The overarching vision of the partnership is to promote new ways of working which could be replicated in other areas where there are significant health, social and economic problems.

75 The MEAM approach provides a framework on which to strengthen our existing partnership arrangements as well as facilitate system change and promote the co-production of future services.

76 This work supports the principles of the County Durham Together initiative which will provide a new way of working with our communities towards achieving the County Durham Vision 2035.

77 Horden has been identified as the Phase 1 pilot area given the levels of multiple deprivation and ongoing community issues in the area. The Horden project team will develop the MEAM initiative and bring together a variety of different partners who will work as one team within a neighbourhood hub. Their work will focus on addressing the needs of individuals as well as local community priorities and build upon best practice and shared learning identified from our ongoing response to the COVID-19 pandemic.

78 Working collaboratively to restore, redeem and transform local communities and address a variety of community issues and social needs, the Horden project team will focus on the social determinants of health including improvements in the local environment, housing, education, income, crime and social capital.

79 Initial investment in the Horden project has been identified for the next 3 years and will enable further opportunities to be explored including match funding. An Expression of Interest (EOI) has been submitted to the Government's 'Changing Futures' programme. If successful, this may attract additional funding of between £1.5-£4.5M to continue the project and potentially increase the establishment of more place based teams in other areas of high multiple deprivation across the County.

Preparedness and response to incidents and emergencies

80 Partner organisations involved in public health have played a major role in preparing for and responding to public health incidents this year.

81 As the COVID-19 pandemic emerged, partners reviewed and re-appraised themselves of the North East Influenza Pandemic Framework which was used as the initial governance and response framework for the pandemic. Outbreak management and business continuity plans were reviewed and developed and exercised on a number of occasions through the year. As part of the development of the COVID-19 Local Outbreak Management Plan, scenario planning workshops were used to develop standard operating procedures for each of the outbreak control teams.

82 The council's emergency response procedures, and in particular those relating to evacuation and emergency rest centres have been reviewed and revised in response to the evolving COVID-19 guidance and rest centre managers and responders briefed and trained on COVID-19 safe management and practice.

83 A first wave de-brief was undertaken in the summer and further exercises developed and undertaken in response to the government's local response strategy and the development of the County Durham Local Health Protection Assurance Board's own case and outbreak exceedance modelling (the spike predictor tool).

84 The civil contingencies unit has also worked with the CCG and NHSEI to identify vaccination centre sites across the county.

85 The Excess Death Framework for Durham and Darlington was exercised in February 2020 and subsequent COVID-19 specific excess

death plans and protocols have been developed and exercised during the course of 2020/21.

86 Public health partners took part in an exercise on wider winter pressures which included other impacts in addition to COVID-19 and EU transition.

87 Plans are in place for the two Control of Major Accident Hazards (COMAH) sites in Durham and a statutory exercise for one of the two sites will be undertaken later this year.

88 The Director of Public Health, along with other DsPH across the North East are part of a Scientific and Technical Advice Cell rota in a major incident when a STAC is called by the Strategic Co-ordinating Group the DPH will chair the STAC. The DPH has undergone Major Incident Gold Command Training to ensure the DPH can operate at SCG level and understands the working arrangements of STAC and the SCG.

89 The DPH is a member of the County Durham and Darlington LRF SCG established in February 2020 to manage COVID-19. The DPH is also a member of the Regional Officers Group and has advised the LA7 group of local authorities as chair of the North East group of Directors of Public Health.

90 Agencies were involved in precautionary planning in relation to fire risk at a commercial waste processing site which subsequently led to a major fire incident in the Old Eldon area. Public health risks were assessed, and appropriate advice given to local residents concerned by smoke.

91 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 and to the public in relation to coming into contact with dead wildfowl.

Main implications

92 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.

93 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 HPADG and health protection scorecard. The HPADG group meets quarterly and reports to the HWB.

Conclusion

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

95 On the whole, 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. Despite challenges with delivery in the context of COVID-19, preliminary data show that uptake of flu vaccination has improved amongst all eligible groups since the previous year.

96 There has been significant change to health protection structures and processes during the COVID-19 pandemic. 2020/21 is likely to bring further structural change and may require the continuing need for a heightened response to COVID-19 whilst seeking to manage change and maintain focus on other health protection functions.

97 There remain 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. This includes understanding and addressing variation in access to services by sociodemographic characteristics. Monitoring towards achievement of the identified actions will be undertaken by the HPADG and using the health protection scorecard. The HPADG meets quarterly and reports to the HWB.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

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

Funding for the staff flu vaccination programme comes from the Public Health (health protection) budget.

Consultation

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

Equality and Diversity / Public Sector Equality Duty

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

Climate Change

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

Human Rights

This report has no implications for human rights.

Crime and Disorder

This report has no implications for crime and disorder.

Staffing

This report has no implications for staffing.

Accommodation
Not applicable.

Risk
No risks are identified for the Council.

Procurement
Not applicable.

Appendix 2: Health protection scorecard

Attached as separate document