

Adults, Wellbeing and Health
Overview and Scrutiny Committee
28 July 2021



Public Health Overview and Update

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

Electoral division affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is for Adults, Wellbeing and Health Overview and Scrutiny Committee to receive a summary of developments across Public Health.

Executive summary

- 2 Local authorities' statutory responsibilities for public health were set out in the Health and Social Care Act 2012. The overall responsibility is to promote and protect the health of the local population based on needs set out in the Joint Strategic Needs Assessment. However certain elements were also mandated:
 - Sexual health services
 - NHS Health Checks
 - National Child Measurement Programme
 - 0 - 5 Health Visitor services
 - Ensuring plans to protect the public's health
 - Public health advice to NHS commissioners
- 3 This report provides an update on key developments and priorities in public health since the publication of the Director of Public Health (DPH) annual report 2020, Healthy lives, Healthier Communities' Protecting and Supporting the people of County Durham. The public health team can only make a difference to the Taylor family by working with local people and the wide range of council colleagues, partners and organisations across County Durham. This includes the County

Durham Partnership and the five thematic groups that make up the partnership.

- 4 Progress is provided on key aspects of public health across the priorities identified in the Public Health Strategic Plan.
- 5 An update on health protection assurance is also provided. Other key aspects include the public health grant, Joint Strategic Needs Assessment and Durham Insight. Finally, the report gives an update on work that County Durham is leading and involved in at a North East level.

Recommendation

- 6 The Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
 - (a) note the contents of the report and progress made to improve and protect the health of residents;
 - (b) receive a further update in the form of the Director of Public Health annual report in November 2021;

Background

- 7 This report provides an update to Overview and Scrutiny Committee on key developments, outlining a number of key programmes of work and gives an update on the public health team.

Public Health Team

- 8 The public health team is led by the Director of Public Health. It comprises 5 teams; Healthy Settings, Strategy and Assurance; Starting Well; Living and Ageing Well; Outbreak Control; and County Durham Together. There is also a closely linked Public Health Intelligence team situated within the broader Research and Intelligence unit within the Resources directorate.

Director of Public Health Annual Report

- 9 Under the Health and Social Care Act 2012, one of the statutory requirements of the Director of Public Health is to produce an annual report about the health of the local population. The local authority has a duty to publish the report. The government has not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
- 10 The annual report provides an update on the public health strategic priorities. The response to the COVID-19 pandemic is a specific focus to the DPH annual report for 2020. The COVID-19 pandemic is one of the greatest public health challenges in living memory, with significant repercussions for health and wellbeing.
- 11 The COVID-19 pandemic and the public health measures that followed have highlighted the important role of Public Health in protecting the public from infectious diseases and supporting and improving their health and wellbeing.
- 12 Link to 2020 [DPH annual report](#).

Public Health Budget

- 13 The team has a budget of £49.6m provided via the ring-fenced Public Health Grant which is allocated via Public Health England each year. The majority of funding is used to commission a range of services with the aim of improving health and addressing health inequalities. There is a specific duty to deliver some prescribed programmes of work. These include commissioning:
- sexual health services;
 - the NHS Health Check programme;

- the National Child Measurement programme;
- Drug and alcohol services;
- 0-5 services; as well as providing
- health protection assurance, and
- provision of public health advice to NHS Commissioners.

14 Some additional one-off funding has been received this year to accommodate new areas of work relating to a) the response and recovery from COVID-19, b) domestic abuse; and c) obesity.

Durham Insight

- 15 Durham Insight is our shared, interactive, intelligence, research and knowledge base for County Durham, informing strategic planning across Durham County Council and its partners, and by thematic partnerships. It provides access to information, analysis and research about what it is like to live in County Durham. This site contains themed areas including; Children and Young People; Crime and Community Safety; Deprivation and Poverty; Economy and Employment; Environment; Housing; Population; COVID-19 and Health and Wellbeing.
- 16 Durham Insight forms the evidence base for the county's strategic plans, including most recently the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy, the Safer Durham Partnership Plan, the Children and Young People's Strategy, the Local Outbreak Management Plan and the Mental Health and Wellbeing Strategic Plan to name a few.
- 17 Content includes the latest publicly available data by theme, and where appropriate by sub-county geography (such as AAP, the former CCG geographies of North Durham and Durham Dales, Easington & Sedgefield). Content also includes indepth Insight factsheets on specific topics (such as SEND or Cancer for example), health needs assessments, health equity audits and lots of topic based intelligence including infographics, maps and story maps. There are specific topic based landing pages with County Durham context, and embedded intelligence relating to County Durham from other organisations such as PHE Fingertips or LGInform. New intelligence content is regularly added, and the site is continuously being developed and improved. www.durhaminsight.info

Joint Strategic Needs Assessment

- 18 The JSNA is a suite of resources locally that helps to inform the planning and improvement of local services, and guides us in making the best use of funding available. It builds a picture of current and future health and wellbeing needs of local people. This is used to shape joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities. It informed the recent refresh of our Joint Health and Wellbeing Strategy, and underpinned development of the Learning Disability Commissioning Strategy, and the Children and Young Peoples Strategy amongst others.
- 19 The development of assets within the JSNA is a key priority. By focussing only on the “needs” of local communities we do not acknowledge the importance of the assets, or take account of the protective factors and strengths within individuals and across communities. This should incorporate practical skills, capacity and knowledge of residents and the networks and connections in a community.

Commissioning Quality Oversight Group (CQOG)

- 20 The Public Health Commissioning and Quality Oversight Group (CQOG), which meets on a monthly basis, is chaired by a Strategic Commissioning Manager and oversees: all Public Health contracts; commissioning processes; budget and savings; performance and quality monitoring; policy development; equality issues; and joint commissioning opportunities. The CQOG includes representation from the Commissioning Service, Public Health, Finance and Performance.
- 21 The CQOG produces a monthly update to Public Health Senior Management Team (PHSMT) in order to escalate issues for their consideration and inform the Public Health commissioning plan. The template identifies where decisions are required on whether contract options to extend will be actioned, services will be re-procured or decommissioned. The document is also used to highlight services where there are quality issues that require further attention.
- 22 The table highlights risks in relation to finance, the market/procurement process, contract timescales, and the quality of the service/performance of the provider.

Public Health Strategic Plan

- 23 The work of the team is guided by the Public Health Strategic Plan which is renewed every three years. The current plan is focused around three themes of healthier, fairer and protected, and details a range of priorities to be taken forward by the team in relation to health

improvement programmes, work that addresses health inequalities, and work that is intended to protect the health of our local population.

Public Health Vision and Strategic Plan 2021 -24

Vision	Improve and protect the health and wellbeing of the people of County Durham and reduce health inequalities
Strategic Drivers	<ul style="list-style-type: none"> • Increase life expectancy and healthy life expectancy • Reducing inequalities and inequities between communities
Strategic approach	<ul style="list-style-type: none"> • A positive community, place and family focused narrative with a clear sense of purpose. • Using our wellbeing approach to empower and build connected and resilient communities • Based on intelligence, best evidence and evaluation. • Promoting prevention across the life course • Partnership working and delivery with others using an integrated local, regional and national approach • Using proportionate universalism to commission population level outcomes • Meeting our statutory duties and delivering our mandated services • Promoting economic growth as inclusive growth ensuring that no one is left behind
Strategic Priorities	<p>Healthier</p> <ul style="list-style-type: none"> • Improve levels of physical activity and healthy weight across the life course • Reduce morbidity and improve the quality of life for those with long term conditions • Develop the wider public health workforce via Making Every Contact Count • Progress the Better Health at Work Award and extend our whole council approach to staff mental health and wellbeing • Continue to develop a healthy workforce • Improvement health and emotional wellbeing across the life course, building resilience and emotional literacy • Work towards a smoke free future for our children and families • Promote healthy and independent lives for older people • Support people to be sexually healthy <p>Fairer</p> <ul style="list-style-type: none"> • Give our children the best start in life • Work with partners to help reduce poverty (including food poverty) and the impact of poverty • Improve health and wellbeing (including financial wellbeing), and reduce inequalities in key vulnerable groups • Support economic recovery through a 'local focus' whilst promoting good work, and equalities in education, training and employment • Improve the access and use of quality lifelong learning across the social gradient. • Work to improve the places where people live, learn and play <p>Protected</p> <ul style="list-style-type: none"> • Identify and respond to seasonal risks to health and ensure County Durham's preparedness for winter • Provide expert advice and leadership in the management of and recovery from COVID-19 and other communicable diseases • Invest in, and develop strong health protection skills and competencies across the DCC workforce. • Build resilience within our communities helping them to live with COVID-19 • Ensure our continued preparedness for emergencies • Work with NHS colleagues and other partners to improve uptake and reduce unwarranted variation in screening and immunisation programmes • Identify appropriate actions across the wider public health team to support the climate change emergency • Maximise the Local Authority's influence and duties to reduce the risks from all communicable disease, domestic abuse, drugs and alcohol

Update on priorities

Public Health Strategic Plan: Healthier

Children and Young People's Mental Health

- 24 Feedback from the Children and Young People's Transformation Partnership (LTP) identified difficulties for professionals, adults and families when navigating the support services available in County Durham to support Mental Health and Emotional Wellbeing.
- 25 Following this feedback PH developed two A4 documents known as 'rainbow resources', one for adults and one for children and young people. These resources were interactive guides promoting all the signposting and support services available across County Durham to support Mental Health and Emotional wellbeing.

- 26 The rainbow documents were widely promoted and cascaded to both internal and external partners. The resources were positively received and feedback from partners and service users was excellent.
- 27 The bereavement offer has been enhanced through the additional training of HDFT workforce, working with the Jigsaw Project. Additional online materials were also developed and shared via DCC website and partners for parents and carers to support CYPs who had experienced loss during the pandemic. In the early stages of the pandemic worked with colleagues in the CCG and Educational Psychology to develop a train the trainer model for bereavement, delivered by the Jigsaw project to offer additional training to frontline workers across to further enhance the offer and create greater capacity in the system.
- 28 The Self Harm Task and Finish group, led by public health, worked with key stakeholders to identify current provision in relation to self-harm and identify barriers in the identification and support offered to children and young people and families across the mental health system. A number of workshops were conducted which found gaps in relation to professional confidence and an understanding of the scale of the issue in County Durham.
- 29 The Practitioners Toolkit was updated to reflect current guidance, school's guidance was updated and rolled out and training was conducted via the Emotional Wellbeing Locality Forums to increase practitioner confidence. Work is ongoing in relation to improving systems to enhance data collection to ensure a greater understanding of the issue.

Improve mental health and emotional wellbeing across the life course, building resilience and emotional literacy

- 30 A county-wide mental health campaign is scheduled for launch later this year. It will address population mental health needs with a focus on the wider community and workforce, with a focus on the upstream determinants of poor mental health whilst signposting to sources of help, advice and support.
- 31 The healthy business framework will be one of the central subjects of this campaign – to promote the framework itself whilst increasing awareness of the importance of good MH in the workplace and challenging MH stigma and discrimination. This will be an excellent means of promoting this important document and its contents to business owners, leaders and employees.
- 32 In early 2020 funding was secured to introduce a Public Health Practitioner to develop the Children and Young People's Service workforce by improving their responses to children and young people's

emotional wellbeing and mental health. The project's final completion date is 30 September 2022. The project governance is a matrix management arrangement including CSC Early Help Recovery and Public Health Senior Management Team.

- 33 The overall project will cover the following thematic areas:
- Joint Targeted Area Inspection (JTAI) Self-Assessment
 - Implementing the Thrive model (Re-writing practice toolkits and resources)
 - Upskilling and training children's social care staff (Training offer)

Reducing Tobacco Dependency in Pregnancy (TDiP)

- 34 Smoking and exposure to secondhand smoke during pregnancy is the leading modifiable risk factor for many adverse outcomes at birth. Despite reductions over time, smoking at time of delivery (SATOD) remains high in County Durham.
- 35 Smoking at Time of Delivery (SATOD) in County Durham has reduced from 22.9 % in 2010 to 16.8% in 2019. In Q2 2020/21 we saw SATOD rates drop to 14.3% and in Q3 2020/21 saw an increase to 16.6%. Despite the general reductions, we are still higher than both the North East and England averages.
- 36 The COVID-19 pandemic has adversely affected our ability to drive down SATOD rates, but the work being reinstated at both a regional and local level will help us to more effectively support pregnant women and their significant others to stop smoking.

Integrated Sexual Health Service

- 37 Public health has worked closely to ensure that the delivery of the Integrated Sexual Health Service (ISHS) continues to address health inequalities with a focus on identified vulnerable groups.
- 38 Service delivery has been flexible and regularly adapted to ensure a mix of remote and face to face provision based on need. Online services have been maximised with SH:24 providing uncapped testing during national shutdown.

HIV Pre-Exposure Prophylaxis (PrEP)

- 39 2020 saw the introduction of the routine commissioning of PrEP delivered by County Durham and Darlington Foundation Trust (CDDFT).

- 40 County Durham are one of the few local authority areas to have commenced this within the region and demand and capacity are being closely monitored.
- 41 Sexual Transmitted Infections in County Durham remain static and below North East and England averages.

Improve levels of physical activity across the life course

- 42 A draft strategic framework and strategy has been developed and shared with partners from the Physical Activity Strategy Committee (PASC) including Head of Culture, Sport and Tourism and County Durham Sport. The committee agreed to the formation of a task and finish group to engage key stakeholders, map the local system, assess assets and gaps in provision, establish priority areas of intervention and agree areas for collaboration to develop a whole systems action plan to increase levels of physical activity across the life course in County Durham. PASC sat on the 16th June, and was informed that the updated Physical Activity Strategic Framework will be published around September 2021.
- 43 Through the Healthy Weight Alliance, a Healthy Start Task and Finish Group has been set up to re-promote the programme with partners, raise awareness with families, increase the uptake of families accessing the Healthy Start vouchers and increase the uptake of fruit and vegetables. In support of this, Public Health has developed bitesize training sessions for practitioners to help raise awareness of the programme. Over 500 staff have been trained so far, and an action plan is in place to continue to promote this with partners.
- 44 In March 2021, the government announced an additional £100m over 2021/22 to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles. As part of this, local authorities received funding for the commissioning of tier 2 weight management services; which are multi-component programmes addressing dietary intake, physical activity, and behaviour change. As part of this allocation, Durham County Council received £545,000 to be spent in financial year 2021/22 for the setup of such a service. Following Focused discussion with key public health stakeholders and partners, it was agreed to target a very specific population linked to perioperative care linked to the 'The Well-Being for the Time Being programme' by offering an intervention to those who require tier 2 weight management support. This targeted approach to the tier 2 spend effectively layers the intervention into the whole systems approach by focusing on a very specific population with a very specific need. At present, discussions are ongoing between a potential provider of the service with a view to

formalising commissioning arrangements for the service to start in September 2021.

- 45 Public Health continues to support the Active 30 campaign including supporting resource development, communications and equitable support to increase physical activity in schools and communities. This is supported by action plan overseen by PHAP for Healthy Settings. 76 schools have now signed up the Active 30 programme (academic year 20/21). This will be circulated to schools, AAP's, HAHF providers, wider VCS and CYPS next week ahead of schools breaking up for summer. A new website section has been created to promote physical activity within the community, supporting the Holiday Activities with Healthy Food programme. The 'get active in the holidays' section hosts resources to support HAHF providers and families to embed physical activity into school holidays. The website has now been populated for the summer holidays and will be circulated with the campaign booklet w/c 12/7.

Develop the wider public health workforce via Making Every Contact Count (MECC)

- 46 Between May 2020 and July 2021, 813 staff have accessed the online 1-hour introduction to MECC training course. Evaluations received highlight the success of the training as staff report increased knowledge and confidence to have health promoting conversations after completing the training compared to before.

Continue to develop a healthy workforce

- 47 Work is being underway to explore how DCC can support culture change and better embed the workplace health offer. This work is being led by Head of Talent Management and the Corporate Director of Adults and Health via the BHAW group and the Service Restoration and Recovery group. It is recognised that DCC has a very comprehensive health and wellbeing offer; however, more work must be done to ensure that staff engage with this offer to both prevent health and wellbeing issues and address problems when they arise.
- 48 A new model has been implemented that places wellbeing at the centre of people engagement, culture, leadership and people management. It recognises that promotion of employee health and wellbeing must be supported by an effective people-centred culture. Public health is working with colleagues from People and Talent Management to progress this work.



Progress the Better Health at Work Award and extend our whole-council approach to mental health and wellbeing

- 49 The regional BHAWA contract has been renegotiated and remains with the current provider. A new contract length of 36 months with an option to extend for a further twelve months commenced on 1 May 2021.
- 50 81 organisations are signed up the County Durham BHAWA with ten new businesses joining since April 2020. The annual target of 25 new businesses was not achieved as a result of the COVID-19 pandemic and its impact upon organisations across the spectrum.
- 51 Proposals have been presented by PCP to engage the wider workforce in a pre-BHAWA scheme. This would introduce a 'foundation level' intervention where organisations are primed to enter the BHAWA programme. The finer details of this model are currently being investigated. Furthermore, local BHAWA stakeholders have met the Public Health England (PHE) regional lead for Criminal Justice and a novel regional approach is underway to engage Her Majesty's Prison and Probation Service organisations in the BHAWA. As well as this, there is a renewed approach to engaging more adult social care settings in this programme.

Health Inequalities

- 52 Evidence continues to indicate the impact of the COVID-19 and repeated lockdown restrictions are likely to increase inequalities in our most deprived communities. This is due to the prolonged and predicted socio-economic impact of COVID-19 on individuals, families, communities, and businesses.

- 53 In early response to the pandemic, Public Health working on behalf of the County Durham and Darlington Health, Welfare and Communities Recovery Group initiated a rapid Health Impact Assessment (HIA) during the first lockdown (March-July 2020). This was to provide a 'snapshot' insight into the impact of COVID-19 lockdown on inequalities during the recovery and restoration phase of the pandemic.
<https://www.durhaminsight.info/wp-content/uploads/2020/11/County-Durham-HIA-Health-Inequalities-COVID-Final-00.1-06-08-2020.pdf>
- 54 From the HIA screening and prioritisation process undertaken four areas of high impact requiring further action to mitigate against inequalities within communities were identified as being:
- Socio-economic factors - poverty reduction
 - Mental health and emotional wellbeing
 - Community assets and community mobilisation
 - Inclusion of vulnerable groups integrated into the key priorities.
- 55 The findings and recommendations from the HIA have been used to inform several system-wide policy development areas including the local 5-year Commissioning and delivery Plan (OGIMs) and AAP Covid spend.
- 56 A system-wide Recovery Plan for Health Inequalities has also developed to ensure outcomes are monitored providing a focus on specific population groups impacted by COVID-19. Of the 25 actions identified in the plan, 20 have been achieved, 2 are ongoing and 1 no longer remains relevant due to operational changes.
- 57 The work undertaken by the County Durham HIA has been used to inform the PHE regional Health Inequalities Impact Assessment instigated by the Integrated Care Partnership (ICS).
- 58 The findings from the regional HIIA will now provide further insight into local actions required to address inequalities as the new roadmap for the reopening of society is implemented. This will be especially relevant when considering the future impact on employment, housing, mental health, poverty, domestic abuse, educational attainment of young people and under-represented communities.

Suicide Prevention

- 59 The Suicide Prevention Alliance has continued to meet during Covid and the road map recovery. The Suicide Prevention Action plan has been updated for 2021-24 to reflect new areas of development from the

“Local Suicide Prevention Planning: A Practice Resource” which was published in September 2020 and now includes self-harm.

- 60 The Real Time Data Surveillance system indicates the number of suspected suicides in 2020 remains comparable to previous years with 59 in 2020, 45 in 2019 and 66 in 2018. This rate continues to be monitored as the challenges of the pandemic continue to unfold.
- 61 County Durham is now part of a Regional Real Time Data Surveillance system monitoring the rates and trends across the north east, feeding into a national pilot to keep track of trends and rates during COVID-19
- 62 The Time to Change Hub, Stamp It Out continues to be funded by the South Integrated Care Partnership to work within local community settings to reduce the stigma associated with mental health. The small grants funding has provided funding to 21 grassroots projects across County Durham in 2020/21 which are in the process of providing the 6-monthly evaluation.
- 63 Partnership work with TEWV and the national Samaritan’s media team continues with the development of a suite of bespoke guidance on the safe use of social media and online communication.
- 64 County Durham has also been a partner in a Suicide and Debt research project as part of the regional Sector Lead Improvement scheme. This has involved a wide variety of qualitative data being gathered to illustrate the array of complexities involved in examining the links between debt and suicide. County Durham provided a best practice example of the work between Citizens Advice Bureau and mental health services.
- 65 A training directory of suicide prevention and mental health awareness has been developed and shared with the Suicide Prevention Alliance.
- 66 Suicide Prevention work and information relating to support services and best practice for employers was shared with businesses signed up to the Better Health at Work Award during an online workshop.

Mental Health and the Ageing Population

- 67 The Community Mental Health Framework Working as a system to develop and agree new transformation models to meet the needs of the residents of County Durham. Areas for development within the framework are applicable to any adult irrespective of diagnosis and include:
 - Co-existing frailty (likely in older adults)

- Co-existing neurodevelopmental conditions
- Eating disorders
- Common mental health problems, such as anxiety or depression
- Complex mental health difficulties associated with a diagnosis of “personality disorder.”
- Co-occurring drug or alcohol-use disorders, and other addiction problems, including gambling problems
- Severe mental illnesses such as psychosis or bipolar disorder.

68 Public Health will be working to develop a number of these workstream and with TEWV colleagues are providing the system-leadership on mental health and ageing. A workshop was delivered in March and June 2021 to begin to scope and link to other pathways and current funding streams relevant to the “active -ageing” agenda. This includes:

TEWV Mental Health Services for Older People (MHSOP),

- Central ICP (CICP) consisting of the health, care and VCSE partners from across County Durham, South Tyneside and Sunderland with a focus on frailty and its impact on social isolation and mental health,
- Durham County Council Alliance contract
- Community Connector Funding
- Mental Health Resilience Workers for Covid (via PCP)
- AAP Covid funding

69 The progress of the work and next steps will be reported back to CMHF Board in July 2021.

Tobacco Control

70 The Fresh and Balance contract will be re-procured during 2021/22. The Directors of Public Health in Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and County Durham have been asked to consider options for the contact with potential opportunities to extend the configuration of the programme over the whole of the NE maximising opportunities for media work at scale.

71 Fresh continue to advocate around several key recommendations: levy, further regulation, NHS Long term Plan implementation, harm reduction improvement, funding for media campaigns. There will be opportunity for the Tobacco Control Alliance and partners to lend our support to advocacy changes in the forthcoming year.

72 Dr Ruth Sharrock a respiratory consultant from Gateshead has been working with FRESH to champion opportunities to engage NHS Trusts on the tobacco control agenda, including the promotion of the “Never Too Late” campaign. County Durham and Darlington NHS Foundation Trust are reviewing their Tobacco Control Plan and supporting 3 new Stop Smoking Advisors based in house within the trust.



73 The County Durham Tobacco Control Alliance has continued to meet throughout the course of the pandemic. The capacity of many partners to support tobacco control has been adversely impacted as they continue to respond and plan for recovery. Focused priorities for 2021/22 have been proposed by the Alliance as:

- Smokefree Homes/Secondhand harm
- Poverty
- Tobacco Dependency in Pregnancy
- Mental health

74 A pilot scheme with Livin' housing is underway. Whilst timing of this pilot has proved challenging there are several actions already underway which will be built on over time:

Training of tenancy support, welfare/benefits, employability and other front facing support teams within the housing provider in brief advice and second hand harm

- Smokefree County Durham attending relevant team meetings to undertake training

- Smokefree County Durham having a presence at the Health Carousel
 - Bespoke literature to be distributed to residents who are known smokers
 - Links on the housing provider App to Smokefree County Durham
 - Smokefree Champions/Advocates established within each team
 - Opportunity for clinics within Livin owned community spaces i.e. Junction 7 (Newton Aycliffe) and Jubilee Fields (Shildon)
- 75 Despite the small numbers of staff trained to date, Smokefree County Durham have already seen an uplift in the number of referrals from the housing provider.
- 76 An update report on tobacco control was presented to County Durham Clinical Commissioning Group and was well received. As a result, the CCG has asked for regular communications briefings on tobacco control which can be shared with general practice. They also suggested a review of the varenicline pathways to provide GPs with more assurance.
- 77 Smokefree County Durham continue to make improvements in performance in numbers being referred, accessing the service, setting quit dates and being quit at 4 weeks. More than 3,200 people were referred to the service up to the end of Q3 2020/21 with 1,365 people being quit at 4 weeks. The service has plans in place to resume some face to face and level 2 services in the autumn.
- 78 Smoking at Time of Delivery (SATOD) in County Durham has reduced from 22.9 % in 2010 to 16.8% in 2019. In Q2 2020/21 SATOD rates drop to 14.3%. Unfortunately, in Q3 2020/21 the rates increase to 16.6%. County Durham is higher than both the North East and England averages meaning further work needs to be undertaken to achieve the 2022 target. The rates equate to between 750 and 800 babies each year being born to women who continued to smoke through pregnancy.
- 79 The COVID-19 pandemic has adversely affected the ability to drive down SATOD rates, but the work being reinstated at both a regional and local level will help us to more effectively support pregnant women and their significant others to stop smoking including the purchase of Carbon Monoxide monitors for all midwives.

Alcohol and Drug Harm Reduction

- 80 The Alcohol and Drug Harm Reduction Strategy Group (ADHRSG) continues to meet on a quarterly basis. This group has proved a

valuable network during COVID-19 with the opportunity to share updates with partners and work collaboratively.

- 81 The County Durham Alcohol and Drugs Harm Reduction Plan on a Page (POP) 2021-2025 has been refreshed aligned to the Safer Durham Partnership plan 2021-25. Objectives from the POP make up the 2021-22 partnership Action Plan. 61 of the 86 actions from the 2020/21 action plan have been completed and 25 are ongoing. New programmes of work from all partners on the group have also been included. The Action plan is a collaborative multi-agency document that is updated quarterly and provides the group with clear objectives.
- 82 In the North East death rates from alcohol rose from 16.6 per 100,000 people in 2019 to 20.0 per 100,000 people in 2020 – a rise of around 20.5%. Alcohol specific deaths rose quickly from April 2020 as the pandemic resulted in the first national lockdown.
- 83 Most deaths were related to long-term drinking problems and dependency due to increased alcohol intake and reticence to access services – with alcoholic liver disease making up 80 per cent of cases. Men living in the most deprived areas were four times more likely to die from alcohol than men living in the most affluent areas.
- 84 Unfortunately as with COVID, the bulk of alcohol harm falls on the most deprived people in our communities and this remains concerning in the North East where, even before COVID, the North East already suffered from the highest rates of alcohol-related death and illness in England.
- 85 County Durham continue to manage the Balance contract during 2021-22 with Balance’s footprint remaining as seven Local Authority areas. Campaign materials from Balance continue to be adopted by County Durham and cascaded to partners to maximise impact at a local level.
- 86 **“Alcohol - Not the Answer”** Re-launched February 2021 in response to the increasing concerns about rising levels of alcohol consumption during Covid particularly amongst people who were already drinking above the Chief Medical Officer’s low risk guidelines



- 87 **“What’s the harm?”** In May 2021 Balance launched the next phase of this campaign aimed at helping North East parents to understand Chief Medical Officer guidance around children and alcohol. The “What’s the

Harm” campaign key messages highlight how alcohol consumption before age 18 can harm the developing body and brain, raise depression and anxiety and lead to risk taking behaviour.



- 88 A funding award given to Public Health by the Contained Outbreak Management Funding (COMF) of £30k will enable the council to amplify the Balance alcohol campaigns at a local level. This activity will help to raise continued awareness about alcohol harms and promote referral and mechanisms helping people to access the County Durham Drug and Alcohol Recovery Service (DARS).

Alcohol Licensing in County Durham

- 89 In response to Covid lockdown the capacity for Alcohol Licensing teams has been reduced. Despite this, work is now stepping back up. Since March 2021 Durham has seen 63 requests for new or changes to alcohol licences.
- 90 Public Health share recommendations for Off license information provided by the Chief Medical Officer (CMO). Guidance on alcohol harms are displayed in at least one prominent point on the shop floor or point of sale, unit information is displayed in the alcohol aisle, alcohol will not be displayed adjacent to, or beside products aimed at children.
- 91 On-license premises ensure free (tap) water is available and the offer is visible to customers, the Chief Medical Officer (CMO) guidance on alcohol related health is displayed in at least one prominent point per floor and unit information and calorie data (if available) is displayed on any drink menu available
- 92 Trading Standards activity relating to underage sales is being recommence, and police pathway into Humankind for under 18's Alcohol Seizures are also being reinstated.

Drug and Alcohol Recovery Services

- 93 The Drug and Alcohol Recovery Service (DARS) provides a holistic approach for any local resident using substances across County Durham across the life course. All clients are assessed by the DARS for their needs when accessing support should their substance misuse escalate, or personal circumstances change. The DARS provides a

family focus for anyone entering treatment and also have a bespoke service for children and young people.

- 94 The DARS maintained its service delivery throughout Covid. Utilising a blended approach to engaging clients which included virtual-means for those who were stable and for more complex clients a retention of 1-1 support, a high level of clients were retained.
- 95 Prescriptions were dispensed over longer time periods due to lockdown requirements. Despite initial concerns, clients reported a new sense of stability in their clinical supervision. This will be taken forward as learning by the DARS as the clinics return to business as usual.
- 96 Numbers in treatment during the pandemic have remained remarkably consistent; this is in contrast to other local areas with 2866 clients accessing treatment in Q4 2021. Spring 2020 did not see a drop in numbers or referrals as predicted. The latest figures we have are for December 2020 which saw a small drop on the previous month of 16 clients.
- 97 Successful completions of opiates clients are above the national average at 5.1%, as are non-opiate successful completions at 33.9%. This is the first time since 2015 that non-opiate successful completions have risen to this level.
- 98 Alcohol successful completions is narrowing the gap to the national level, at its highest point since 2015 also at 33.9%. The national figure is 35.9%.
- 99 Following the development of an improvement action plan due to the, 'requires improvement' rating of the DARS in the CQC inspection (Feb 18), an inspection was expected in March 2020. This has been postponed due to Covid-19; monitoring of its implementation continues to take place as part of the quarterly contract meetings.
- 100 Work continues to deliver DARS services differently in East Durham following the termination of the lease at Ridgemount House. This includes a new recovery centre in Horden. The work is aligned to the Making Every Adult Matter programme (MEAM) pilot in the Horden area.

Substance Misuse Related Deaths (SMRD)

- 101 The Substance Misuse Related Death process in County Durham continues to follow the five key stage process – Notification / Information gathering / Analysis / Lessons Learnt / Implementing change / Accountability and governance.

- 102 Whilst County Durham has the highest number of deaths in the region (155), the rate per 100,000 head of population indicates the county has the lowest number of deaths when considering its population size.

Table 1 Substance Misuse Related Deaths in NE (2017-19) ONS, 2019

Area Codes	Area Names	2017-19			
		Deaths	Rate ¹	Lower Confidence Limit ²	Upper Confidence Limit ²
E92000001	ENGLAND	11,580	7.1	7.0	7.3
E12000001	NORTH EAST	975	13.1	12.3	13.9
E06000047	County Durham	155	10.6	8.9	12.3
E06000005	Darlington	33	10.8	7.4	15.1
E06000001	Hartlepool	46	18.0	13.2	24.1
E06000002	Middlesbrough	80	21.3	16.9	26.6
E06000057	Northumberland	96	11.2	9.0	13.7
E06000003	Redcar and Cleveland	53	14.4	10.8	18.9
E06000004	Stockton-on-Tees	70	12.5	9.7	15.7
E11000007	Tyne and Wear (Met County)				
E 08000037	Gateshead	89	15.1	12.1	18.6
E 08000021	Newcastle upon Tyne	114	13.9	11.3	16.6
E 08000022	North Tyneside	74	12.2	9.6	15.3
E 08000023	South Tyneside	57	13.2	10.0	17.1
E 08000024	Sunderland	108	13.9	11.2	16.5

- 103 Work has been ongoing to extend the availability naloxone which reversed the negative effects of opiates. Dissemination of the kits has his included service users, family members and carers and other key stakeholders such as the police, involved in the management of substance misusers.
- 104 Newly acquired Public Health England Universal Funding, will enhance the capacity for naloxone provision and extend its use in first police responders. This provision will include the nasal spray to help encourage front line officers to feel confident with its administration.
- 105 66 Naloxone kits were supplied across the county in 21/22 Q1.

Cancer screening

- 106 Improving the uptake of cervical screening across County Durham is a priority for public health and other partners who form part of the County Durham and Darlington Cancer Locality Group. The Northern Cancer Alliance are also concerned about the uptake and availability of cervical screening during the coronavirus pandemic.
- 107 A regional working group has been established to develop actions and oversee implementation of the uptake of cervical screening.
- 108 The local pilot in Durham Dales PCN was put on hold due to the redeployment of staff to support the pandemic response. This will be reinvigorated as part of recovery.

Macmillan Joining the Dots

- 109 Macmillan Joining the Dots service reached its two-year milestone in January 2021. The service has continued to operate as normal during the pandemic moving from face-to-face delivery largely to telephone delivery. Up to the end of Q3 the team had supported 360 new clients. They have also provided support to hundreds of clients who were previously engaged with the service as needs emerged and changed as a result of the pandemic. The service has received 4,500 compliments from clients, families and partners so far this year.
- 110 The development of the service is underway following the CCG taking over the funding of the service. The aim is to integrate the Macmillan Primary Care Nurse team within the service. This will be taken forward, led by the CCG, in Q1 2021/22.

Health Checks

- 111 In Autumn 2020, a review was conducted to evaluate the current delivery of NHS Health Checks and identify areas for improvement. The review found that the NHS Health Checks were doing well at identifying and clinically treating those in the eligible population at highest risk of cardiovascular diseases such as high blood pressure and raised cholesterol. However, a limitation of the programme was identified as insufficient lifestyle behaviour advice being given and lack of referral to lifestyle behaviour programmes.
- 112 Several options for improving the service were considered in an options appraisal, and a new model for delivering the NHS Health Check programme was recommended by the team following a consideration of strengths, weaknesses, opportunities and threats.
- 113 The new model for health checks was reviewed by PH-CQOG, PHSMT, The CCG Quality Committee and PHE, who were all supportive of the new approach. The feasibility of the new model has been discussed with providers, Derwentside Federation and Wellbeing for Life and the model is practically and financially feasible. The commissioning of the new model is in progress and includes embedding an evaluation in the rollout of the new model.

Coronary Heart Disease (CVD) Prevention

- 114 The Public Health team were involved in the development of the regional CVD prevention strategy in early 2020. The development and publication of the was put on hold because of the pandemic.

Public Health Strategic Plan: Fairer

Every Child has the Best Start in Life

115 To ensure a place based inequalities perspective is considered there are plans to undertake a County Durham health inequalities impact assessment that will help to ensure a place based focus to improve the outcomes for our conception to 6 population. This will be aligned to the Growing up in County Durham work and population health management approach.

Unintentional Injuries Training

116 A UI training package was jointly commissioned by Public Health, Early Years and Children's Services

117 During year one delivery, eleven face-face courses were delivered family centre venues across the county. 168 members of staff received training in the first year.

118 Due to the Covid-19 pandemic a new delivery model devised.

119 To re-design the UI training package, moving from face-face delivery to online delivery via teams.

120 Nine online training dates were available between July 2020- March 2021 and a total of 241 staff attended.

Breastfeeding

121 The action plan for has been reviewed with a refreshed multi-agency action plan being developed linking into the regional work being taken forward by the LMS.

122 Due to the impact of Covid-19, much of the planned work in the plan has not progressed. The 0-25 family health service infant feeding team continue to provide advice and support to parents on all infant feeding related issues and concerns. The team have been creative in providing support both during face to face contacts (if required), and thorough online, social media and telephone enquiries. The breast feeding champions role is being strengthened and they are working alongside their community breastfeeding peer supporter to support families.

123 Breastfeeding Initiation has shown an increase in 2020/21 to 56.7%.

- 124 Breastfeeding prevalence at 6-8 weeks after birth has also seen a very positive increase for the first 3 quarters of this year, with Q3 data of 30.6% against a target of 31.8%.

Schools and Education Settings Health and Wellbeing Framework

- 125 The quality framework for schools has been co-developed with partners from children services and schools to provide clear understanding of the health and wellbeing needs of children and young people in County Durham. The quality framework for schools is aligned to the early years and setting frameworks with local branding developed.
- 126 The framework has been developed in line with the Public Health strategic priorities, children and young people mental health local transformation plan (CYP LTP) and the CYP strategy for County Durham and will provide a process to help schools identify need and develop an improvement plan that is supported by quality assured interventions. A peer review tool will provide evidence for improved outcomes and measures of success.
- 127 PH will continue with the wider partner engagement with schools and partners to encourage settings to pledge towards the framework and will monitor numbers signing up.

Support economic recovery through a 'local focus' whilst promoting good work, and equalities in education, training and employment

- 128 There is an over-representation of job seekers who are (or have) experienced mental health and emotional wellbeing issues. Furthermore, it is clear that as a result of COVID, levels of both mental ill health and unemployment are rising. Forecasts estimate that there will be an 33% increase in demand in new presentations, recurrences or exacerbations of mental ill health across to address this, £300k has been committed to fund three specialist resilience support/link/navigator workers for a period of two years. Workers will bridge the identified gap that exists between specialist job coaches, the service user and specialist interventions to assess, address and treat issues relating to mental health and wellbeing.

Work to improve the places where people live, learn and play

- 129 The play streets scheme enables streets to be closed to through traffic for 2-3 hours, creating a safe space for children and families to play. Essentially, it allows children to play out where they live in a safe, traffic-free place to help promote physical activity, play and community cohesion. Discussions with key stakeholders are ongoing. Public Health has presented the initiative at the Community Action Team taking place

in South Moor (for 12 week period) to consider piloting it in this area as partners and the community are already engaged. Proposal for pilot to take place on the 23rd and 27th August with support from CAT partners.

Covid Vaccine Uptake in Underrepresented Groups

- 130 Public Health have been collaborating with the NHS and other partners to address vaccine uptake in under-represented groups including Gypsy Roma Travellers (GRT), Homeless and Rough Sleepers, drug and alcohol clients, Syrian Refugees and non-white British residents.
- 131 The Housing Solutions GRT team and Harrogate and District NHS Foundation Trust 0-25 nurse have contacted every GRT tenant based on the permanent sites to help build understanding about Covid symptoms, the role vaccination plays in saving lives and exploding barriers to accessing local Covid vaccine and Covid testing arrangements. Uptake in the categories 5 and 6 is high.
- 132 Public Health colleagues in North Yorkshire and Cumbria have been contacted to develop a mobile vaccination programme for those GRT community members traveling to the Appleby Horse fair in August. Information will be disseminated via GRT community networks highlighting access points for the vaccine and venues for Covid testing en route.
- 133 By reviewing cohorts of homeless people and rough sleepers, the vaccinations have been rolled out via supported living and hostel accommodation. Drug and alcohol clients have been engaged on an individual basis via the Drug and Alcohol Recovery Service as they have accessed treatment.
- 134 The Syrian Refugee team based within the council have disseminated information and support to Syrian families and multi-lingual resources explaining the positives of receiving the vaccine have been developed and disseminated via AAP's, VCSE and faith groups. The communications regarding COVID testing and facilities have been layers into this approach to help extend the reach into underrepresented groups.
- 135 Population Health Management data is constantly being reviewed to monitor vaccine uptake in non-white British groups, with the potential for an outreach vaccinations to take place for those who are reticent to have the vaccination.

Wellbeing For Life Services

- 136 Wellbeing for Life staff have undertaken welfare checks for those residents who have been uncontactable after testing positive for Covid.

This welfare check outreach work will be evaluated and considered as an approach for the new Wellbeing model which will be procured in 2021/22.

- 137 A comprehensive training programme for Covid Champions has been developed in partnership with Wellbeing for Life which has included Making Every Contact County and PHE contract tracing safe practice.
- 138 An external evaluation of the Social Prescribing Link Worker programme is ongoing with Teesside University. Stakeholder data in primary care will be gathered in April and wider enquiries on the roles of system-wide link workers will begin in late spring. This work will feed into the County Durham Together 'Connected Communities' workstream and will also be reviewed as part of the Wellbeing for Life service re-procurement.

Housing

- 139 Public Health links into the Housing Solutions Private Landlords Licensing Scheme have been maintained and the public health intelligence team continue to support the programme whilst the programme is being approved by the Secretary of State.
- 140 Public Health have led on a bid submission (£274k) for Rough Sleeping and Drug and Alcohol Misuse into Public Health England. If successful the funding will enable 2 new Rough Sleeper and Substance Misuse workers, 3 mental health nurses and a Domestic Abuse and Substance Misuse worker to engage with those with complex needs who are at risk of homelessness and rough sleeping.

Winter warmth

- 141 The Silverdale Warm Homes Pilot has now been fully rolled out to all GP surgeries in the previous DDES localities. A joint letter from Dr Jonathan Smith and the Warm and Healthy Homes Project was sent to all DDES GP Practice Managers asking them to write to their patients with COPD or Asthma to offer assistance from DCC's Warm and Healthy Homes. Over the past 12 months a total of 16,868 patients have been contacted to provide the assistance shown above. In Q4 despite Covid pressures on GP surgeries three surgeries have participated contacting 3,376 patients offering assistance.
- 142 Discussions have commenced to plan how this programme can be extended to the previous North Durham locality area to ensure patients countywide can access assistance with warm homes and lower energy bills. Uptake of fuel poverty grants has substantially increased due to Covid related reductions in household incomes, meaning more low-income households qualify for grants. This resulted in 476 fuel poor

households receiving a grant for energy efficiency measures equating to £684,400 of ECO/WHF funding (168 gas boilers, 433 homes insulated and 35 gas central heating systems).

- 143 Public Health are now represented on the Fuel Poverty Reduction Partnership Group.

Public Health Strategic Plan: Protected

Provide expert advice and leadership in the management of and recovery from COVID-19 and other communicable diseases

- 144 The Outbreak Control Team (OCT) supported by the wider Public Health Team and County Durham Together delivers a health protection function that is, as yet, focused on the response to the COVID-19 pandemic. This includes surveillance, investigation, management and prevention of cases, clusters and outbreaks. As such, the liaison and coordination role of the OCT cuts across Durham County Council (DCC)'s service areas and partner organisations.
- 145 The team have put in place a range of procedures, including a triaging system, staff rotas in and out of hours, initial investigation of cases across all settings and have worked closely with the Health Protection Team, supporting formally-convened OCTs.
- 146 Fluctuations in case rates, national and local restrictions, regulations and guidance in place have provided significant challenges and stretched capacity, and has also developed more specialist health protection skills and competencies across the Public Health Team; a development from the initial case management approach adopted when rates of community transmission were high and key to the transition to 'living with COVID-19'.
- 147 During the course of the pandemic, there have been frequent changes to national policy that have impacted on local practice and the work of the wider Public Health Team and the OCT in particular, including finance (COVID Outbreak Management Funding), outbreak management arrangements, testing and case investigation and contact tracing.
- 148 There have also been emerging changes to the public health landscape, including the formation of the UK Health Security Agency out of the original concept of the National Institute for Health Protection

and the replacement of the health protection functions of Public Health England (PHE).

- 149 The Public Health Team has proven to be flexible and adaptable to these changes and has supported local implementation.
- 150 We continue to provide public health expert advice and leadership in matters involving both adult social care and events management. Public health is represented at a range of multi-disciplinary care home groups, where specialist guidance is provided as and when required. Furthermore, a briefing paper relating to events management in COVID-19 landscape, as well as a structured decision-making escalation process, has been presented to (and authorised by) DCC CMT to ensure that events can be safely reintroduced across the county. This involved DCC Public Health team working collaboratively with colleagues from Local Authorities across the North-East footprint to ensure that approaches are aligned.
- 151 Throughout the pandemic, the OCT, with leads for each setting and theme within the Local Outbreak Management Plan (LOMP), has supported the response to outbreaks in a variety of situations, including schools, children's residential homes, Durham University, care homes, workplaces, prisons, workplaces, and community settings.

Children Social Care and Early Help Recovery Group

- 152 PH have played a lead role in supporting colleagues within children's services in their ability to respond as a service to the challenges of COVID 19 and continue to support vulnerable families.
- 153 This has included contributing to the development of COVID secure service delivery procedures and the delivery of briefing sessions to over 600 practitioners on COVID 19 guidelines and control measures.

Education Response – COVID-19

- 154 The team has led on the Covid response for education settings throughout the pandemic period. This includes the development and implementation of the standard operating procedure and acting as the SPOC.
- 155 Education is a key setting in the Local Outbreak Management Plan and a priority for action.
- 156 An education SPOC was established and operated by the Public Health Team

157 The focus to date has been on the identification of cases and their contacts and supporting schools from an operational perspective. The team have been trained in the ascertainment of confirmed cases and the identification of contacts to support appropriate exclusion for the isolation period. The team also provide advice on the guidance for education settings and answer complex enquires.

Domestic Abuse

158 Domestic abuse affects over 1.8 million people in England and Wales each year.

159 During 2020/21 Public Health have led on a range of detailed pieces of work that reviewed core components of the existing domestic abuse (DA) system; this has included a DA Health Needs Assessment (HNA), a systemwide Budget Prioritisation (BP) exercise and a wider COVID 19 Health Impact Assessment (HIA).

160 Each of these key documents have highlighted the inequalities faced by those families that are affected by DA and have demonstrated how this has been significantly accelerated by COVID 19 with specialist domestic abuse services report a 40% increase in referrals during 2020/21.

161 This work has provided a sound evidence base including a level of gap analysis on which to base future system improvements.

162 It should also be noted that relationships between key agencies have significantly improved through the completion of this work; examples of positive impact of this can be seen through the introduction of a multi-agency communication group, and the working group established to look at multi-agency funding to support perpetrator interventions. This group has been successful in co-ordinating budget holders from across the partnership to joint fund provision for the first time. Contributions have been established from the following agencies:

- Office of Police, Crime and Victims Commissioner
- Clinical Commissioning Group
- National Probation Service
- Housing

Domestic Abuse Bill 2021

163 Durham County Council and its partners are on course to meet all requirements of the Domestic Abuse Bill 2021.

164 The Domestic Abuse Bill 2021 places new statutory duties on local systems, specifically on the Local Authority in relation to providing a range of safe accommodation options and intensive wrap around

support. The new duty is being supported by additional government 'new burden funding', allocation of this funding must be based on a comprehensive needs assessment as set out by the Ministry of Housing, Communities and Local Government (MHCLG).

- 165 To ensure that members of Domestic Abuse Sexual Violence Executive Group (DASVEG) are fully briefed on the increased level of responsibility that will be delegated to them, the team have provided a comprehensive briefing to members and are establishing workstreams that will support the completion of the required MHCLG needs assessment with the aim of an overarching strategy and commissioning intentions published no later than August 2021.
- 166 The new Domestic Abuse Bill requires a formal assessment of accommodation needs for the victims of domestic abuse. This work is being undertaken under the governance of DASVEG to begin to consider implications for a full Joint Commissioning Strategy for domestic abuse including prevention, specialist and perpetrator interventions, children and young people and workforce development.
- 167 Public Health continue to be represented at the Safe Durham partnership and the County Durham Reducing Reoffending Group. Public health and Housing Solutions have worked with criminal justice partners including Her Majesty's prisons, probation, PCVC's Office and VCSE to develop pathways for unplanned prison releases testing positive for Covid. Housing Solutions now provide temporary accommodation (up to 24-hours) for late releases until such a time as Covid transport can be arranged, or other local authority areas can provide suitable housing support, preventing the spread of the virus.

Domestic Abuse Workplace Advisors

- 168 In September 2020, the team reintroduced a network of workplace domestic abuse champions by successfully recruiting 45 new Domestic Abuse Advisors that are based across all Durham County Council (DCC) directorates.

Health Protection Assurance

- 169 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.
- 170 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.

- 171 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.
- 172 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.
- 173 The health protection assurance arrangements in County Durham are overseen by the Health Protection Assurance and Development Group (HPADG).
- 174 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
- 175 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.
- 176 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.

177 Link to [Health Protection Assurance Annual](#) report into Cabinet in April 2021.

County Durham Together

178 Several areas of work have developed that sit within the County Durham Together remit providing support and guidance for residents as we continue through response and recovery stages of the pandemic:

- a) County Durham Together Community Hub
- b) Durham County Council Local Tracing Partnership
- c) County Durham Together COVID-19 Community Champions Programme

179 Underpinned by County Durham Wellbeing Principles, as well as providing a universal offer, these areas of work apply a population health management approach to proactively targeting and supporting those experiencing inequalities.

180 The CDT team was originally resourced with staff temporarily redeployed from many service areas across DCC. From February 2021 a dedicated staff team has been in place.

County Durham Together Community Hub

181 County Durham Together [virtual] Community Hub was established, as part of the Local Resilience Forum (LRF) gold command, emergency system response to the Coronavirus pandemic and went live 27/03/20.

182 The Hub model adopts a collaborative approach only possible through many multi agency / disciplinary enabling factors. Residents rarely present with a single issue and the importance of understanding inequalities, communities, mental-wellbeing, and service interfaces is fundamental.

- 183 The Hub is an example of a locally led partnership working at pace to respond to and support evolving needs of communities:
- ensuring communities are empowered to self-help when possible
 - reaching those most in need through an intelligence led approach
 - addressing inequalities, proactively targeting evidence-based interventions more quickly
 - adopting a holistic, people and place-based approach
- 184 The Hub was set up to provide additional support around COVID-19, not to replace existing service provision. As a central co-ordination function for voluntary and community organisations, the Hub links into existing local services, embedding back into community networks where possible, utilising the VCS to the maximum and providing essential aid where necessary. Established triage and escalation referral pathways have been developed with NHS and wider statutory and specialist services.
- 185 From the outset, the Hub remit has developed in line with emergent needs, this now incorporates:
- Self-isolation support
 - SPOC - COVID specific Guidance/Legislation enquiries
 - County Durham Local Tracing Partnership (LTP)
- 186 As at close of business 26th June 2021 the Hub (not including LTP) has supported **22,957** people:
- 4188 via the proactive pathway (outgoing calls to shielded population who identify they need support – Wellbeing for Life)
 - 18,769 contacts into the Hub via the reactive pathway of which
 - 15,202 incoming calls
 - 3,567 emails (from 14/09/20)
- 187 During this time, the Hub has supported 9804 people to access essential supplies, social contact, welfare and financial assistance
- 4188 via the proactive pathway (outgoing calls to shielded population who identify they need support – Wellbeing for Life)

- 5616 reactive contacts became client cases managed by the Hub, 4436 (79%) of whom self-identified as self-isolating.

Durham County Council Local Tracing Partnership (LTP)

- 188 Supporting people who test positive for COVID-19 to self-isolate and identifying their close contacts are essential measures to contain the transmission of COVID-19 in our communities. These measures are key in supporting delivery of the County Durham COVID-19 LOMP.
- 189 As well as providing support for those who need it during isolation, a local approach to contact tracing also enables local knowledge and intelligence to be gathered and used, enabling quick partnership action to be taken if community or setting transmission is identified. This approach also enables issues relating to non-compliance such as identifying and engaging with local employers that aren't supporting self-isolation.
- 190 The LTP uses locally-held data to contact hard to engage cases and provide them with the advice and support they need to enable them, their families and close contacts to self-isolate as well as gathering intelligence and contact details for people they have been in contact with.
- 191 The Local Tracing Partnership went live 4th January 2021, receiving positive cases who the national team had been unable to contact after 32 hours. The added value of the local offer includes:
- employing a person-centred approach
 - utilising local insight and knowledge of local support
 - supporting a graded response to vulnerability
 - holistic wrap around support to self-isolate
 - provision of home visiting, an in-person wellbeing check to engage with positive cases who are not able to be contacted via telephone

LTP Local Zero

- 192 From 6th April 2021 the Local Tracing Partnership took on Local Zero – receiving positive cases to contact as soon as the case data is uploaded onto the national Test and Trace system. This was a natural next step to provide additional support to our communities at an earlier stage in the process. The timeliness of this is crucial for breaking the

chain of infection and preventing further transmission of the virus, thus reducing County Durham case rates.

193 From 6th July 2021 the decision was taken at a national level to shift the whole system and better highlight the offer of the digital option to complete contact tracing online. This decision was underpinned by rapidly increasing case numbers at this time and high prevalence of cases within 19 – 40 age ranges – who are known to be more digitally responsive. For Durham and all LTP's following a Local Zero model this has now (short term) meant a shift to a Local 4 model meaning cases are received 4 hours after they are uploaded onto the national Test and Trace system. It is predicted this will reduce case numbers coming to LTP's by around 10 – 20% during this peak time.

COVID-19 Community Champion Programme

194 People share information in different ways and with different people COVID-19 Community Champions are trusted voices in local communities. As well as us sharing relevant and timely information with communities, Champions share feedback from communities - what's working well, what questions people have, what people think can be done better enabling responses to be shaped by local intelligence.

195 The programme was launched November 2020. There are 2 roles people can pledge to take on:

- Champions are supported to share information in ways that best suit their own availability, circumstances, networks, and community needs.
- Champion Plus roles enable those already active in communities or those who would like to do more - to become more actively involved, again in whatever ways best suit each individual/community circumstances.

196 To date 115 people have expressed an interest in the programme; 90 of whom are regularly engaged and active - 31 Champions Plus and 59 Champions. There are 3 geographically defined locality-based teams, North, South and East.

197 The programme is hosted on a dedicated webpage within the DCC Coronavirus suite of pages ([Sign up to be a covid community champion - Durham County Council](#)).

198 The Champions programme launched during higher levels of pandemic restrictions and to date activities have been largely online/networks information sharing and feedback.

- 199 The Champions programme is represented at the Community Spike Outbreak Management Group and Champions have carried out reactive information sharing to/from communities where areas of exceedance have been identified. This local insight has helped to shape targeted responses and communication messages and Champions have supported collaborative community engagement in these areas.
- 200 As the pandemic progresses the Champions programme continues to evolve and respond to issues identified within communities. Examples of support and activities to date include:
- Sharing of multiple generic messages e.g. hands, face, space, vaccinations, testing, social distancing – with some Champions’ posts being re-shared on social media over 1000 times each
 - Sharing of targeted messages in areas of high prevalence
 - Supporting action across DCC teams and comms by providing localised feedback from our communities
 - Active involvement in Durham Walk programme, supporting community vaccination sites and the vaccination bus.

Regional Collaboration LA7

- 201 The seven local authorities of County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside, and Sunderland have been working as a collective LA7 since September 2020 focusing on a joint approach to COVID-19.
- 202 The approach is based on a deep understanding of our local communities and informed by data and intelligence which centres around the inequalities that local communities face, either directly or indirectly due to COVID-19. The work has included political leadership and lobbied for interventions specific to the needs of north east residents, businesses and the health and social care system.
- 203 The joint approach has centered around a small set of priorities, informed by Directors of Public Health:
1. Engage our communities and work with them to address inequalities;
 2. Localised, regionally coordinated Test, Trace and Isolate programme;
 3. Roll-out of targeted community testing;
 4. Protection of vulnerable individuals in the community;
 5. Rapid implementation of a vaccine programme.

204 The award winning Beat COVID NE campaign informed by insights from local people giving a joint message across the LA7 geography has been a visible and positively evaluated outcome of this collaboration and this work continues to support communication campaigns addressing vaccine hesitancy and the easing of restrictions.

Main Implications

205 The public health team have a responsibility to promote and protect the health of the local population however it has been challenging for the public health team to implement key programmes of work whilst we are still in the middle of a pandemic.

Conclusion

206 This report provides an update on key developments and priorities in public health since the publication of the Director of Public Health (DPH) annual report 2020, Healthy lives, Healthier Communities' Protecting and Supporting the people of County Durham. .

207 There has been significant demand on the public health team over the last 18 months and this will continue due to the heightened response to COVID-19.

208 However, the public health team will be guided by the Public Health Strategic Plan and will maintain focus around the three themes of Healthier, Fairer and Protected, taking forward work that addresses health inequalities and protects the health of our local population.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

There are a number of key legislation, policy developments and initiatives which have led and contributed to developments with Adult and Health Services. Public health responsibilities are set out in the Health & Social Care Act 2012.

Finance

There is a public health ring fenced grant which is utilised for key commissioned services and other public health programmes.

Staffing

Effective delivery of public health is dependent upon a suitably trained and skilled workforce..

Risk

No implications.

Equality and Diversity / Public Sector Equality Duty

No implications.

Accommodation

No implications.

Crime and Disorder

No implications.

Human Rights

No implications.

Consultation

No implications.

Procurement

No implications.

Disability Issues

No implications.